

AHS Board and Executive Expense Report

Name David Weyant
Title AHS Board Chair
Location Calgary

Expenses submitted during the month of December 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)
Dec-19	Expense Claim	Meetings		95	134	639	868			
Dec-19	Direct Billing	Meetings			190		190			
Total			\$ -	\$ 95	\$ 324	\$ 639	\$ 1,058	\$ -	\$ -	\$ -

Total for the Month \$ 1,058

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 169
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 - 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 Weyant			Expense Period Month:	Nov-Dec 2019
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended the Human Resources Committee Meeting on November 27, 2019; chaired the Board Meeting and Public Board Meeting on November 28, 2019; and attended an AHS Review Expert Panel meeting on December 16, 2019 in Edmonton.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$94.65
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$773.56
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$868.21

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 Weyant, Q.C.	<i>Please see attached letter to minister</i>	Feb. 12, 2020	[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
Honourable Tyler Shandro	Minister of Health
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
	2/26/20

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

Deborah Rhodes Feb. 14/20

Deborah Rhodes, VP Corporate Services & CFO

Created: November 01, 2019
 Rev 12 eff Jun 25, 2019 Position # [REDACTED] DOFA Level: [REDACTED]

Carry forward from Section 1

Name:	David Weyant	Expense Period Month:	Nov-Dec 2019
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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)

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				
27-Nov-2019	Mileage from residence to Edmonton and return to attend HR Committee Meeting on Nov. 27 and Board Meetings on Nov 28.	Yes							598	
27-Nov-2019	Parking at hotel and lunch per diem. Attended Human Resources Committee Meeting on in Edmonton	Yes	L-\$11.60	\$11.60			\$35.70			
28-Nov-2019	Dinner per diem. Chaired Board Meeting and Public board Meeting in Edmonton	Yes	D-\$20.75	\$20.75						
15-Dec-2019	Mileage from residence to Edmonton and return to attend a meeting with the AHS Review Expert Panel on December 16, 2019.	Yes							598	
15-Dec-2019	1 night accommodation to attend above meeting and dinner per diem. Attended AHS Review Expert Panel Meeting in Edmonton	Yes	D-\$20.75	\$20.75		\$133.88				
16-Dec-2019	Breakfast, lunch and dinner per diems. Attended AHS Review Expert Panel Meeting in Edmonton	Yes	BLD-\$41.55	\$41.55						
Total: (amount auto fills to page 1)			\$94.65		\$0.00	\$133.88	\$35.70	\$0.00	1,196.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 603.98
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AHS
HR Committee + Board Mtg.

Westin Edmonton
1500 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

WESTIN®

HOTELS & RESORTS

DAVID WEYANT



Page Number : 1 Invoice Nbr : [Redacted]
Guest Number : [Redacted]
Folio ID : [Redacted]
Arrive Date : 27-NOV-19 18:11
Depart Date : 28-NOV-19 08:01
No. Of Guest : 1
Room Number : [Redacted]
Marriott Bonvoy Number : [Redacted]
AR Account : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001
The Westin Edm YEGWI NOV-28-2019 08:10 [Redacted]
Date Reference Description
27-NOV-19 [Redacted] Parking Self
27-NOV-19 [Redacted] GST
28-NOV-19 [Redacted] Mastercard [Redacted]
Approve EMV Receipt for Mr [Redacted] [Redacted]
Application Label: MasterCard

Charges (CAD)	Credits (CAD)
34.00	
1.70	
	-35.70

** Total	35.70	-35.70
*** Balance	0.00	

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The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



DAVID WEYANT

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 15-DEC-19 18:31
 Depart Date : 16-DEC-19 12:55
 No. Of Guest : 1
 Room Number : [REDACTED]
 Marriott Bonvoy Number : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edm YEGWI DEC-16-2019 12:56 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
15-DEC-19	[REDACTED]	Room Chrg - Packages	119.25	
15-DEC-19	[REDACTED]	GST	6.14	
15-DEC-19	[REDACTED]	DMF	3.58	
15-DEC-19	[REDACTED]	Tour Levy	4.91	
16-DEC-19	[REDACTED]	Mastercard [REDACTED]		-133.88

Approve EMV Receipt for MC [REDACTED] PIN Verified

Application Label: MasterCard

** Total 133.88 -133.88
 *** Balance 0.00

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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 Weyant	Reporting Period for the Month of : November - December 2019
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Nov-19	Direct Billing	Hotel	One night accommodation to attend Board Meetings on November 28, 2019 in Edmonton.	Vision Travel	\$189.73
					\$
Total Paid in the Month					\$ 189.73

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



DAVID WEYANT

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 27-NOV-19 18:11
 Depart Date : 28-NOV-19 08:01
 No. Of Guest : 1
 Room Number : [REDACTED]
 Marriott Bonvoy Number : [REDACTED]
 AR Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edm YEGWI NOV-29-2019 14:23 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
27-NOV-19	[REDACTED]	Room Chrg - Special Corp	169.00	
27-NOV-19	[REDACTED]	GST	8.70	
27-NOV-19	[REDACTED]	DMF	5.07	
27-NOV-19	[REDACTED]	Tour Levy	6.96	
28-NOV-19	[REDACTED]	Direct Bill		-189.73
		** Total	189.73	-189.73
		*** Balance	0.00	

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