

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of November 2019

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Nov-19	Expense Claim	Meetings				105	105			
Nov-19	Direct Billing	Meetings	517		379		896			
<b>Total</b>			\$ 517	\$ -	\$ 379	\$ 105	\$ 1,001	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,001

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

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Brenda Hemmelgarn			Expense Period Month:	Nov-19
Address:	[Redacted]	City:	[Redacted]		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense	Attended Human Resources Committee Meeting on November 27, 2019; Board and Public Board Meetings on November 28, 2019 in Edmonton.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$104.95 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$104.95</b> ✓

<b>SECTION 3: AUTHORIZATION</b>			
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>	Dec 12/19	[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		
David Weyant, Q.C.	Board Chair		
Signature: I, by signing this form, attest that I am compliant with all the above statements			Date
<i>D. Weyant</i>			Jan 19, 2020

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:  
14<sup>th</sup> 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:	Nov-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				
26-Nov-2019	Parking at YYG to travel to Edmonton to attend HR Committee on November 27 and Board Meetings on November 28.	Yes					\$104.95 ✓			
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$104.95 ✓	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**RECEIPT**  
**GST NO. R122556194**

TKT NO [REDACTED]  
POF: C52  
PAID:\$ 104.95  
IN: 11/26/19 18:00  
OUT:11/29/19 21:56  
DURATION: 3 03: 56  
(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

<b>Name :</b> Brenda Hemmelgarn	<b>Reporting Period for the Month of :</b> Nov-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Nov-19	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton and return to attend Human Resources Committee Meeting on November 27 and Board Meetings on November 28 (Invoice [REDACTED])	Vision Travel	\$516.86
26-Nov-19	Direct Billing	Hotel	Two nights accommodation to attend the above meetings.	Vision Travel	\$379.46
	Direct Billing	Choose from Drop-down List			
<b>Total Paid in the Month</b>					\$ 896.32

**From:** tripinfo@visiontravel.ca  
**Sent:** Friday, November 15, 2019 5:49 PM  
**To:** [REDACTED]  
**Subject:** Invoice and Itinerary for HEMMELGARN/BRENDA MS - 26November19 - Vision Travel  
Locator: [REDACTED]

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.



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: 15 November 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 Passenger Protection Regulations:**

As of July 15, 2019, airlines will be required to meet new obligations concerning communication, denied boarding, tarmac delay, baggage and the transportation of musical instruments. For more information visit : <https://rppa-appr.ca>

AC : <https://www.aircanada.com/ca/en/aco/home/legal/conditions-carriage-tariffs.html>

**AIR - Tuesday, November 26 2019**

[Add To Calendar](#)

**Air Canada Flight AC8158 Economy Class**

<b>Depart</b>	Calgary, Alberta <a href="#">Weather</a>	<b>Arrive</b>	Edmonton, Alberta <a href="#">Weather</a>
	Calgary International Airport		Edmonton International Airport
	07:40 PM Tuesday, November 26 2019		08:34 PM Tuesday, November 26 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 4C - HEMMELGARN/BRENDA MS  
 PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

**AIR - Friday, November 29 2019**

[Add To Calendar](#)

**Air Canada Flight AC8161 Economy Class**

<b>Depart</b>	Edmonton, Alberta <a href="#">Weather</a>	<b>Arrive</b>	Calgary, Alberta <a href="#">Weather</a>
	Edmonton International Airport		Calgary International Airport
	08:35 PM Friday, November 29 2019		09:36 PM Friday, November 29 2019

Duration: 1 hour(s) and 1 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 3D - 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	[REDACTED]	418.80	74.96	0.00	0.00	493.76
				Billed to:	[REDACTED]	
Vendor ACSEAT	[REDACTED]	23.10	0.00	0.00	0.00	23.10
				Billed to:	[REDACTED]	
	<b>Totals:</b>	<b>441.90</b>	<b>74.96</b>	<b>0.00</b>	<b>0.00</b>	<b>516.86</b>
				<b>Total Credit Card Billing:</b>		<b>516.86</b>
				<b>Balance Due:</b>		<b>0.00</b>

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



BRENDA HEMMELGARN

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 26-NOV-19 21:25  
 Depart Date : 29-NOV-19 07:01  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Marriott Bonvoy Number : [REDACTED]  
 AR Account : [REDACTED]

Copy Invoice

Tax ID : 815461330RT0001  
 The Westin Edm YEGWI DEC-13-2019 14:23 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
26-NOV-19	[REDACTED]	Room Chrg - Special Corp	169.00	
26-NOV-19	[REDACTED]	GST	8.70	
26-NOV-19	[REDACTED]	DMF	5.07	
26-NOV-19	[REDACTED]	Tour Levy	6.96	
27-NOV-19	[REDACTED]	Room Chrg - Special Corp	169.00	
27-NOV-19	[REDACTED]	GST	8.70	
27-NOV-19	[REDACTED]	DMF	5.07	
27-NOV-19	[REDACTED]	Tour Levy	6.96	
29-NOV-19	[REDACTED]	Direct Bill		-379.46
		** Total	379.46	-379.46
		*** Balance	0.00	

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at [westin.com/store](http://westin.com/store)  
 Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

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