

## AHS Board and Executive Expense Report

**Name** Glenda Yeates  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of November 2018

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Nov-18	Expense Claim	Meetings		71		134	205			
Nov-18	Direct Billing	Meetings	628		407		1,035			
<b>Total</b>			\$ 628	\$ 71	\$ 407	\$ 134	\$ 1,240	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,240

Maximum daily single meal expense claimed in the month      \$      21  
Maximum daily base hotel rate claimed in the month      \$      190  
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

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Glenda Yeates			Expense Period Month:	Nov-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Chaired Quality & Safety Committee Meeting on November 21; attended the Finance Committee and Audit & Risk Committee meetings on November 22, 2018 in Edmonton.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$71.45 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$133.75 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$205.20</b> ✓ <i>pb</i>

<b>SECTION 3: AUTHORIZATION</b>			
I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.			
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>	<i>Dec 3/18</i>	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.	
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>	<i>Dec. 19/18</i>

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

*Deborah Rhodes* *Dec 17/18*  
 Deborah Rhodes, VP Corporate Services & CFO  
 Position # [REDACTED] DOFA Level: [REDACTED]

**For payment please submit to:**

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

**Carry forward from Section 1**

<b>Name:</b>	Glenda Yeates	<b>Expense Period Month:</b>	Nov-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				
20-Nov-2018	Taxi from residence to Ottawa Airport to Chair Quality & Safety Committee Meeting on November 21, 2018 in Edmonton.	Yes					\$37.09	✓		
20-Nov-2018	Taxi from YEG to hotel.	Yes	D-\$20.75	\$20.75	✓		\$63.25	✓		
21-Nov-2018	Breakfast and Dinner Per diems.	Yes	BD-\$29.95	\$29.95	✓					
22-Nov-2018	Taxi from Ottawa Airport to residence. Attended Finance Committee and Audit & Risk Committee Meetings.	Yes	D-\$20.75	\$20.75	✓		\$33.41	✓		
<b>Total: (amount auto fills to page 1)</b>			\$71.45	✓	\$0.00	\$0.00	\$133.75	✓	\$0.00	0.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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CHAMBER

STANLEY AND WOODWIND ENSEMBLE

BLUE LINE TAXI

TERMINAL 20  
REARWING 20  
MIDDLE 20  
FRONT 20  
TAXI NUMBER  
REGISTRATION  
11 24 1111  
START 12 23

FUEL WEIGHT 8 22 25

TIP WEIGHT 8 4 50

TAXI FEE 1 00 17.50

TAXI SILE

SPECIAL MILES

\*\*\*\*\*PASTORAL MILES ONLY\*\*\*\*\*

CALL CENTER SERVICE 1 800 441 2017  
TAXI (416) 491-1111  
1841346

BLUELINE

AIRPORT TAXI SERVICE  
4608 101 ST.  
(780) 930 7073  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/11/20  
TIME 1062 19 28 45  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

\$63.25

Visa Credit

APPROVED  
AUTH [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

BLUE LINE TAXI

TERMINAL 20  
REARWING 20  
MIDDLE 20  
FRONT 20  
TAXI NUMBER  
REGISTRATION  
11 24 1111  
START 12 23

FUEL WEIGHT 8 22 25

TIP WEIGHT 8 4 50

TAXI FEE 1 00 17.50

TAXI SILE

SPECIAL MILES

\*\*\*\*\*PASTORAL MILES ONLY\*\*\*\*\*

CALL CENTER SERVICE 1 800 441 2017  
TAXI (416) 491-1111  
1841346

BLUELINE

## 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

<b>Name :</b> Glenda Yeates	<b>Reporting Period for the Month of :</b> Nov-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Nov-18	Direct Billing	Airline Ticket	Flight from Ottawa to Edmonton and return to chair the Quality & Safety Committee Meeting on November 21st and attend the Finance Committee and Audit & Risk Committee Meetings on November 22nd.	Vision Travel	\$628.42
20-Nov-18	Direct Billing	Hotel	2 nights accommodation.	Vision Travel	\$407.06
	Direct Billing	Choose from Drop-down List		Vision Travel	
	Direct Billing	Choose from Drop-down List		Vision Travel	
	Direct Billing	Choose from Drop-down List		Vision Travel	
	Direct Billing	Choose from Drop-down List		Vision Travel	
<b>Total Paid in the Month</b>					\$ 1,035.48

[REDACTED]

**From:** [REDACTED]  
**Sent:** Wednesday, November 21, 2018 12:51 PM  
**To:** [REDACTED]  
**Subject:** Invoice and Itinerary for YEATES/GLENDA MS - 20November18 - Vision Travel Locator: [REDACTED]



Vision Travel DT Ontario-West Inc  
9929 - 108 St.  
Edmonton, AB  
T5K 1G8  
(780) 425-8611 1-866-425-8611

[www.visiontravel.ca](http://www.visiontravel.ca)  
GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice [REDACTED] Agency Ref. [REDACTED] Customer Number: [REDACTED]  
Issued: 06 October 2018 Sales Person [REDACTED] Customer Ref.: [REDACTED]

