

AHS Board and Executive Expense Report

Name David Carpenter
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of October 2019

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)
Oct-19	P-Card	Meetings				66	66			
Oct-19	Expense Claim	Meetings	655	32		40	728			
Oct-19	Direct Billing	Meetings			177		177			
Total			\$ 655	\$ 32	\$ 177	\$ 106	\$ 971	\$ -	\$ -	\$ -

Total for the Month \$ 971

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 165
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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
David Carpenter	AHS Board Member	Lethbridge	\$ 66.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/25/2019	Edmonton - Taxi from SSP to YEG - Attended Board Meeting in Edmonton	AB - Other Zones	Taxi	\$ 66.00	SSP	EIA	Items charged to Executive Assistant's November 2019 P-Card on behalf of David Carpenter	1			

Approver(s) for the claim	Approval Status	Approval Date
Signature kept on file	Approve	

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2019/11/07
TIME 9710 14:09:44
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

-----\$261.00

MasterCard



APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT: RETAIN THIS

From _____

To _____

Time _____

Date David Oct 25 - SSP & EIA = \$66

Trip Amount _____

Driver Name _____

Car Number _____

GST _____

*Several trips to airport (return) for
Dr. Yiu and a Board member to attend
Board Mtg on Oct 25*



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - if yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	David Carpenter			Expense Period Month:	Oct-19
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Board Meeting on October 25, 2019 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Core/BW/O	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$32.35 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$695.66 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$728.01 ✓

SECTION 3: AUTHORIZATION			
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#
David Carpenter	<i>[Signature]</i>		[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 to all the above statements	Date
<i>[Signature]</i>	Nov 27, 2019

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:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Nov. 2019

[Signature]

Carry forward from Section 1

Name:	David Carpenter	Expense Period Month:	Oct-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)

All the below costs are based on: Attended Board Meeting on October 25, 2019 In Edmonton.

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				
23-Oct-2019	Mileage from residence to YQL and return to attend Board Meeting on October 25, 2019 in Edmonton.	Yes							40	
23-Oct-2019	Parking at YQL to attend Board Meeting in Edmonton (only claiming portion of receipt; came to Edmonton a day earlier for personal reasons).	Yes					\$20.00			
23-Oct-2019	Flight YOL to YEG & return on October 25, 2019. Attended Board Meeting on October 25, 2019 In Edmonton.	Yes					\$655.46			
24-Oct-2019	Dinner per diem. Attended Board Meeting on October 25, 2019 In Edmonton.	Yes	D-\$20.75	\$20.75						
25-Oct-2019	Lunch per diem. Attended Board Meeting on October 25, 2019 In Edmonton.	Yes	L-\$11.60	\$11.60						
Total: (amount auto fills to page 1)			\$32.35		\$0.00	\$0.00	\$675.46 ✓	\$0.00	40.00 ✓	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 20.20 ✓
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LETHBRIDGE AIRPORT

EXPIRE TIME

10/26/2019

11:02 AM

Entry 11:02 AM

10/23/2019

Approved Mastercard

Plate No.

Receipt No

Fee Paid

\$ 30.00

YQL

*-claiming
only \$20.00*

1/40

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference [REDACTED]

Name: Mr David Carpenter
E-mail: [REDACTED]
Payment: [REDACTED]

Customer Care
Air Canada Reservations
 1-888-247-2262

Air Canada Flight Information
 1-888-422-7533
[International Reservations](#)

Alert me of flight changes
[Flight notification](#)

Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC7988	Lethbridge (YQL)	Calgary (YYC)	DH3	Economy Flex (Q)	Confirmed
<i>Operated by:</i>	Wed 23-Oct 2019	Wed 23-Oct 2019			
<i>Air Canada Express-Jazz</i>	11:55	12:50			
Seat number(s) requested:	1C				
AC8148	Calgary (YYC)	Edmonton International (YEG)	DH4	Economy Flex (Q)	Confirmed
<i>Operated by:</i>	Wed 23-Oct 2019	Wed 23-Oct 2019			
<i>Air Canada Express-Jazz</i>	14:00	14:51			
Seat number(s) requested:	1C				

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8143	Edmonton International (YEG)	Calgary (YYC)	DH4	Economy Flex (Q)	Confirmed
<i>Operated by:</i>		Fri 25-Oct 2019	Fri 25-Oct 2019		
<i>Air Canada Express-Jazz</i>		12:55	13:48		
Seat number(s) requested:		1C			
AC7987	Calgary (YYC)	Lethbridge (YQL)	DH3	Economy Flex (Q)	Confirmed
<i>Operated by:</i>		Fri 25-Oct 2019	Fri 25-Oct 2019		
<i>Air Canada Express-Jazz</i>		14:45	15:39		
Seat number(s) requested:		1D			

Passenger Information

Passenger: 1 **Mr David Carpenter**

Ticket number: [REDACTED]

Frequent Flyer Pgm: Air Canada Aeroplan

Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	16-Oct 2019
Fare Amount in Canadian dollars:	560.00
<i>(including navigational & other charges)</i>	
Taxes, Fees & Charges	
Air Travellers Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	31.21
Airport Improvement Fee - Canada (SQ)	50.00
Total Fare in Canadian dollars:	655.46

Ticket particularities:
AC ONLY/NONREF/CHGE FEE
-BG:AC

*Fare calculation:
23OCT19YQL AC X/YYC AC YEA Q12.00R263.00AC X/YYC Q12.00AC YQL

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.

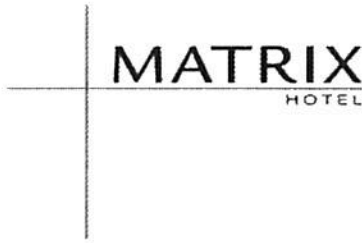
Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable 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

Name : David Carpenter	Reporting Period for the Month of : Oct-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Oct-19	Direct Billing	Hotel	One night accommodation to attend Board Meeting on October 25, 2019.	Vision Travel	\$176.75
	Direct Billing	Other Transportation		Other	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	\$
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	\$
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	\$
Total Paid in the Month					176.75



AB Health Services
Accounts Payable
P.O. Box 1600
Suite 300, 10030 - 107 Street NW
Edmonton AB T5J 2N9
Canada

Room No. [REDACTED]
 Arrival : 10-24-19
 Departure : 10-25-19
 Folio No. : [REDACTED]

Guest Name: Carpenter, David
 Cost Centre: 101.0005.71110300000
 Approver [REDACTED]
INVOICE

Invoice No. [REDACTED]
 AR No. [REDACTED]
 Conf. No. [REDACTED]

Date	Description	Charges	Credits
10-24-19	Room Revenue	165.00	
10-24-19	Destination Marketing Fee	4.95	
10-24-19	Tourism Levy	6.80	
Total Charges		176.75	
Total Credits			0.00
Balance			176.75