

## AHS Board and Executive Expense Report

**Name** Catherine MacNeill  
**Title:** Corporate Secretary & Legal Counsel  
**Location** Calgary

Expenses submitted during the month of December 2018

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Dec-18	Expense Claim	Meetings		117	349	128	594			
Dec-18	Direct Billing	Meetings	275				275			
<b>Total</b>			\$ 275	\$ 117	\$ 349	\$ 128	\$ 869	\$ -	\$ -	\$ -

**Total for the Month** \$ 869

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 159  
 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 & Legal Counsel	Calgary	\$ 594.25									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
12/2/2018	Travel to Edmonton for APL Board meeting	AB - Local	Taxi	\$ 33.36	Home	Red Arrow	Travel to Edmonton for APL Board meeting	1				
12/2/2018	To attend APL Board meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 24.00			To attend APL Board meeting in Edmonton	1				
12/3/2018	To attend APL Board meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 34.50			To attend APL Board meeting in Edmonton	1				
12/3/2018	To attend APL Board meeting	AB - Other Zones	Accommodations	\$ 178.51			To attend APL Board meeting	1				
12/3/2018	Travel to Edmonton for APL Board meeting	AB - Local	Taxi	\$ 31.70	Red Arrow	Home	Travel to Edmonton for APL Board meeting	1				
12/11/2018	Travel to Edmonton for AHS Board meetings	AB - Local	Taxi	\$ 32.16	Home	Red Arrow	Travel to Edmonton for AHS Board meetings	1				
12/11/2018	To attend AHS Board meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 24.00			To attend AHS Board meetings in Edmonton	1				
12/12/2018	To attend AHS Board meetings in Edmonton	AB - Other Zones	Meals Per Diem	\$ 34.50			To attend AHS Board meetings in Edmonton	1				
12/12/2018	To attend AHS Board meetings in Edmonton	AB - Other Zones	Accommodations	\$ 170.32			To attend AHS Board meetings in Edmonton	1				
12/12/2018	Travel to Edmonton for AHS Board meetings	AB - Local	Taxi	\$ 31.20	Red Arrow	Home	Travel to Edmonton for AHS Board meetings	1				
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>								
GIESBRECHT, TINA		Approve		2-Jan-19								

Home -> Red Arrow

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#1365

SALE

MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch # [REDACTED] SEQ: [REDACTED]  
12/02/18 16:07:45  
APPR CODE [REDACTED]  
MASTERCARD  
[REDACTED]

AMOUNT \$27.80  
TIP \$5.56  
TOTAL \$33.36

00 - APPROVED - 001

THANK YOU  
CUSTOMER COPY

Red Arrow -> Home

CALGARYUNITEDCABS#1340  
#8 -5660 10TH ST NET2E8W7  
CALGARY AB  
27040964  
QW2704096401

SALE

12-03-2018 20:51:10  
Acct # [REDACTED] C  
Exp Date \*\*/\*\* Card Type MC  
Name: MACNEILL CATHERINE

MasterCard

Trace # [REDACTED]  
Inv. # [REDACTED]  
Auth # [REDACTED] RR [REDACTED]

Sale \$26.70  
Tip \$5.00

TOTAL \$31.70

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00 APPROVED-THANK YOU  
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Retain this copy for your  
records  
Customer copy

www.calgarycabs.ca  
403-777-1111

Red Arrow -> Home

516 BONDURAN ROAD SE  
CALGARY, AB T2A 1X2

TERMINAL ID: [REDACTED]  
PURCHASER ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
GST ACCOUNT # [REDACTED]  
TRIP NUMBER: [REDACTED]  
PASSENGERS [REDACTED]

12/12/2018  
START: 20:04 END: 20:26  
DISTANCE: 141.00 RATE: 1  
FARE AMOUNT \$ 29.76

TAX AMOUNT + 1.24  
TIP AMOUNT + 5.20

TOTAL + \$1.20

MASTERCARD SALE [REDACTED]

APPROVAL NUMBER [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

PHONE: 403-777-1111  
WWW.THECHECKERGROUP.COM



Home -> Red Arrow

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#529

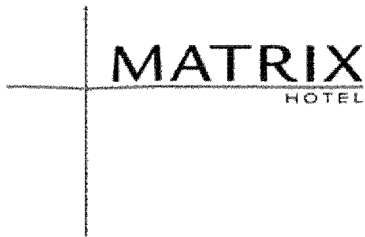
SALE

MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch # [REDACTED] SEQ: [REDACTED]  
12/11/18 16:05:02  
APPR CODE: [REDACTED]  
MASTERCARD  
[REDACTED]

AMOUNT \$26.80  
TIP \$5.36  
TOTAL \$32.16

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THANK YOU



MS Catherine Macneill

Room No. [redacted]  
Arrival : 12-02-18  
Departure Date : 12-03-18  
Folio No. [redacted]  
Conf. No. [redacted]  
P.O. No. [redacted]

Company Name: AB Health Services  
Group Name:

INVOICE

Date	Description	Charges	Credits
[redacted]	[redacted]	[redacted]	[redacted]
12-02-18	Room Revenue	159.00	
12-02-18	Destination Marketing Fee	4.77	
12-02-18	Room GST	8.19	
12-02-18	Tourism Levy	6.55	
12-03-18	Mastercard		205.20

