

# **AHS Board and Executive Expense Report**

Name Deborah Apps
Title AHS Board Member

**Location** Calgary

Expenses approved during the month of September 2022

						Travel (1)						
ммм-үү	Source Document	Purpose	Airfar	e	Meals	Accommodat	ion	Other Travel	otal avel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-22	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings				1	127		- - 127			
Total			\$	- \$	-	\$ 1	L27	\$ -	\$ 127	\$ -	· \$ -	\$ -

**Total for** 

the Month \$ 127

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 120.00 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.



# **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.

<ul> <li>Indicate wheth</li> </ul>	er you have expenses to report in this section for	YES		
Name :	Deborah Apps	Reporting Period for the Month of :	Sep-22	

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amo	unt Paid
24-Aug-22	Direct Billing		1 night accommodation to attend tour of Cardston Health Centre on August 24th and attend HR Committee Meeting and Tour of Chinnook Regional Hospital on August 25, 2022 in Lethbridge.	Vision Travel DT Ontario-West Inc		\$127.30
	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						127.30



526 Mayor Magrath Drive South Lethbridge, AB T1J 3M2

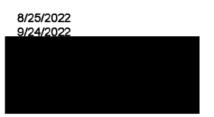
Phone: (403) 327-5701 FAX: (403) 327-5075

# Alberta Health Services



# **Invoice**

Invoice date
Invoice due before
Invoice number
Our reference
Client Number
Your reference
GST Number



Guest	DEBORAH MS APPS		Arrival 8/24/2022	Depa	rture <b>8/25/202</b>	2 Room
Date	Description	Ref.		Quantity	Unit Price	Total (CAD)
8/24/2022	Room Charge			1	120.00	120.00
8/24/2022	Levy Taxes			1	4.90	4.90
8/24/2022	Marketing Fee			1	2.40	2.40
		Total ir		Total invo	oice	127.30
				Total Paid	d	0.00
				Total Due	)	127.30

Total GST

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on a overdue balance.

Signature X