

AHS Board and Executive Expense Report

Name	Glenda Yeates						
Title	AHS Board Member						
Location	Edmonton						
Expenses submitted during the month of April 2018							

						Travel (1)						
MMM-YY	Source Document	Purpose	Air	fare	Meals	Accommodation	Other Travel	Total Travel		ofessional /elopment (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-18 Apr-18	Expense Claim Direct Billing	Meetings Meetings		918	62		136	19 91				
Total			\$	918	\$ 62	\$-	\$ 136	\$ 1,11	6\$	-	\$-	\$-
Total for the Month	\$ 1,116											

Maximum daily single meal expense claimed in the month	\$ 21
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.



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Cmployeett AHS - AP Processing - Internal Use Only	-
Voucher #	

Naming Convention:

T4A/NR Applicable? - If yes, indicate line & amt

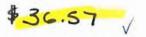
BOARD MEMBER EXPENSE CLAIM FORM

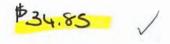
SECTIO	N 1: PAYE	EE INFORMA	TION				
Name:						Expense Month:	Period Apr-18
Address:					City:		
Province:				Postal Code:		Country:	Canada
Reason fo	r Expense	Attendance	at Private/Publ	ic Board Meetings	s on April 26, 2018	in Calgary.	
SECTIO	N 2: FINA	NCE CODIN	G & TOTAL C	LAIM			
Desc	ription	<u>Corp/BU/O</u> <u>rg</u>	Location (If applicable)		unctional htre/Primary	Expense/ Secondary Acct	<u>Total</u> (Note: This column will auto fill)
Meals (A)		101	0005	711	10300000	45000000	\$62.30 🗸
Travel Ex	p (B+C+E)	101	0005	711	10300000	62212000	\$135.36
Other (D)		101	0005	711	10300000	41090000	\$0.00
			-	TOTAL AMOUNT	PAYABLE BY AC	COUNTS PAYABLE	\$197.66 🗸
				SECTION 3: A	UTHORIZATION		A
l attest that Claimant (I Glenda Y	Print Name)	mitted in this clai	Signature: 1	by signing this form, attest t	tive method, otherwise hat I am compliant to all the r	above statements Date	analysis is provided below. Phone#
l attest that	I have read ar	d understand all			0 11)	re in compliance with such policies.
l attest the e claimant or e	expenses enclo on their behal	osed in this claim f from Alberta He	are for valid busine: alth Services or any	ss purposes for Alberta other Organization.	Health Services Board a	and that this claim has not	been previously claimed by the
	by (Print Nam		n nave been incurre	ed by using a cost enec	Position Title/Progr		analysis is provided below.
Linda Hug					Board Chair	an Group	
Signature:	I, by signing the	s form, attest that I a	n compliant with all the	above statements			Date May 3/18
Health and Pe	rsonal informatio	n on this form is colle		authority of section 20(b) of Act, respectively, for the purp For payment p	pose of administe Debor Positio		

Carry for	ward from Section 1									
Name:	Glenda Yeates							Expense Period Month:	Apr-18	
Comp	letion of the "cost effective n							this column, Furth	ner Explai	nation is
Rational	e is Required for expenses		_				tion below	umentation must be	attached to	this form)
	- is indenes	that are			1001 (0	apporting an				
ECTION	4A: BOARD MEMBER - TH	AVEL EX	PENSE	CLAIM						
	d Members follow the Govern									
	meal allowances outside Car lix C for USA, Appendix D			y redir	ects to t	the Nationa	al Joint Cou	ncil (NJC) travel o	directive f	or rates
tippene		for interna	1	llowand	e OR Re	ceipt)(A)				
Date	Description: (include purpose of trip, mode of travel, starting	Cost Effective method	Allow: Within C	and a line of the	With Receipt or		Accom- modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	<u>Mileage km</u> (E)
	point, details of expenditure)	used?	<u>Meal</u> <u>Type</u>	Allow- ance	<u>Meal</u> Type	Amount	(8)	(C)	(D)	
25-Apr-2018	Taxi from residence to Ottawa Airport.	Yes						\$36.57	1	
25-Apr-2018	Taxi from Calgary Airport to daughter's residence.	Yes	D-\$20,75	\$20,75	1			\$34.85		
26-Apr-2018	Dinner Per diem.	Yes	D-\$20,75	\$20.75	\checkmark					
27-Apr-2018	Taxi from daughter's residence to Calgary Airport	Yes						\$29.44 V		
27-Apr-2018	Taxi from Ottawa Airport to residence.	Yes	BL-\$20.80	\$20.80	\checkmark			\$34.50		
	Total: (amount auto fills to	page 1)		\$62,30		\$0.00	\$0.00	\$135.36	\$0.00	0.00
	Г	BOA	ARD MEN	BER	Mileag	e Rate	0.	505 Total M	Aileage	s -









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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:

Name :	Glenda Yeates	Reporting Period for the Month of :	Apr-18

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Apr-2018	Direct Billing		Flight from Ottawa to Calgary to attend Private/Public Board Meetings on April 26, 2018 and return on April 27, 2018 (Invoice #	Marlin Travel	\$918.06
	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	73
Total Paid in the	Month				\$ 918.06



Invoice

ALBERTA HEALTH SERVICES	Trip #:	
ALBERTA HEALTH SERVICES	Booking Date: 11 Apr 18	
10030 - 107 STREET	Client:	
EDMONTON AB	Agent:	
T5J 3E4	Agents email:	
	File Locator:	

PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTIC	DN			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
AIR CANADA Ticket #				846.10	0.00	\$0.00	71.96	0.00	918.06	CAD
			Total:	846.10	0.00	0.00	71.96	0.00	918.06	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount	
		04/09/2018							918.06	CAD
							Total Pa	iyment:	918.06	CAD
					В	alance Du	e CAD Cur	rency	0.00	CAD
				Total GS	ST	0.00	Tota	al HST	\$0.00	
CORPORATE UNIT 101										

REASON FOR TRAVEL AIRWAYS WORKING GROUP MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: Booking Date: 11 Apr 18 Client: Agent: Agents email:	
	File Locator:	

MY ITINERARY

Passengers	Citizenship	Required Travel Documents		
GLENDA YEATES	Not Specified	Not Specified		
All passengers need to ensure that c	orrect documentation requirements ar	e met for entry to the applicable destinations as		

well as for their return to Canada



Passengers: Airline	GLENDA YEATES Flight	From	Terminal	Booking Date: File Locator/Ticket #: To	09 Apr 18 Class/Seat	Stops
AIR CANADA	00143	TORONTO PEARSON 25 Apr 18 12:45PM		CALGARY INTL 25 Apr 18 3:01PM	Q/	
AIR CANADA	00350	CALGARY INTL 27 Apr 18 11:15AM		OTTAWA INTL 27 Apr 18 5:04PM	G/	