

AHS Board and Executive Expense Report

Name Glenda Yeates
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of July 2019

| 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) |
| Jul-19 | P-Card | Meetings | | | | 66 | 66 | | | |
| Jul-19 | Expense Claim | Meetings | | 51 | | 107 | 158 | | | |
| Jul-19 | Direct Billing | Meetings | 844 | | 190 | | 1,034 | | | |
| Total | | | \$ 844 | \$ 51 | \$ 190 | \$ 173 | \$ 1,258 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,258

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 169
 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 Public Disclosure P-Card

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total |
|---------------|------------------|-------------------|---------------------|
| Glenda Yeates | AHS Board Member | Ottawa | \$ 66.00 |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|--------------|--|------------------|--------------|----------|---------------|-------------|---|-----------|----------------|------------------|---------------|
| 7/25/2019 | Taxi from SSP to YEG - Attended Private Board Meeting in Edmonton on July 25, 2019 | | Taxi | \$ 66.00 | SSP | YEG | Items charged to Executive Assistant's August 2019 P-Card on behalf of Glenda Yeates. | 1 | | | |

| Approver(s) for the claim | Approval Status | Approval Date |
|---------------------------|-----------------|---------------|
| Signature kept on file | Approve | |

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2019/08/08
TIME 0634 11:09:33
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL
\$131.00

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

From July & August 2019
To _____
① Time July-25 - David Carpenter & Breach \$66
② Date Aug 2 - Dr. Verma YU \$65
Trip Amount _____
Driver Name _____
Car Number _____
GST _____

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: | Jul-19 |
| Address: | [Redacted] | City: | [Redacted] |
| Province: | [Redacted] | Postal Code: | [Redacted] |
| | | Country: | Canada |
| Reason for Expense | Attended Private Board Meeting on July 25, 2019 in Edmonton. | | |

| 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 | 7111030000 | 45000000 | \$50.70 |
| Travel Exp (B+C+E) | 101 | 0005 | 7111030000 | 62212000 | \$106.83 ✓ |
| Other (D) | 101 | 0005 | 7111030000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$157.53 ✓ JA |

| | | | |
|--|--|-----------|------------|
| SECTION 3: AUTHORIZATION | | | |
| 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> | Aug 29/19 | [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 |
| <i>David Weyant, QC</i> | Board Chair |
| Signature: I, by signing this form, attest that I am compliant with all the above statements | Date |
| <i>Ally</i> | Sept 12, 2019 |

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.

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

Deborah Rhodes Aug 22/19
Deborah Rhodes, VP Corporate Services & CFO

Carry forward from Section 1

| | | | |
|--------------|---------------|------------------------------|--------|
| Name: | Glenda Yeates | Expense Period Month: | Jul-19 |
|--------------|---------------|------------------------------|--------|

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 | | | | |
| 24-Jul-2019 | Use of personal vehicle-residence to Ottawa Airport to travel to Edmonton to attend Private Board Meeting on July 25, 2019. | Yes | | | | | \$10.25 | | | |
| 24-Jul-2019 | Taxi from from YEG to hotel. | Yes | D-\$20.75 | \$20.75 | | | \$63.25 | | | |
| 25-Jul-2019 | Breakfast and dinner per diems. | Yes | BD-\$29.95 | \$29.95 | | | | | | |
| 26-Jul-2019 | Taxi from Ottawa Airport to residence. | Yes | | | | | \$33.33 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total: (amount auto fills to page 1) | | | \$50.70 | | \$0.00 | \$0.00 | \$106.83 | \$0.00 | 0.00 | |

| | | | |
|----------------------------------|-------|----------------------|------|
| BOARD MEMBER Mileage Rate | 0.505 | Total Mileage | \$ - |
|----------------------------------|-------|----------------------|------|

From: Glenda Yeates [REDACTED]
Sent: Saturday, July 27, 2019 6:15 PM
To: [REDACTED]
Subject: Taxi receipt

GREATER EDMONTON TAX
SERVICE
10135 31 AVE NW
EDMONTON AB

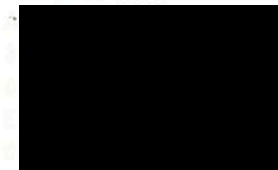
Caution - This email came from an external address and may contain unsafe content opening attachments or clicking any links in this message.

CARD [REDACTED]
CARD TYPE VISA
DATE 2019/07/24
TIME 1063 20:28:00
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

Visa Credit



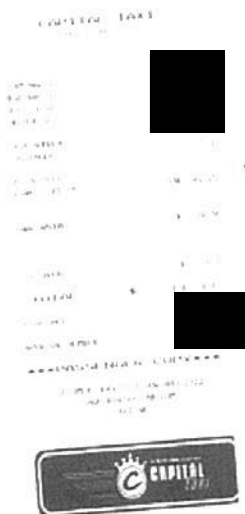
APPROVED

[REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.345
BARRIE TAXI 780.489.77
EDMONTAXI.COM
GST # 00403070



July 26, 2019
33.33

Hello Jennifer,

Here's the final taxi receipt for the trip to the Board meeting last week — it's for \$33.33 and is for the trip from the Ottawa airport to my home.

