

## AHS Board and Executive Expense Report

**Name:** Brenda Hubley  
**Title:** Chief Program Officer, CancerCare AB  
**Location:** Edmonton  
 Expenses approved during the month of June 2021

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
	Expense Claim	Meetings					-			
Jun-21	Direct Bill	Meetings	(228)				(228)			
<b>Total</b>			<b>\$ (228)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (228)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for  
the Month** \$ (228)

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ -  
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

## 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 Hubley	<b>Reporting Period for the Month of :</b> Jun-21
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-Apr-21	Direct Billing	Airline Ticket	Refund for Ticket# [REDACTED] due to COVID-19 Cancellation from March 2020	Vision Travel	-\$253.46
22-Apr-21	Direct Billing	Choose from Drop-down List	Vision Travel Administrative Fee	Vision Travel	\$25.00
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
<b>Total Paid in the Month</b>					\$ (228.46)

Vision Travel DT Ontario-West Inc. - HST# 723782728  
 700-251 Consumers Rd, Toronto, ON M2J 4R3 - Ph 416 487 5385  
 TICO R50023501 - W50023502

Alberta Health Services  
 North Tower  
 Edmonton AB T5J 3E4 Canada

Invoice Number : [REDACTED]  
 Issued Date: 22-Apr-2021  
 Agent: [REDACTED]  
 AIR CANADA REFUND  
 AIR CANADA REFUND

 **Passenger Information**

HUBLEY/BRENDA MS

PNR Locator : [REDACTED]

 **Your Flight Selection**

Ticket Number (s) / Confirmation Number (s) [REDACTED]

Departure:				
Arrival:				
Airline:	Flight # :	Class :	Mileage :	

Air Fare: \$-215.98      GST/HST: \$0.00      Taxes: \$-37.48      Total Air Fare: \$-253.46

 **Service Fee Information**

[REDACTED] PROFESSIONAL FEE      \$25.00      GST/HST:\$0.00      Total : \$25.00

**Payment Details**

Pay Method	PaymentNumber	Amount Paid
Credit Card	MC 55-XXXX [REDACTED]	\$-253.46
Credit Card	MC 55-XXXX [REDACTED]	\$25.00
		\$0.00

Sub Total (excl. GST): \$-253.46  
 GST Total : \$0.00  
 Service Fee : \$25.00  
 Invoice Total : \$-228.46  
 Amount Paid : \$0.00  
 Balance : \$-228.46