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AHS Board and Executive Expense Report

NameDr. Brenda HemmelgarnTitleAHS Board Vice-ChairLocationCalgaryExpenses submitted during the month of March 2019

							Tra	vel (1)						
МММ-ҮҮ	Source Document	Purpose	Air	fare	Me	eals		modation	Otł Tra		otal avel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-19	Expense Claim	Meetings								93	93			
Mar-19	Direct Billing	Meetings		493				190			683			
Total			\$	493	\$	-	\$	190	\$	93	\$ 776	\$-	\$ -	\$ -
Total for the Month	\$ 776													
	ily single meal expens ily base hotel rate clai	e 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.



C		the
Zm	ployee	tt

AHS - AP Processing - Internal Use Uniy

Voucher #

Naming Convention: T4A/NR Applicable? - If yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

SECTION	1: PAYE	E INFORM	ATION						
Name: Brenda Hemmelgarn Expense Period Mar-19									
Address:					City:				
Province:				Postal Code:		Country:	Can	ada	
Reason for Expense Attended Private Board Meeting on March 28, 201						nton.			
SECTION	2: FINA	NCE CODIN	IG & TOTAL CL	AIM					
Descri	iption	<u>Corp/BU/O</u> ព្ម	Location (If applicable)		<u>unctional</u> htre/Primary	<u>Exper</u> Seconda		<u>Total</u> te: This column will auto fiil)	
Meals (A)		101	0005	71	110300000	45000	000	\$0.00	
Travel Exp	(B+C+E)	101	0005	71	110300000	62212	000	\$92.60 🗸	
Other (D)		101	0005	71	110300000	41090	000	\$0.00	
			I.	OTAL AMOUN	PAYABLE BY A	CCOUNTS PAY	ABLE	\$92.60	
				SECTION 3: /	AUTHORIZATIO)N		1	
Fattest the ex my behalf froi	penses enclo m Alberta He xpenses subr	alth Services or	n are for valid business any other Organization im have been incurred Signature: 1 org	h. by using a cost effect gigning,this form attest (tive method, otherwi	se rationale and sup	porting analysi Date	Phone#	
Brenda He	mmelgarı	1	13	Ohm	1.		Rpm 7/19		
such policy to Lattest the exp claimant or or	the best of n penses enclo 1 their behalf	ny understandir ised in this clain from Alberta H	ng and behef.	purposes for Alberta Ther Organization.	Health Services Board	d and that this claim	has not been j	ig claimed are in compliance with previously claimed by the s is provided below.	
Approved b	5	e)			Position Title/Pro	gram Group			
Linda Hugi	2008-00202				Board Chair				
Signaturo: I	by signing to s	form attest that I	am compliant with all the ab	ove statements			Date	p. 10/19	
		Information an		FOIP) Act respective	ly, for the pur Debo please submit t	0:		pr - 4/19 2 Services & CFO n: Jennifer Hamstra	

Carry for	ward from Section 1											τ,
Name:	Brenda Hemmelgarn								Expens Month:	e Period	Mar-19	
Comp	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											
Rational	Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)											
SECTION	4A: BOARD MEMBER - T	RAVEL EX	PENSE	CLAIM								I
	Members follow the Gover						1. 1. 1. 1. 1 (). 1. 1.					
	meal allowances outside Ca ix C for USA, Appendix	D for Interna		cy reair	ects to t	ne Nation	ai Jo	int Cou	ncii (NJ	C) travel	directive f	or rates
			Meal (A	Allowand	e OR Re	ceipt)(A)						
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	g method	Allowance Within Canada		With Receipt <u>or</u> Allowance Outside Canada		mo	com- dation	Transportation (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)	
	point, details of experiature)	used?	<u>Meal</u> <u>Type</u>	Allow- ance	<u>Meal</u> Type	<u>Amount</u>			((C)	(D)	2.0 50
27-Mar-2019	Parking at YYC to attend Private Board Meeting on March 28, 2019 in Edmonton.	Yes							\$2	29.35	~	
27-Mar-2019	Taxi from YEG to hotel.	Yes							se	33.25	\checkmark	
												C
							11—40400 9					
	Total: (amount auto fills to	page 1)		\$0.00		\$0.00	s	0.00	\$9	2.60	\$0.00	0.00
	BOARD MEMBER Mileage Rate 0.505 Total Mileage s											

CARD
CARD TYPE VISA
DATE 20,9/03/27
TIME 0714 21-44-08
INVOICE #
RECEIPT NUMBER
PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL
\$63.25
\$05.25
N. Oradia
Visa Credit
APP <u>ROVED</u>
AUTH#
THANK YOU
CARDHOLDER COPY

GREATER LL. 4000 TAXI SCR. 01 (0135 31 AVE NW

AB

EDMONTON

RECEIPT GST NO. R122556194

IN: 03/27/19 17:54 OUT:03/28/19 16:56 PAID: \$ 29.35 DURATION: 0 23: 02 (GST INCLUDED)

C52

TKT NO: POF:

VICA

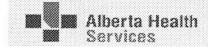
TO EXIT

O O Flyvyc WWC CALCAY Intelligational

YOU HAVE 10 MIN.