178.51

<b>Total Charges</b>	205.20	
<b>Total Credits</b>		205.20
<b>Balance</b>		<b>0.00</b>

(26.69)

178.51

# MATRIX HOTEL

**MS Catherine Macneill**

Room No. [REDACTED]  
 Arrival : 12-11-18  
 Departure Date : 12-12-18  
 Folio No. [REDACTED]  
 Conf. No. [REDACTED]  
 P.O. No. [REDACTED]

Company Name: AB Health Services  
 Group Name:

**COPY OF INVOICE**

Date	Description	Charges	Credits
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12-11-18	Room Revenue	159.00	
12-11-18	Destination Marketing Fee	4.77	
12-11-18	Tourism Levy	6.55	
12-12-18	Mastercard [REDACTED]		206.99

**Total Charges** 206.99  
**Total Credits** 206.99

**Balance** (32.99) 0.00  
 (3.68)

Merchant ID [REDACTED]  
 Transaction ID [REDACTED]  
 Approval Code [REDACTED]  
 Approval Amount 206.99

Credit Card # [REDACTED]  
 Capture Method Swiped  
 Transaction Amount 206.99 170.32

## 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**

<b>Name :</b> Catherine MacNeill	<b>Reporting Period for the Month of :</b> Dec-18
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
02-Dec-18	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (December 3) to attend APL Board Meeting	Marlin Travel	137.52
11-Dec-18	Direct Billing	Other Transportation	Red Arrow from Calgary to Edmonton and Return (December 12) to attend AHS Board Meeting	Marlin Travel	137.52
	Direct Billing	Choose from Drop-down List		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 275.04</b>

ALBERTA HEALTH SERVICES - VISION 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
[REDACTED]	2018-11-07	[REDACTED]			2018-12-02	2018-12-03	-	Website User

Travellers:

MacNeill/Catherine

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
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**CEEXP 16:30.** 3 hrs 20 mins Adult 1 \$ 72.38 \$ 68.76  
 Assigned to: 12A  
 Departs Calgary (CALTO / CTO 205 9 Ave SE) at 16:30 on 2018-12-02.  
 Arrives Edmonton (EDMTO / ETO 10014 104 St) at 19:50 on 2018-12-02. (3 hrs 20 mins)

**ECEXP 16:30.** 3 hrs 20 mins Adult 1 \$ 72.38 \$ 68.76  
 Assigned to: 12A  
 Departs Edmonton (EDMTO / ETO 10014 104 St) at 16:30 on 2018-12-03.  
 Arrives Calgary (CALTO / CTO 205 9 Ave SE) at 19:50 on 2018-12-03. (3 hrs 20 mins)

**Base Price:** \$ 144.76

**Discounts:** \$ 7.24

**Service Charges:** \$ 0.00

**Invoice Total:** \$ 137.52

**Payments Received:** \$ 137.52

**Balance Due:** \$ 0.00

**Payments Received**

DATE	GUEST	REFERENCE	AMOUNT
2018-11-07	Catherine MacNeill	MasterCard [REDACTED]	\$ 137.52

**From:** Red Arrow Reservations <itinerary@redarrow.ca>  
**Sent:** Tuesday, July 03, 2018 10:57 AM  
**To:** [REDACTED]  
**Subject:** Red Arrow Itinerary/Receipt

**INVOICE**



2018-07-03

*You can reach us at:*

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

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[REDACTED]	2018-07-03	[REDACTED]			2018-12-11	2018-12-12	-	Website User

*Travellers:*

macneill/catherine

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
<b>CEEXP 16:30.</b> Assigned to: 06C Departs Calgary (CALTO / CTO 205 9 Ave SE) at 16:30 on 2018-12-11. Arrives Edmonton (EDMTO / ETO 10014 104 St) at 19:50 on 2018-12-11. (3 hrs 20 mins)	3 hrs 20 mins	Adult	1	\$ 72.38	\$ 68.76
<b>EDMCAL 18:30.</b> Assigned to: 06C Departs Edmonton (EDMTO / ETO 10014 104 St) at 18:30 on 2018-12-12. Arrives Calgary (CALTO / CTO 205 9 Ave SE) at 22:00 on 2018-12-12. (3 hrs 30 mins)	3 hrs 30 mins	Adult	1	\$ 72.38	\$ 68.76



**Base Price:** \$ 144.76

**Discounts:** \$ 7.24

**Service Charges:** \$ 0.00

**Invoice Total:** \$ 137.52

**Payments Received:** \$ 137.52

**Balance Due:** \$ 0.00

**Payments Received**

DATE	GUEST	REFERENCE	AMOUNT
2018-07-03	ALBERTA HEALTH SERVICES - VISION TRAVEL SERVICES	MasterCard [REDACTED]	\$ 137.52

**PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.  
PLEASE CHECK IN 15 MINUTES PRIOR TO DEPARTURE**

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. \*\*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](http://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: Payment due 30 days after completion of trip.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

**Thank you for booking with Red Arrow Motorcoach. We appreciate your business!**

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication