

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	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-18	Expense Claim	Meetings		62		136	198			
Apr-18	Direct Billing	Meetings	918				918			
Total			\$ 918	\$ 62	\$ -	\$ 136	\$ 1,116	\$ -	\$ -	\$ -

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.

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:	Apr-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Private/Public Board Meetings on April 26, 2018 in Calgary.				

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	\$62.30 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$135.36 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$197.66 ✓

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 email for approval.</i>	May 01/18	[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>	May 3/18

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

Deborah Rhodes May 21/18
 Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level: [REDACTED]

For payment please submit to:

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

Carry forward from Section 1

Name:	Glenda Yeates	Expense Period Month:	Apr-18
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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				
25-Apr-2018	Taxi from residence to Ottawa Airport	Yes					\$36.57	✓		
25-Apr-2018	Taxi from Calgary Airport to daughter's residence.	Yes	D-\$20.75	\$20.75	✓		\$34.85	✓		
26-Apr-2018	Dinner Per diem.	Yes	D-\$20.75	\$20.75	✓					
27-Apr-2018	Taxi from daughter's residence to Calgary Airport	Yes					\$29.44	✓		
27-Apr-2018	Taxi from Ottawa Airport to residence.	Yes	BL-\$20.80	\$20.80	✓		\$34.50	✓		
Total: (amount auto fills to page 1)			\$62.30		\$0.00	\$0.00	\$135.36	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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ASSOCIATED CAB
ALLEN BROS
30741 AVENUE NE
CALGARY AB T2C 2N4
(403) 295-1111
CAREMSI

SALE
DUPLICATE

AMOUNT \$30.30
TIP \$4.65
TOTAL \$34.85

THANK YOU
CUSTOMER CLIP

\$36.57 ✓

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ALLEN BROS
30741 AVENUE NE
CALGARY AB T2C 2N4
(403) 295-1111
CAREMSI

SALE
DUPLICATE

AMOUNT \$30.30
TIP \$4.65
TOTAL \$34.85

THANK YOU
CUSTOMER CLIP

\$34.85 ✓

CHECKER
CAB

\$29.44 ✓

CHECKER
CAB

\$34.50 ✓

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 : Apr-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Apr-2018	Direct Billing	Airline Ticket	Flight from Ottawa to Calgary to attend Private/Public Board Meetings on April 26, 2018 and return on April 27, 2018 (Invoice # [REDACTED])	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	
Total Paid in the Month					\$ 918.06

Vision

A DIRECT TRAVEL[®] COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 11 Apr 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS GLENDA YEATES

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	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 of Payment	Amount
	[REDACTED]	04/09/2018		[REDACTED]	918.06 CAD
	Total Payment:				918.06 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL AIRWAYS WORKING GROUP MEETING

***** 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: 11 Apr 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 09 Apr 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	00447	OTTAWA INTL 25 Apr 18 10:00AM		TORONTO PEARSON 25 Apr 18 11:05AM	Q/	
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/	