

AHS Board and Executive Expense Report

Name Catherine MacNeill
Title Corporate Secretary (Acting)
Location Calgary

Expenses submitted during the month of November 2016

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)
Nov-16	Expense Claim	Meetings		234	777	175	1,186			
Nov-16	Direct Billing	Meetings				402	402			
Total			\$ -	\$ 234	\$ 777	\$ 577	\$ 1,588	\$ -	\$ -	\$ -

Total for the Month \$ 1,588

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 145
 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 Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
MACNEILL, CATHERINE	Corporate Secretary - Acting	Calgary	\$ 1,186.30								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/23/2016	To attend Board Committee meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 93.00			Bfast - 2 * 10.50 = \$21.00 Dinner - 3 * 24.00 = \$72.00	3			
11/23/2016	To attend Board Committee meetings in Edmonton	AB - Other Zones	Taxi	\$ 28.06				1			
11/25/2016	To attend Board Committee meetings in Edmonton	AB - Other Zones	Accommodations	\$ 310.64				2			
11/25/2016	To attend Board Committee meetings in Edmonton	AB - Other Zones	Taxi	\$ 30.54				1			
11/27/2016	To attend Board Committee meeting in Edmonton	AB - Other Zones	Taxi	\$ 26.40				1			
11/27/2016	To attend Board Committee meeting	AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast - \$10.50 Lunch - \$13.00 Dinner - \$24.00	2			
11/28/2016	To attend Board Committee meeting in Edmonton	AB - Other Zones	Accommodations	\$ 155.32				1			
11/28/2016	To attend Board Committee meeting in Edmonton	AB - Other Zones	Taxi	\$ 30.00				1			
12/6/2016	To attend Board and Committee meetings in Edmonton	AB - Other Zones	Taxi	\$ 28.56				1			
12/6/2016	To attend Board and Committee meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 93.00			Bfast - 2 * 10.50 = \$21.00 Dinner - 3 * 24.00 = \$72.00	3			
12/8/2016	To attend Board and Committee meetings in Edmonton	AB - Other Zones	Accommodations	\$ 310.64				2			
12/8/2016	To attend Board and Committee meetings in Edmonton	AB - Other Zones	Taxi	\$ 32.64				1			
Approver(s) for the claim		Approval Status		Approval Date							
GIESBRECHT, TINA		Approve		16-Dec-16							

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CALGARY UNITED CABS
5660 10TH ST NE
SUITE 8
CALGARY AB T2E 8W7
(403) 777-1111

SALE

MID: [REDACTED] ST: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch # [REDACTED] SEQ: [REDACTED]
11/25/16 22:22:12
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$25.45
TIP \$5.09
TOTAL \$30.54

00 - APPROVED - 001

MasterCard



CUSTOMER COPY

Home → Red Arrow

ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1592

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch # [REDACTED] SEQ: [REDACTED]
11/23/16 16:08:47
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$24.40
TIP \$3.66
TOTAL \$28.06

00 - APPROVED - 001

MasterCard



Thank You

CUSTOMER COPY

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316 MERIDIAN ROAD SE
CALGARY, AB T2A 1A2

TERMINAL ID:
MERCHANT ID:
VEHICLE ID:
DRIVER ID:
GSI ACCOUNT #:
TRIP NUMBER:
PASSENGERS:



11/25/2016
START: 18:13 END: 18:34
DISTANCE: 139.00 RATE: 1
FARE AMOUNT: \$ 23.81

TAX AMOUNT: \$ 1.19
TIP AMOUNT: \$ 5.00

TOTAL : \$ 30.00

MASTER CARD SALE : [REDACTED]

APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

THANK YOU
(403) 293 5999
WWW.THECHECKERGROUP.COM



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ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch # [REDACTED] SEQ: [REDACTED]
11/27/16 15:56:01
APPR CODE: 08056S
MASTERCARD
[REDACTED]

AMOUNT \$22.00
TIP \$4.40
TOTAL \$26.40

00 - APPROVED - 001

MasterCard



THANK YOU

CUSTOMER COPY

MS Catherine Macneill

Room Number: [REDACTED]
 Arrival Date: 11-23-16
 Departure Date: 11-25-16
 Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

11-25-16

Date	Description	Charges	Credits
11-23-16	Room Service [REDACTED]	27.29 (meal)	
11-23-16	Room Revenue	145.00	
11-23-16	Destination Marketing Fee - 3%	4.35	
11-23-16	Tourism Levy - 4%	5.97	
11-24-16	Room Service [REDACTED]	5.00 (meal)	
11-24-16	Room Service [REDACTED]	34.66 (meal)	
11-24-16	Room Revenue	145.00	
11-24-16	Destination Marketing Fee - 3%	4.35	
11-24-16	Tourism Levy - 4%	5.97	
Total		377.59	0.00
Balance		377.59	

(27.29)
 (5.00)
 (34.66)

 310.64

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008



MS Catherine Macneill
[Redacted]

Room Number: [Redacted]
Arrival Date: 11-27-16
Departure Date: 11-28-16
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

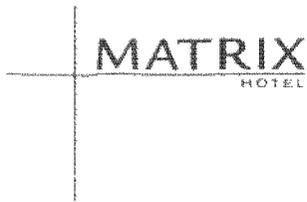
Folio No:

11-28-16

Date	Description	Charges	Credits
11-27-16	Room Revenue	145.00	
11-27-16	Destination Marketing Fee - 3%	4.35	
11-27-16	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008



MS Catherine Macneill

Room Number: [redacted]
Arrival Date: 12-06-16
Departure Date: 12-08-16
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

