

AHS Board and Executive Expense Report

Name Gregory Cummings
Title Chief Zone Officer, North Zone
Location Westlock

Expenses submitted during the month of November 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)
Nov-19	P-Card	Meetings			550	446	996			
Nov-19	Expense Claim	Meetings		156			156			
Nov-19	Direct Billing	Meetings				110	110			
Total			\$ -	\$ 156	\$ 550	\$ 556	\$ 1,262	\$ -	\$ -	\$ -

Total for the Month \$ 1,262

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 134
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

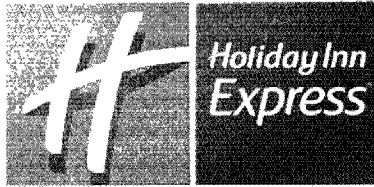
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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								
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 996.55								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/20/2019	High Prairie Town Council Meeting in Slave Lake	AB - North Zone	Accommodations	\$ 146.17				1			
10/23/2019	St. Paul AMH & ED Collaboration Meeting in Bonnyville	AB - North Zone	Accommodations	\$ 129.71				1			
10/25/2019	Advisory Council Fall Forum in Edmonton	AB - Other Zones	Accommodations	\$ 136.24				1			
10/28/2019	Western Provinces Prevention of Violence in Care in Edmonton	AB - Other Zones	Accommodations	\$ 138.18				1			
11/5/2019	PCN Strategic Forum Event in Calgary on February 7, 2020	AB - Other Zones	Conference Fees	\$ 446.25				1			
Approver(s) for the claim		Approval Status	Approval Date								
GORDON, DEBORAH A		Approve	2-Dec-19								



10-21-19

Gregory Cummings [Redacted]	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	10-20-19
	Group Code :	Departure :	10-21-19
	Company : Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. : [Redacted]	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	1 of 1

Date	Description	Charges	Credits
10-20-19	*Accommodation	134.10	
10-20-19	GST (806941001RT001) 5% - I	6.71	
10-20-19	Tourism Levy 4% - Room	5.36	
10-21-19	MasterCard		146.17
Total		146.17	146.17
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel Slave Lake
 1551 Main Street SE
 PO Box 427
 Slave Lake, Alberta, T0G2A0 Canada
 Telephone: (780) 849-4819 Fax: (780) 849-5045

2.



Gregory Cummings

A/R Number

Group Code

Folio/Invoice No.

Reference #

Room No.

Page No.

1 of 1

Arrival 10-23-19

Cashier No.

Departure 10-24-19

User ID

Date	Description	Charges	Credits
10-23-19	*Accommodation	119.00	
10-23-19	GST #802121400	5.95	
10-23-19	Tourism Levy	4.76	
10-24-19	MasterCard		129.71
Total		129.71	129.71
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.

GST #8021214	Tourism Levy								
5.95	4.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites
4404 52 Ave
Bonnyville, AB T9N 0C3
Telephone: (780) 687-8888 Fax: (780) 687-8889
GST#802121400RT0001

3.



10-26-19

Gregory Cummings	Folio No. :	Room No. :
[Redacted]	A/R Number :	Arrival : 10-25-19
	Group Code :	Departure : 10-26-19
	Company :	Conf. No. : [Redacted]
	Membership No. : [Redacted]	Rate Code : [Redacted]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-25-19	*Accommodation	124.99	
10-25-19	Alberta Tourism Levy- 4%	5.00	
10-25-19	GST- 5%	6.25	
10-26-19	MasterCard		136.24
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.		Total	136.24
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites
2440 Calgary Trail NW
Edmonton, AB T6J 5J6
Telephone: (780) 440-5000 Fax: (780) 469-7170
GST # 88781 0273 RP 0001

H



7

10-29-19

Gregory Cummings	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	10-28-19
	Group Code :		Departure :	10-29-19
	Company :	Alberta Health Services	Conf. No. :	[REDACTED]
	Membership No. :	[REDACTED]	Rate Code :	[REDACTED]
	Invoice No. :		Page No. :	1 of 1

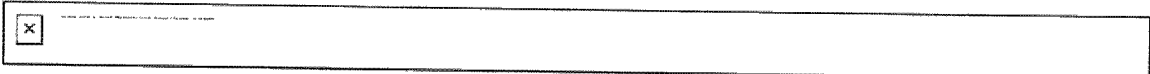
Date	Description	Charges	Credits
10-28-19	*Accomodation	129.00	
10-28-19	Marketing Fee	3.87	
10-28-19	AB Tourism Levy	5.31	
10-29-19	MasterCard [REDACTED]		138.18
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	138.18
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

From: [Redacted]@albertadoctors.org>
Sent: Tuesday, November 05, 2019 8:34 AM
To: [Redacted]
Subject: Registration Confirmed - PCN Strategic Forum

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.



Dear Deirdre,

Please save this email for future reference.

Event: PCN Strategic Forum

Number in Party: 1

Time: 7:00 a.m.

Date: February 7, 2020

Location: Sheraton Calgary Eau Claire

Address: 255 Barclay Parade SW, Calgary, Alberta, T2P 5G2, Canada

Dress:

Group Confirmation Number: [Redacted]

Group Registrant 0 (Gregory Cummings)

Confirmation Number: [Redacted]

Gregory Cummings								
Order Date	Invoice	Order Type	Item	Item Type	Amt Ordered	Amt Paid	Amt Due	
05-Nov-2019 8:26 AM MT	FRM20-112019-0094	Online Charge	Event Registration	Admission Item	CAD 425.00	CAD 425.00	CAD 0.00	
05-Nov-2019 8:26 AM MT	FRM20-112019-0094	Online Charge	GST - 122083538 RT0001	Tax	CAD 21.25	CAD 21.25	CAD 0.00	
					Amt Ordered	Amt Paid	Amt Due	
					Total	CAD 446.25	CAD 446.25	CAD 0.00

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CUMMINGS, GREGORY	Chief Zone Officer, North Zone	Westlock	\$ 156.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
10/20/2019	Meeting with High Prairie Town Council	AB - North Zone	Meals Per Diem	\$ 24.00				1				
10/21/2019	Meeting with High Prairie Town Council	AB - Other Zones	Meals Per Diem	\$ 23.50				1				
10/23/2019	St. Paul AMH & ED Collaboration	AB - North Zone	Meals Per Diem	\$ 24.00				1				
10/24/2019	St. Paul AMH & ED Collaboration	AB - North Zone	Meals Per Diem	\$ 47.50				1				
10/25/2019	Advisory Council Fall Forum in Edmonton	AB - Other Zones	Meals Per Diem	\$ 13.00				1				
10/26/2019	Advisory Council Fall Forum in Edmonton	AB - Other Zones	Meals Per Diem	\$ 24.00				1				
Approver(s) for the claim		Approval Status	Approval Date									
GORDON, DEBORAH A		Approve	22-Nov-19									

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 : Gregory Cummings	Reporting Period for the Month of : Nov-19
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Sep-2019	Direct Billing	Airline Ticket	National Car Rental for HAC Meeting in Fort McMurray from September 25 to 26, 2019	Vision Travel	\$109.63
Total Paid in the Month					\$ 109.63



Federal GST# : 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

27-Sep-2019

Bill To Information
ALBERTA HEALTH SERVICES
PO BOX 1600
EDMONTON, AB - T5T2N9
CANADA

Rental Information
Reservation Number [REDACTED]
Driver : CUMMINGS, GREGORY
Pickup Date/Time : 09/25/2019 12:28
Return Date/Time : 09/26/2019 14:13
Miles/kms : 26
Car Class : ICAR Requested Class : ICAR

Vehicle Information
Yr/Make/Model Unit # License No Beg/End/Distance
2018/NISSAN/SENZR13P5 [REDACTED] 37294/37320/26
VIN [REDACTED]

Rental Branch
FORT MCMURRAY ARPT
100 SNOWBIRD WAY
FORT MCMURRAY, AB - T9H 0G3

Return Branch
FORT MCMURRAY ARPT
100 SNOWBIRD WAY
FORT MCMURRAY, AB-T9H 0G3

Charge Detail				
Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	48.00	48.00
TIME & DISTANCE	1	HOUR	21.50	21.50
EXCESS DISTANCE CHARGE	26	DISTANCE	0.35	9.10
			Sub Total	78.60
CUSTOMER FACILITY CHARGE 8/DAY	2	DAY	8.00	16.00
CONCESSION FEE RECOVERY 16.28 PCT		PERCENT	16.28	13.11
VLF REC 0.96/DAY	2	DAY	0.96	1.92
Total Charges (CAD)				109.63

Additional Information
Ext BillRef # 1 101.0013.71110106000 COST CENTER# 101.0013.71110106000

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMP. 709 MILNER AVE SCARBOROUGH, ON M1B 6B6	Tel#: +1 8773121084 AskARCanada@ehi.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.