

AHS Board and Executive Expense Report

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

Expenses submitted during the month of April 2019

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-19	P-Card	Meetings				66	66			
Apr-19	Expense Claim	Meetings				29	29			
Apr-19	Direct Billing	Meetings	485		190		675			
Total			\$ 485	\$ -	\$ 190	\$ 95	\$ 770	\$ -	\$ -	\$ -

Total for the Month \$ 770

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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
Brenda Hemmelgarn	AHS Board Member	Edmonton	\$ 66.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
4/25/2019	Taxi from SSP to YEG - Attended Private and Public board meetings on April 25, 2019 on Edmonton.	AB - Other Zones	Taxi	\$ 66.00	SSP	Edmonton International Airport	Items charged to Executive Assistant's May 2019 P-Card on behalf of Brenda Hemmelgarn	1				
Approver(s) for the claim		Approval Status	Approval									
Signature kept on file		Approve										

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2019/05/08
TIME 0265 12:59:33
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$262.00

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

From [REDACTED]

To ① [REDACTED]

Time ② [REDACTED]

Date ③ [REDACTED]

Trip Amount ④ April 25 - Brenda & Glenda Yates SSP to EIA

Driver Name SSP to EIA = \$66

Car Number _____

GST Total = \$262



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4/ANR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Brenda Hemmelgarn			Expense Period Month:	Apr-19
Address:	[REDACTED]	City:	Calgary		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Private and Public Board Meetings on April 25, 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	\$29.35
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$29.35

SECTION 3: AUTHORIZATION			
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.			
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.			
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.			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Brenda Hemmelgarn	<i>B Hemmelgarn</i>	May 1/19	[REDACTED]

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.	
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.	
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.	
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>Linda Hughes</i>	May 13/19

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Information and Protection of Privacy (FOIP) Act, respectively, for the purposes

Deborah Rhodes
Deborah Rhodes, VP Corporate Services & CFO

For payment please submit to:

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

Carry forward from Section 1

Name:	Brenda Hemmelgarn	Expense Period Month:	Apr-19
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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).

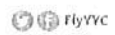
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
24-Apr-2019	Parking at YYC to attend Private and Public Board Meetings on April 25, 2019 in Edmonton.	Yes					\$29.35			

RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: CS2
IN: 04/24/19 18:39
OUT: 04/25/19 18:16
PAID: \$ 29.35
DURATION: 0 23: 37
(GST INCLUDED)

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



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 : Apr-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Apr-19	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return on April 25, 2019 to attend Board Meetings on April 25, 2019 in Edmonton (Invoice [REDACTED])	Vision Travel	\$484.66
24-Apr-19	Direct Billing	Hotel	One night accommodation to attend Board Meetings on April 25, 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	

Total Paid in the Month	\$	[REDACTED]
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\$674.39

From: [REDACTED]@visiontravel.ca
Sent: Monday, April 08, 2019 5:16 PM
To: [REDACTED]@VISIONTRAVEL.CA
Subject: Invoice and Itinerary for HEMMELGARN/BRENDA MS - 24April19 - 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: 08 April 2019

Agency Ref.: [REDACTED]
Sales Person: [REDACTED]

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, April 24 2019		Add To Calendar
Air Canada Flight AC8158 Economy Class		
Depart	Calgary, Alberta Weather Calgary International Airport 07:55 PM Wednesday, April 24 2019	Arrive Edmonton, Alberta Weather Edmonton International Airport 08:49 PM Wednesday, April 24 2019
Duration:	0 hour(s) and 54 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 2C - HEMMELGARN/BRENDA MS PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ	

Air Canada Flight AC8155 Economy Class

Depart	Edmonton, Alberta Weather Edmonton International Airport 05:25 PM Thursday, April 25 2019	Arrive	Calgary, Alberta Weather Calgary International Airport 06:17 PM Thursday, April 25 2019
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Duration: 0 hour(s) and 52 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](#)

Remarks: SEAT 3C - HEMMELGARN/BRENDA MS
 PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

Invoice Details

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number	[REDACTED]					
Vendor AC AIR CANADA		409.70	74.96	0.00	0.00	484.66
				Billed to [REDACTED]		
	Totals:	409.70	74.96	0.00	0.00	484.66
				Total Credit Card Billing:		484.66
				Balance Due:		0.00

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



BRENDA HEMMELGARN
 [Redacted]

Page Number : 1 Invoice Nbr : [Redacted]
 Guest Number : [Redacted]
 Folio ID : [Redacted]
 Arrive Date : 24-APR-19 21:45
 Depart Date : 25-APR-19 12:14
 No. Of Guest : 1
 Room Number : [Redacted]
 Marriott Bonvoy Number : [Redacted]
 AR Account : [Redacted]

Copy Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edm YEGWI APR-29-2019 17:09 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
24-APR-19	[Redacted]	Room Chrg - Special Corp	169.00	
24-APR-19	[Redacted]	GST	8.70	
24-APR-19	[Redacted]	DMF	5.07	
24-APR-19	[Redacted]	Tour Levy	6.96	
25-APR-19	[Redacted]	Direct Bill		-189.73
** Total			189.73	-189.73

Continued on the next page