12-08-16

Date	Description	Charges	Credits
12-06-16	Room Service [redacted]	26.06 (meal)	
12-06-16	Room Revenue	145.00	
12-06-16	Destination Marketing Fee - 3%	4.35	
12-06-16	Tourism Levy - 4%	5.97	
12-07-16	Room Service [redacted]	25.03 (meal)	
12-07-16	Room Revenue	145.00	
12-07-16	Destination Marketing Fee - 3%	4.35	
12-07-16	Tourism Levy - 4%	5.97	
Total		361.73	0.00

total = 361.73
minus
meals

(26.06)
(25.03)

310.64

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 : Catherine MacNeill	Reporting Period for the Month of : Nov-16
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Nov-16	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (November 25) to attend the Governance, Community Engagement, Finance and Audit & Risk Committee Meetings	Marlin Travel	133.92
27-Nov-16	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (November 28) to attend the Human Resources Committee Meeting	Marlin Travel	133.92
06-Dec-16	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (December 8) to attend Finance Committee and Board Meetings (credit \$3.52)	Marlin Travel	133.92
	Direct Billing	Choose from Drop-down List		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 401.76



Trip Statement

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 22 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: BREANN KELLY File Locator: [REDACTED]
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PASSENGERS: MS CATHERINE MACNEILL

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
RED ARROW Confirmation # [REDACTED]	133.92	0.00	\$0.00	0.00	0.00	133.92 CAD
Total:	133.92	0.00	0.00	0.00	0.00	133.92 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/22/2016		[REDACTED]	133.92 CAD
Total Payment:					133.92 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****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 -----
 -----RED ARROW----- RESERVATION MAY BE CHANGED OR CANCELLED AT LEAST 2 HOURS PRIOR TO DEPARTURE. PLEASE CHECK WWW.REDARROW.CA FOR A LISTING OF PICK UP AND DROP OFF LOCATIONS IN ALBERTA
 RED ARROW TOLL FREE NUMBER 1 800 232 1958

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 22 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: BREANN KELLY

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
CATHERINE MACNEILL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: CATHERINE MACNEILL
Booking Date: 21 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
CHARTER AIRLINE	00100	CALGARY INTL 23 Nov 16 4:30PM		23 Nov 16 7:50PM	Y		



AIR

Passengers: CATHERINE MACNEILL
Booking Date: 21 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
CHARTER AIRLINE	00110	25 Nov 16 6:30PM		CALGARY INTL 25 Nov 16 10:00PM	Y		

Lou Decoste

From: Carley Walls <Carley.walls@marlintravel.ca>
Sent: November 18, 2016 1:00 PM
To: Lou Decoste
Subject: Red Arrow Invoice - Catherine Macneill

Follow Up Flag: Follow up
Flag Status: Flagged

From: Red Arrow Reservations [mailto:itinerary@redarrow.ca]
Sent: November-18-16 12:58 PM
To: Carley Walls <Carley.walls@marlintravel.ca>
Subject: Invoice

INVOICE



Date: 2016-11-18

ALBERTA HEALTH SERVICES - MARLIN TRAVEL
10030 107 STREET
EDMONTON, AB T5J 3E4

You can reach us at:

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
	2016-09-22				2016-11-27	2016-11-28	-	Website User

Travellers:

MACNEILL/CATHERINE

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CEEXP 16:30	3 hrs 20 mins	Adult	1	\$ 70.48	\$ 66.96

Assigned to: 03C

Departs Calgary (CALTO / Calgary Ticket Office) at 16:30 on 2016-11-27.

Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 19:50 on 2016-11-27. (3 hrs 20 mins)

EDMCAL 14:00 YYC

4 hrs 5 mins

Adult

1

\$ 70.48

\$ 66.96

Assigned to: 04A

Departs Edmonton (EDMTO / Edmonton Ticket Office) at 14:00 on 2016-11-28.

Arrives Calgary (CALTO / Calgary Ticket Office) at 18:05 on 2016-11-28. (4 hrs 5 mins)

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2016-09-22	ALBERTA HEALTH SERVICES MARLIN TRAVEL	MasterCard [REDACTED]	\$ 133.92

Base Price: \$ 140.96**Discounts:** \$ 7.04**Service Charges:** \$ 0.00**Invoice Total:** \$ 133.92**Payments Received:** \$ 133.92**Balance Due:** \$ 0.00

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices**Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

Lou Decoste

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: December 8, 2016 9:17 AM
To: Carley Walls
Subject: Invoice

INVOICE



Date: 2016-12-08

You can reach us at:

ALBERTA HEALTH SERVICES - MARLIN TRAVEL
10030 107 STREET
EDMONTON, AB T5J 3E4

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
	2016-08-03				2016-12-06	2016-12-08	-	Website User

Travellers:

MACNEILL/CATHERINE

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
CEEXP 16:30 Assigned to: 06C Departs Calgary (CALTO / Calgary Ticket Office) at 16:30 on 2016-12-06. Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 19:50 on 2016-12-06. (3 hrs 20 mins)	3 hrs 20 mins	Adult	1	\$ 70.48	\$ 66.96
ECEXP 17:00/L Assigned to: 04A Departs Edmonton (EDMTO / Edmonton Ticket Office) at 17:00 on 2016-12-08. Arrives Calgary (CALTO / Calgary Ticket Office) at 20:20 on 2016-12-08. (3 hrs 20 mins)	3 hrs 20 mins	Adult	1	\$ 70.48	\$ 66.96

Base Price: \$ 140.96

Discounts: \$ 10.56

Service Charges: \$ 0.00

Invoice Total: \$ 130.40

Payments Received: \$ 133.92

Balance Due: \$ -3.52

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2016-08-03	ALBERTA HEALTH SERVICES - MARLIN TRAVEL	MasterCard [REDACTED]	\$ 133.92

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices**Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication