

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of March 2017

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-17	Expense Claim	Meetings	861	194		400	1,455			
Mar-17	Direct Billing	Meetings	1,385		1,097		2,482			
Total			\$ 2,246	\$ 194	\$ 1,097	\$ 400	\$ 3,937	\$ -	\$ -	\$ -

Total for the Month \$ 3,937

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 184
 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.

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:	Glenda Yeates			Expense Period Month:	Dec 2016-Mar 2017
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Return from attending Board Meeting on December 8, 2016. Attendance at Quality & Safety Committee on January 18 and Finance Committee Meeting on January 19, 2017. Attendance at Board Meetings on January 26-27, 2017 in Edmonton. Attendance at Board Meeting on March 1, 2017.				

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	\$193.70 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,261.57 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00 ✓
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,455.27 ✓

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#
Glenda Yeates	<i>See attached approval email</i>	March 23, 2017	[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>Linda Hughes</i>	Mar 29/17

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of 1 of Privacy (FOIP) Act, respectively, for the purp

Deborah Rhodes
 For payment p Deborah Rhodes, VP Corporate Services & CFO
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 11 Position # [REDACTED] DOFA Level: [REDACTED] Date: Mar - 27/17

[REDACTED]

From: Glenda Yeates [REDACTED]
Sent: Thursday, March 23, 2017 4:35 PM
To: [REDACTED]
Subject: Re: Expense Claim

Hello Jennifer,

This looks accurate -- thanks for doing this. I don't have access to a printer/scanner here in Canmore -- can you just use this email as my sign-off? Thanks,

Glenda

Sent from my iPad

On Mar 23, 2017, at 4:11 PM, [REDACTED] wrote:

Good Afternoon Glenda...attached please find your expense claim (December 2016 – March 01, 2017) – please review and if accurate sign signature page and return. I've also attached your working sheets for reference.

Cheers ☺

[REDACTED]

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

[REDACTED]

Carry forward from Section 1			
Name:	Glenda Yeates	Expense Period Month:	Dec 2016-Mar 2017
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				
9-Dec-2016	Taxi from Ottawa Airport to residence (attended Board Committee Meeting on December 8, 2016 in Edmonton).	Yes					\$33.59	✓		
17-Jan-2017	Taxi from residence to Ottawa Airport to attend Quality & Safety and Finance Committee Meetings on Jan. 18 and 19, 2017 in Edmonton.	Yes	D-\$20.75	\$20.75	✓		\$36.90	✓		
17-Jan-2017	Taxi from YEG to Westin Hotel.	Yes					\$63.25	✓		
18-Jan-2017	Per diems.	Yes	BLD-\$41.55	\$41.55	✓					
19-Jan-2017	Taxi from Ottawa Airport to residence (attended Quality & Safety Committee and Finance Committee Meetings) on January 18 and 19, 2017.	Yes	D-\$20.75	\$20.75	✓		\$33.59	✓		
25-Jan-2017	Taxi from residence to Ottawa Airport to attend Board Meetings on January 26 and 27, 2017 in Edmonton.	Yes					\$38.19	✓		
25-Jan-2017	Flight from Ottawa to Edmonton and return including seat selection to attend Board Meetings on January 26 and 27, 2017.	Yes					\$691.70	✓		
25-Jan-2017	Taxi from YEG to Westin Hotel.	Yes	D-\$20.75	\$20.75	✓		\$63.25	✓		
26-Jan-2017	Per diem.	Yes	B-\$9.20	\$9.20	✓					
26-Jan-2017	Per diem.	Yes	D-\$20.75	\$20.75	✓					
Total: (amount auto fills to page 1)			\$133.75		\$0.00	\$0.00	\$960.47	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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Carry forward from Section 1		
Name:	Glenda Yeates	Expense Period Month: Dec 2016-Mar 2017
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			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
27-Jan-2017	Per diems.	Yes	BL-\$20.80	\$20.80	✓					
27-Jan-2017	Change fee to take an earlier flight as meeting ended earlier than scheduled.	Yes					\$169.50	✓		
27-Jan-2017	Taxi from Ottawa Airport to residence.	Yes					\$34.33	✓		
28-Feb-2017	Taxi from residence to Ottawa Airport to attend Board Meeting on March 1, 2017 in Edmonton.	Yes					\$37.27	✓		
28-Feb-2017	Taxi from YEG to Westin Hotel.	Yes					\$60.00	✓		
1-Mar-2017	Per diem.	Yes	B-\$9.20	\$9.20	✓					
1-Mar-2017	Per diem.	Yes	D-\$20.75	\$20.75	✓					
2-Mar-2017	Per diem.	Yes	B-\$9.20	\$9.20	✓					
Total: (amount auto fills to page 1)			\$59.95		\$0.00	\$0.00	\$301.10	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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BLUE LINE TAXI
(619) 238-1111

TRIP NUMBER: [REDACTED]
 TRIP START DATE: [REDACTED]
 TRIP END DATE: [REDACTED]
 TRIP START TIME: [REDACTED]
 TRIP END TIME: [REDACTED]
 TRIP MILEAGE: 106.00
 TRIP RATE: \$ 29.21
 TRIP FEE: 1.90
TOTAL: \$ 33.59

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INDUSTRYTAXI1AB.COM
TAXI1AB



①

24-7 TAXILINE
9762 54 AVE NW
EDMONTON AB T6E 0A9
(780) 423 - 2425

SALE

MID: [REDACTED]
 TID: [REDACTED] REF#: [REDACTED]
 Batch #: [REDACTED] SEQ: 212935
 01/17/17
 APPR CODE: [REDACTED]
 VISA

AMOUNT \$55.00
 TIP \$8.25
TOTAL \$63.25

00 - APPROVED - 001



CUSTOMER COPY

③

BLUE LINE TAXI
(619) 238-1111

TRIP NUMBER: [REDACTED]
 TRIP START DATE: [REDACTED]
 TRIP END DATE: [REDACTED]
 TRIP START TIME: [REDACTED]
 TRIP END TIME: [REDACTED]
 TRIP MILEAGE: 17.03
 TRIP RATE: \$ 32.00
 TRIP FEE: 1.90
TOTAL: \$ 36.90

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INDUSTRYTAXI1AB.COM
TAXI1AB



②

RECEIVED BY: [REDACTED]
ISSUED BY: [REDACTED]
ENDORSEMENT COPY

AHS

BLUE LINE TAXI
4608 101 ST.

BLUE LINE TAXI
(613) 238-1111

TRIP NUMBER: [REDACTED]
PASSENGERS: [REDACTED]
DATE: 01-25-2017
TIME: 17:05
FARE AMOUNT: \$ 34.21
TIP AMOUNT: \$ 4.98
TOTAL: \$ 39.19

TRIP NUMBER: [REDACTED]
PASSENGERS: [REDACTED]
DATE: 01-25-2017
TIME: 17:05
FARE AMOUNT: \$ 34.21
TIP AMOUNT: \$ 4.98
TOTAL: \$ 39.19

PASSENGER COPY
CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB

PASSENGER COPY
CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB



4

5

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/01/25
TIME [REDACTED]
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]
PURCHASE AMOUNT \$55.00
TIP \$8.25
TOTAL \$63.25

Visa Credit
[REDACTED]

APPROVED
AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#542285678

6

AHS

CAPITAL TAXI
(613) 744-3333

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
TRIP NUMBER: [REDACTED]
PASSENGERS: [REDACTED]
START: 14:20
END: 14:21
FARE AMOUNT: \$ 29.85
TIP AMOUNT: \$ 4.48
TOTAL: \$ 34.33

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB



9

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: 

Name: **Ms Glenda Yeates**

E-mail: 

Payment: 

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
AC118	Calgary (YYC)	Ottawa (YOW)	E90	Economy (G)	Confirmed
	Fri 06-Jan 2017 11:00	Fri 06-Jan 2017 16:56			
Seat number(s) requested: 13D					
AC171	Ottawa (YOW)	Edmonton International (YEG)	E90	Economy (A)	Confirmed
	Wed 25-Jan 2017 18:30	Wed 25-Jan 2017 21:10			
Seat number(s) requested: 13D					
AC178	Edmonton International (YEG)	Toronto Pearson (YYZ)	320	Economy (K)	Confirmed
	Fri 27-Jan 2017 15:55	Fri 27-Jan 2017 21:35 - TERMINAL T1			
Seat number(s) requested: 13D					

(personal flight)

AHS flight

AHS flight

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC470	Toronto Pearson (YYZ)	Ottawa (YOW)	320	Economy (K)	Confirmed
	Fri 27-Jan 2017 22:30 - TERMINAL T1	Fri 27-Jan 2017 23:36			

AHS flight.

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Seat number(s) requested: 16D

Passenger Information

Passenger: 1 **Ms Glenda Yeates**

Ticket number: [REDACTED]

Frequent Flyer Pgm: Air Canada Aeroplan

Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	25-Dec 2016
Fare Amount in Canadian dollars:	1,062.00
<i>(including navigational & other charges)</i>	
Taxes, Fees & Charges	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	0.50
Combined Taxes *see fare calculation below (XT)	58.97
Total Fare in Canadian dollars:	201.47A
Options	
Seat Fee(s) in Canadian dollars	10.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)	1.30
Preferred Seat in Canadian dollars	123.00
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)	15.99

Ticket particularities:
AC ONLYF/NONREF/CHGE FEE

*Fare calculation:
06JAN17YOW AC YYC Q23.00R178.00AC YOW Q23.00R418.00AC YEA
Q23.00R187.00AC X/YTO Q23.00AC YOW R187.00CAD1062.00 END
ROE1.00 XT21.97RC37.00SQ PD14.25CA2.50XG124.44RC73.00SQ

Canadian tax registration numbers:
XG Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
RC Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)
XQ Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)

cost of Ottawa - edmonton
return flight on date of
booking (Dec. 25, 2016) -
\$552.71 flights
138.99 - seat
selects
\$691.70

Fare Rules Summary

✓

AIR CANADA
AIRPORT FEE RECEIPT
TICKET NO [REDACTED]

COUPON 1 OF 1



NAME: YEATES/GLENDAMS
DATE OF ISSUE: 27 JAN 2017

PNR RECLOC:
ISSUED BY: [REDACTED]

	AMOUNT	TAX	TOTAL
SAME DAY CHANGE FEE	150.00	19.50RC	169.50
AC104 27 JAN YEGYOW - SAME DAY CHANGE			

GRAND TOTAL 150.00 19.50 169.50

FORM OF PAYMENT: IN CANADIAN DOLLARS [REDACTED]
GST/TPS HST/TVH NO. 100092287 RT000 QST/TVQ NO. 1000-043-172 RT000
FEES ARE NON-REFUNDABLE

8

BLUE LINE TAXI
(613) 238 1111

TERMINAL ID:
MERCHANT ID:
VEHICLE ID:
DRIVER ID:

Trip NUMBER:
PASSENGERS:

01/28/2017
START: 16:18

END: 16:19

FARE AMOUNT:

\$ 37.40

TIP AMOUNT:

\$ 4.00

TOTAL : \$ 37.27 \$37.27

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXITAB.COM
TAXITAB



Thank You for calling **CAPITAL TAXI** www.capitaltaxiedmonton.com

Date: _____ Amount: \$60.00

From: _____

To: _____ ✓

Unit: 360 Driver: malek GST: _____

780-423-2425

24 Hour Service

11

10

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 : Glenda Yeates	Reporting Period for the Month of : Jan-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
17-Jan-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton, then return to Ottawa on January 19th (Invoice # [REDACTED]) to attend Quality & Safety and Finance Committee Meetings on January 18 and 19, 2017.	Marlin Travel	952.21
17-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend Quality & Safety and Finance Committee Meetings on January 18 and 19, 2017.	Other	351.36
25-Jan-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meetings on January 26 and 27, 2017.	Other	394.20
Total Paid in the Month					\$ 1,697.77



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 12 Jan 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	--

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	839.25	0.00	\$0.00	71.96	0.00	911.21 CAD
AIR CANADA ONLINE Confirmation # [REDACTED]	41.00	0.00	\$0.00	0.00	0.00	41.00 CAD
Total:	880.25	0.00	0.00	71.96	0.00	952.21 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/10/2017		[REDACTED]	0.00 CAD
	[REDACTED]	01/10/2017		[REDACTED]	911.21 CAD
	[REDACTED]	01/10/2017		[REDACTED]	41.00 CAD
Total Payment:					952.21 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

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

Trip #: [REDACTED]
Booking Date: 12 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GLENDAYEATES
Booking Date: 10 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00171	OTTAWA INTL		EDMONTON INTL	W/	
		17 Jan 17 6:30PM		17 Jan 17 9:10PM		