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

Passenger(s): YEATES/GLENDA MS

**Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.**

**AIR - Tuesday, November 20 2018** [Add To Calendar](#)

**Air Canada Flight AC455 Economy Class**

<b>Depart</b>	Ottawa, Ontario <small>Weather</small>	<b>Arrive</b>	Toronto, Ontario <small>Weather</small>
	Ottawa International Airport		Pearson International Airport
	02:00 PM Tuesday, November 20 2018		03:18 PM Tuesday, November 20 2018

**Duration:** 1 hour(s) and 18 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference [REDACTED]  
**FF Number:** [REDACTED] - YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 14C - YEATES/GLENDA MS  
 AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]  
 ARR TERMINAL1  
 PLEASE CHECK IN WITH AIR CANADA

**Air Canada Flight AC171 Economy Class**

<b>Depart</b>	Toronto, Ontario <a href="#">Weather</a>	<b>Arrive</b>	Edmonton, Alberta <a href="#">Weather</a>
	Pearson International Airport		Edmonton International Airport
	04:20 PM Tuesday, November 20 2018		06:37 PM Tuesday, November 20 2018

**Duration:** 4 hour(s) and 17 minute(s) Non-stop  
**Status:** Confirmed - Air Canada Booking Reference [REDACTED]  
**FF Number:** [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in  
**Online Check In:** Available 24 hours prior - [click here](#)  
**E Upgrade:** For Eligible Flight - Aeroplan Members [click here](#)

**Remarks:** SEAT 15D - YEATES/GLENDA MS  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
DEP TERMINAL1  
PLEASE CHECK IN WITH AIR CANADA

AIR - Thursday, November 22 2018

[Add To Calendar](#)

**Air Canada Flight AC172 Economy Class**

<b>Depart</b>	Edmonton, Alberta <a href="#">Weather</a>	<b>Arrive</b>	Toronto, Ontario <a href="#">Weather</a>
	Edmonton International Airport		Pearson International Airport
	04:00 PM Thursday, November 22 2018		09:38 PM Thursday, November 22 2018

Duration: 3 hour(s) and 38 minute(s) Non-stop  
 Status: Confirmed - Air Canada Booking Reference: [REDACTED]  
 FF Number: [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in  
 Online Check In: Available 24 hours prior - [click here](#)  
 E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)

Remarks: SEAT 13C - YEATES/GLENDA MS  
 AIR CANADA CONFIRMATION [REDACTED]  
 TICKET NUMBER [REDACTED]  
 ARR TERMINAL1  
 PLEASE CHECK IN WITH AIR CANADA

AIR - Thursday, November 22 2018

[Add To Calendar](#)

**Air Canada Flight AC470 Economy Class**

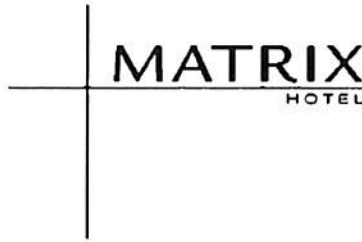
<b>Depart</b>	Toronto, Ontario <a href="#">Weather</a>	<b>Arrive</b>	Ottawa, Ontario <a href="#">Weather</a>
	Pearson International Airport		Ottawa International Airport
	11:10 PM Thursday, November 22 2018		12:14 AM Friday, November 23 2018

Duration: 1 hour(s) and 4 minute(s) Non-stop  
 Status: Confirmed - Air Canada Booking Reference: [REDACTED]  
 FF Number: [REDACTED] YEATES/GLENDA MS - please reconfirm at check-in  
 Online Check In: Available 24 hours prior - [click here](#)  
 E Upgrade: For Eligible Flight - Aeroplan Members [click here](#)

**Invoice Details**

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number	[REDACTED]					
Domestic Air	[REDACTED]	552.46	75.96	0.00	0.00	628.42
	<b>Totals:</b>	<b>552.46</b>	<b>75.96</b>	<b>0.00</b>	<b>0.00</b>	<b>628.42</b>
				<b>Balance Due:</b>		<b>0.00</b>





**AB Health Services**  
**Accounts Payable**  
**P.O. Box 1600**  
**Suite 300, 10030 - 107 Street NW**  
**Edmonton AB T5J 2N9**  
**Canada**

Room No. [REDACTED]  
Arrival : 11-20-18  
Departure : 11-22-18  
Folio No. [REDACTED]

Guest Name: Yeates, Glenda  
Cost Centre: 101.0005.71110300000  
Approving Manager: [REDACTED]  
**INVOICE**

Invoice No. [REDACTED]  
AR No. [REDACTED]  
Conf. No. [REDACTED]

<b>Date</b>	<b>Description</b>	<b>Charges</b>	<b>Credits</b>
11-20-18	Room Revenue	190.00	
11-20-18	Destination Marketing Fee	5.70	
11-20-18	Tourism Levy	7.83	
11-21-18	Room Revenue	190.00	
11-21-18	Destination Marketing Fee	5.70	
11-21-18	Tourism Levy	7.83	
		<b>Total Charges</b>	
		407.06	
		<b>Total Credits</b>	0.00
		<b>Balance</b>	<b>407.06</b>