

AHS Board and Executive Expense Report

Name Don Sieben
Title Chair, Audit and Finance Advisory Committee
Location Calgary

Expenses submitted during the month of March 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)
Mar-16	Expense Claim	Meetings				24	24			
Total			\$ -	\$ -	\$ -	\$ 24	\$ 24	\$ -	\$ -	\$ -

Total for the Month \$ 24

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ -
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:	
FANR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Don Sieben (Prof Corp)			Expense Period Month	Mar-16
Address:	[REDACTED]		City:	Edmonton	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Finance Committee on March 16, 2016.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Comp/BI/O CA	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$24.00
Other (D)	101	0005	7111030000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$24.00

SECTION 3: AUTHORIZATION			
I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.			
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#
Don Sieben	<i>[Signature]</i>		[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.	
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
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Mar. 29/16

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.

14th Floor, North Tower, Serv Deborah Rhodes Mar. 29/2016
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [REDACTED] OFA Level: [REDACTED] nifer Hamstra

Carry forward from Section 1

Name: **Don Sleban (Prof Corp)** Expense Period Month: **42430**

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

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		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
16-Mar-18	Parking at SSP to attend Finance Committee Meeting.	Yes					\$24.00	✓		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$24.00	\$0.00	0.00	

BOARD MEMBER Mileage Rate 0.505 Total Mileage \$

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

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

05:24 PM
MAR 16, 2016

Purchase Date/Time: 02:24pm Mar 16, 2016

Total Parking: \$22.66

Total gst: \$1.14

Total Due: \$24.00

Total Paid: \$24.00

Rate: \$24 - 3 hours
Payment Type: Card

Ticket #: [REDACTED]

S/N #: 6000246704

Setting: Lot 256

Mach Name: Meter 1



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GST #887316638RT0001