Passengers: GLENDAYEATES
Booking Date: 10 Jan 17
File Locator/Ticket #: [REDACTED]



AIR

Passengers: GLENDAYEATES
Booking Date: 10 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00178	EDMONTON INTL		TORONTO PEARSON	W/	
		19 Jan 17 3:55PM		19 Jan 17 9:35PM		

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

Trip #: [REDACTED]
Booking Date: 12 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

Passengers: GLENDA YEATES

Booking Date: 10 Jan 17
File Locator/Ticket #: [REDACTED]

Passengers: GLENDA YEATES

Booking Date: 10 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00470	TORONTO PEARSON		OTTAWA INTL	W/	
		19 Jan 17 10:30PM		19 Jan 17 11:36PM		

Passengers: GLENDA YEATES

Booking Date: 10 Jan 17
File Locator/Ticket #: [REDACTED]

WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R
10135 100th St
Edmonton, AB T5J 0N7
Tel: 1-888-828-8085
Fax: 780-423-3785

Alberta Health Services

Canada

Page Number 1
AR Account [REDACTED]
Statement Date 24-JAN-17

STATEMENT

Tax ID - [REDACTED]

Date	Description	Amount	Balance
------	-------------	--------	---------

19-JAN-17	[REDACTED]		
	***Yeates, Glenda 1210		
17-JAN-17	Room Charge	164.00	
17-JAN-17	Destination Marketing	4.92	
17-JAN-17	Tourism Levy	6.76	
18-JAN-17	Room Charge	164.00	
18-JAN-17	Destination Marketing	4.92	
18-JAN-17	Tourism Levy	6.76	
			351.36

Continue

WESTIN®

HOTELS & RESORTS

Westin Edmonton A/R
10135 100th St
Edmonton, AB T5J 0N7
Tel: 1-888-828-8085
Fax: 780-423-3785

Alberta Health Services

Canada

Page Number 1
AR Account [REDACTED]
Statement Date 01-FEB-17

STATEMENT

Tax ID - [REDACTED]

Date	Description	Amount	Balance
27-JAN-17	[REDACTED]		
	.***Yeates, Glenda 1911		
25-JAN-17	Room Charge	184.00	
25-JAN-17	Destination Marketing	5.52	
25-JAN-17	Tourism Levy	7.58	
26-JAN-17	Room Charge	184.00	
26-JAN-17	Destination Marketing	5.52	
26-JAN-17	Tourism Levy	7.58	
			394.20

[REDACTED]

Continue

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- 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 : Glenda Yeates	Reporting Period for the Month of : Feb-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Feb-2017	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton on February 28, 2017 (Invoice [REDACTED] to attend Board Meeting on March 1, 2017 in Edmonton.	Marlin Travel	433.07
28-Feb-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meeting on March 1, 2017.	Other	351.36
Total Paid in the Month					\$ 784.43



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 31 Jan 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	--

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	384.95	0.00	\$0.00	30.12	0.00	415.07 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	18.00	0.00	\$0.00	0.00	0.00	18.00 CAD
Total:	402.95	0.00	0.00	30.12	0.00	433.07 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/31/2017		[REDACTED]	415.07 CAD
		01/31/2017			18.00 CAD
Total Payment:					433.07 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL AHS BOARD MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 31 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
GLENDAYEATES	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: GLENDAYEATES	Booking Date: 31 Jan 17					
	File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00171	OTTAWA INTL 28 Feb 17 6:30PM		EDMONTON INTL 28 Feb 17 9:02PM	G/	

Passengers: GLENDAYEATES	Booking Date: 31 Jan 17
	File Locator/Ticket #: [REDACTED]

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



Glenda Yeates

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 28-FEB-17 22:00
 Depart Date : 02-MAR-17 07:06
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton MAR-03-2017 14:06 [REDACTED]

Date	Description	Charges (CAD)	Credits (CAD)
28-FEB-17	Room Charge	164.00	
28-FEB-17	Destination Marketing Fee	4.92	
28-FEB-17	Tourism Levy	6.76	
01-MAR-17	Room Charge	164.00	
01-MAR-17	Destination Marketing Fee	4.92	
01-MAR-17	Tourism Levy	6.76	
02-MAR-17	Transfer to A/R		-351.36
	** Total	351.36	-351.36
	*** Balance	0.00	