

AHS Board and Executive Expense Report

Name: Brenda Hubley

Title: Chief Program Officer, CancerCare AB

(12)

Location: Edmonton

Expenses approved during the month of July 2021

			Travel (1)						
Approved Source MMM-YY Document Purpose	Airfare	Meals	Accommodation	Other Travel	Tota Trav		ment	Working Sessions Hosting and Hospitality (3)	Other (4)
P-Card Meetings Expense Claim Meetings Jul-21 Direct Bill Meetings	(12)					- - (12)			
Total	\$ (12)	\$ -	- \$ -	\$ -	\$	(12) \$	-	\$ -	\$ -

Total for the Month \$

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) Othe

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 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 	r you have expenses to report in this section for	this reporting period:	YES	
Name :	Brenda Hubley	Reporting Period for the Month of :	Jul-21	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
5/18/2021	Direct Billing	Airline Ticket	Air Canada Cred t for Seat Selection	Vision Travel	-\$11.55
	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	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
Total Paid in the Month					\$ (11.55)





Subject: Invoice and Itinerary for HUBLEY/BRENDA MS -

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Vision Travel DT Ontario-West Inc 9929 - 108th Street Edmonton AB T5K 1G8 833-692-4120

www.dt.ca

GST Reg: 723782728 RT 0001

Invoice/Itinerary

Invoice: Issued: Agency Ref.: Sales Person:

Customer Number: Customer Ref.:

ALBERTA HEALTH SERVICES

Passenger(s):

HUBLEY/BRENDA MS

Disclaimer:

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

Invoice Details						
Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number: Vendor ACSEAT ACSEAT		-11.55	0.00	0.00	0.00	-11.55
				Billed to:		
Tota	als:	-11.55	0.00	0.00	0.00	-11.55

Balance Due: 0.00

Remarks

PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU
FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE
DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS
MAY BE YOUR RESPONSIBILITY

24 HOUR EMERGENCY TRAVEL ASSISTANCE
OUTSIDE REGULAR BUSINESS HOURS - MONDAY TO FRIDAY
A SERVICE FEE MAY APPLY FOR CALLS TO THIS SERVICE
WITHIN NORTH AMERICA - CALL 1-888-700-6063
OUTSIDE NORTH AMERICA - CALL COLLECT 1-514-855-4263
EMAIL D24CAN AT DT.COM
PLEASE QUOTE ACCESS CODE 2EC0