

AHS Board and Executive Expense Report

Name Dr. Brenda Hemmelgarn
Title AHS Board Vice-Chair
Location Calgary

Expenses submitted during the month of January 2019

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Jan-19	Expense Claim	Meetings				177	177			
Jan-19	Direct Billing	Meetings	557		181		738			
Total			\$ 557	\$ -	\$ 181	\$ 177	\$ 915	\$ -	\$ -	\$ -

Total for the Month \$ 915

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 169
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Brenda Hemmelgarn			Expense Period Month:	Jan-19
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Private and Public Board Meetings and meeting with IPC Director on January 31, 2019 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$176.85
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$176.85

SECTION 3: AUTHORIZATION			
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Brenda Hemmelgarn	<i>[Signature]</i>	Feb 15/19	[REDACTED]
<p>I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.</p> <p>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Board and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.</p>			
Approved by (Print Name)	Position Title/Program Group		
Linda Hughes	Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>[Signature]</i>			Feb. 20/19

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program

For payment please submit to:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Deborah Rhodes
Feb. 19/19

Carry forward from Section 1

Name:	Brenda Hemmelgarn	Expense Period Month:	Jan-19
--------------	-------------------	------------------------------	--------

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
30-Jan-2019	Parking at YYC to attend Private and Public Board Meeting on January 31, 2019 in Edmonton.	Yes					\$50.35			
30-Jan-2019	Taxi from YEG to hotel.	Yes					\$63.25			
31-Jan-2019	Taxi from SSP to YEG.	Yes					\$63.25			
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$176.85	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
----------------------------------	-------	----------------------	------

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: C52
IN: 01/30/19 17:13
OUT: 01/31/19 18:48
PAID: \$ 50.35
DURATION: 1 01: 35
(GST INCLUDED)

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



DIAMOND SEDAN AND TAXI
2628 43 ST
EDMONTON, AB T6L 5G1

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

Visa Credit
[REDACTED]

Entry Method: Chip

Batch# [REDACTED]

01/31/19

16:23:12

Ref: [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount:	\$	55.00
Tip:	\$	8.25
Total:	\$	63.25

Customer Copy

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2019/01/30
TIME 3708 21:34:51
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

Visa Credit
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK [REDACTED]

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

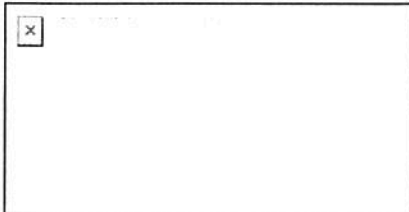
Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Brenda Hemmelgarn	Reporting Period for the Month of : Jan-19
---------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-Jan-19	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return on January 31st to attend Board Meetings on January 31, 2019 in Edmonton (Invoice [REDACTED])	Vision Travel	\$556.86
30-Jan-19	Direct Billing	Hotel	One night accommodation to attend Private and Public Board Meetings on January 31, 2019 in Edmonton.	Vision Travel	\$181.03
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					\$ 737.89

From: [REDACTED]@visiontravel.ca
Sent: Friday, January 25, 2019 4:19 PM
To: [REDACTED]@VISIONTRAVEL.CA
Subject: Invoice and Itinerary for HEMMELGARN/BRENDA MS - 30January19 - Vision Travel
Locator: [REDACTED]



Vision Travel DT Ontario-West Inc
9929 - 108 St.
Edmonton, AB
T5K 1G8
(780) 425-8611 1-866-425-8611

www.visiontravel.ca
GST Reg : 723782728 RT 0001

Invoice/Itinerary

Invoice [REDACTED]
Issued: 25 January 2019

Agency Ref: [REDACTED]
Sales Person: [Liffany Aske](#)

Customer Number: [REDACTED]
Customer Ref.: [REDACTED]

ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Passenger(s): HEMMELGARN/BRENDA MS

Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.

AIR - Wednesday, January 30 2019		Add To Calendar
Air Canada Flight AC8158 Economy Class		
Depart	Calgary, Alberta Weather Calgary International Airport 07:55 PM Wednesday, January 30 2019	Arrive Edmonton, Alberta Weather Edmonton International Airport 08:51 PM Wednesday, January 30 2019
Duration:	0 hour(s) and 56 minute(s) Non-stop	
Status:	Confirmed - Air Canada Booking Reference: [REDACTED]	
Operated By:	AIR CANADA EXPRESS - JAZZ	
FF Number:	[REDACTED] - HEMMELGARN/BRENDA MS - please reconfirm at check-in	
Online Check In:	Available 24 hours prior - click here	
E Upgrade:	For Eligible Flight - Aeroplan Members click here	
Remarks:	SEAT 6C - HEMMELGARN/BRENDA MS AIR CANADA CONFIRMATION [REDACTED] TICKET NUMBER [REDACTED]	

AIR - Thursday, January 31 2019

[Add To Calendar](#)

Air Canada Flight AC8155 Economy Class

Depart Edmonton, Alberta [Weather](#) Arrive Calgary, Alberta [Weather](#)
Edmonton International Airport Calgary International Airport
05:25 PM Thursday, January 31 2019 06:20 PM Thursday, January 31 2019

Duration: 0 hour(s) and 55 minute(s) Non-stop
Status: Confirmed - Air Canada Booking Reference [REDACTED]
Operated By: AIR CANADA EXPRESS - JAZZ
FF Number: [REDACTED] HEMMELGARN/BRENDA MS - please reconfirm at check-in
Online Check In: Available 24 hours prior - [click here](#)
E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)

Remarks: SEAT 10C - HEMMELGARN/BRENDA MS
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Invoice Details

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number [REDACTED]	[REDACTED]					
Vendor AC AIR CANADA		481.90	74.96	0.00	0.00	556.86
				Billed to: [REDACTED]		
	Totals:	481.90	74.96	0.00	0.00	556.86
				Total Credit Card Billing:		556.86
				Balance Due:		0.00

WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R
10135 100th St
Edmonton, AB T5J 0N7
Tel: 1-888-828-8085
Fax: 780-423-3785

Alberta Health Services

Canada
Attn:

Page Number 1
AR Account [REDACTED]
Statement Date 02-20-2019

STATEMENT

Tax ID - 815461330RT0001

Date	Description	Amount	Balance
31-JAN-19	1289286/Folio ***HEMMELGARN, BRENDA [REDACTED]		
30-JAN-19	Room Chrg - Special C	169.00	
30-JAN-19	DMF	5.07	
30-JAN-19	Occupancy/Tourism Tax	6.96	
			181.03

Continue