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456 BARREL TAXI 780.489.7777 EDMTAXI.COM GST 100403070



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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 : Mar-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Mar-19	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return on March 28, 2019 to attend Private Board Meeting on March 28, 2019 in Edmonton (Invoice	Vision Travel	\$493.21
27-Mar-19	Direct Billing	Hotel	One night accommodation to attend Private Board Meeting on March 28, 2019 in Edmonton.	Vision Travel	\$189.73
	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	
fotal Paid in t	he Month				5 682.94

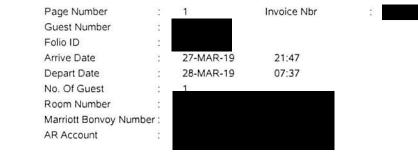
, ·		2	
		IN IN OF	-
From: Sent: To: Subject:	tripinfo@visiontravel.ca Wednesday, March 13, 2019 7 Invoice and Itinerary for HEMI Locator	7:36 PM @VISIONTRAVEL.CA MELGARN/BRENDA MS - 27March19 - Vision Travel	2 A
×	Vision Tr	avel DT Ontario-West Inc	
	, , Canad	la,	
		ontravel.ca g : 723782728 RT 0001	
	Invoice/Itine	rary	
Invoice Issued: 14 March 2019	Agency Ref.: Sales Person:	Customer Number Customer Ref.	
ALBERTA HEALTH SERVICE 10030 - 107 STREET EDMONTON AB T5J 3E4	S Passenger(s):	HEMMELGARN/BRENDA MS	
	esponsibility to carefully review th there are any discrepancies.	nis itinerary immediately upon receipt and	
AIR - Wednesday, March 2		<u>Add To Calendar</u>	
Air Canada Flight AC8158 E	conomy Class		
Depart Calgary, Alberta Calgary Internatio 07:55 PM Wedne		Edmonton, Alberta <u>Weather</u> Edmonton International Airport 08:51 PM Wednesday, March 27 2019	
Status: Confiri Operated By: AIR C/ FF Number: Online Check In: Availa	(s) and 56 minute(s) Non-stop med - Air Canada Booking Referenc ANADA EXPRESS - JAZZ HEMMELGARN/BRENDA M ble 24 hours prior - <u>click here</u> gible Flight - Aeroplan Members <u>click</u>	S - please reconfirm at check-in	
AIR C	3C - HEMMELGARN/BRENDA MS ANADA CONFIRMATION T NUMBEF		

AIR - Thursd	lay, March 28 201	9				Add To Cale	endar
Air Canada F	light AC8153 Econ	omy Class					
Ec	dmonton, Alberta dmonton Internation 3:40 PM Thursday,		Arriv 9	Calga	nry, Alberta <u>We</u> Iry International PM Thursday, I		19
Duration: Status: Operated By: FF Number: Online Check Ir E Upgrade:	Confirmed AIR CANA	and 55 minute d - Air Canada ADA EXPRES HEMMELC 24 hours prior le Flight - Aero	Booking Rei S - JAZZ GARN/BREN	ference DA MS - plea	ase reconfirm at	check-in	
Remarks:		C - HEMMELC ADA CONFIRI IUMBEF		DA MS			
nvoice Deta	ils						
Fransaction	Document Number	/ Booking	Base Fare	Other Tax	GST/HST	QST	Tota
nvoice Numb /endor AC A CANADA	per		418.25	74.96	0.00	0.00	493.21
					Billed to:		
		Totals:	418.25	74.96	0.00	0.00	493.2

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada Tel: 780-426-3636 Fax: 780-428-1454

BRENDA HEMMELGARN





Copy Tax Invoice

Tax ID : 815461330RT0001

Date	Reference	Description	Charges (CAD)	Credits (CAD)
27-MAR-19	Reference	Room Chrg - Special Corp	169.00	
27-MAR-19		GST	8.70	
27-MAR-19		DMF	5.07	
27-MAR-19		Tour Levy	6.96	
28-MAR-19		Direct Bill		-189.73
		** Total	189.73	-189.73
		*** Balance	0.00	

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