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

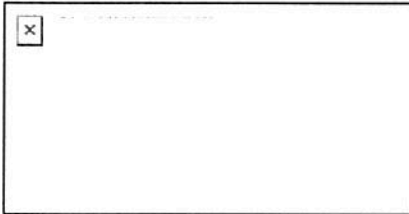
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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 : Jul-19 |
|-----------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------|---|----------------|-------------|
| 24-Jul-2019 | Direct Billing | Airline Ticket | Flight from Ottawa to Edmonton to attend Pnvate Board Meeting on July 25, 2019 and return on July 25, 2019 (Invoice [REDACTED]) | Vision Travel | \$844.57 |
| 24-Jul-2019 | Direct Billing | Airline Ticket | One night accommodation to attend Private Board MeeUng on July 25, 2019 in Edmonton. | Vision Travel | \$189.73 |
| | Direct Billing | Airline Ticket | | Vision Travel | |
| | Direct Billing | Airline Ticket | | Vision Travel | |
| | Direct Billing | Airline Ticket | | Vision Travel | |
| Total Paid in the Month | | | | | \$ 1,034.30 |

From: [REDACTED]@visiontravel.ca
Sent: Tuesday, June 18, 2019 6:16 PM
To: [REDACTED]@VISIONTRAVEL.CA
Subject: Invoice and Itinerary for YEATES/GLENDA MS - 24July19 - Vision Travel Locator: [REDACTED]

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.



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

www.visiontravel.ca
GST Reg : 723782728 RT 0001

Invoice/Itinerary

Invoice: [REDACTED]
Issued: 19 June 2019

Agency Ref.: [REDACTED]
Sales Person: [REDACTED]

Customer Number: [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 - Wednesday, July 24 2019 | | Add To Calendar | |
|--|---|---------------------------------|---|
| Air Canada Flight AC457 Economy Class | | | |
| Depart | Ottawa, Ontario Weather Ottawa International Airport 03:00 PM Wednesday, July 24 2019 | Arrive | Toronto, Ontario Weather Pearson International Airport 04:03 PM Wednesday, July 24 2019 |
| Duration: | 1 hour(s) and 3 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 ARR TERMINAL1 PLEASE CHECK IN WITH AIR CANADA | | |

Air Canada Flight AC352 Economy Class

| | | | |
|---------------|---|---------------|--|
| Depart | Calgary, Alberta <small>Weather</small> | Arrive | Ottawa, Ontario <small>Weather</small> |
| | Calgary International Airport | | Ottawa International Airport |
| | 07:25 PM Thursday, July 25 2019 | | 01:10 AM Friday, July 26 2019 |

Duration: 3 hour(s) and 45 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 15C - YEATES/GLENDA MS
 PLEASE CHECK IN WITH AIR CANADA

Invoice Details

| Transaction | Document / Booking Number | Base Fare | Other Tax | GST/HST | QST | Total |
|----------------------|---------------------------|---------------|--------------|-----------------------------------|-------------|---------------|
| Invoice Number | [REDACTED] | | | | | |
| Vendor AC AIR CANADA | | 772.61 | 71.96 | 0.00 | 0.00 | 844.57 |
| | | | | Billed to: [REDACTED] | | |
| | Totals: | 772.61 | 71.96 | 0.00 | 0.00 | 844.57 |
| | | | | Total Credit Card Billing: | | 844.57 |
| | | | | Balance Due: | | 0.00 |

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



GLEENDA YEATES

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 24-JUL-19 20:30
 Depart Date : 25-JUL-19 07:58
 No. Of Guest : 1
 Room Number : [REDACTED]
 Marriott Bonvoy Number : [REDACTED]
 AR Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001
 The Westin Edm YEGWI JUL-26-2019 13:27 [REDACTED]

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-------------|------------|--------------------------|---------------|---------------|
| 24-JUL-19 | [REDACTED] | Room Chrg - Special Corp | 169.00 | |
| 24-JUL-19 | [REDACTED] | GST | 8.70 | |
| 24-JUL-19 | [REDACTED] | DMF | 5.07 | |
| 24-JUL-19 | [REDACTED] | Tour Levy | 6.96 | |
| 25-JUL-19 | [REDACTED] | Direct Bill | | -189.73 |
| ** Total | | | 189.73 | -189.73 |
| *** Balance | | | 0.00 | |

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