

## **AHS Board and Executive Expense Report**

Name Hartley Harris
Title AHS Board Member

**Location** Calgary

Expenses approved during the month of November 2022

					Travel (1)					
ммм-үү	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-22	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings				303	- 303 -			
Total			\$	- \$ ·	- \$ -	\$ 303	\$ 303	\$ -	\$ -	\$ -

**Total for** 

the Month \$ 303

### 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 - 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:	Hartley H	arris			Expe Mont			e Period	Oct-22			
Address:			City:									
Province:	Alberta	Alberta Postal Code:				Country			y: Canada			
Reason for Expense Attended Board Function on October 20, 2022 and Board Meeting on October 2							ber 21,	2022 in <b>E</b>	dmonton.			
SECTION 2: FINANCE CODING & TOTAL CLAIM												
<u>Description</u>		Corp/BU/O	<u>Location</u> (If applicable)		unctiona tre/Prima		Expe Second	ense/ ary Acct	<u>Total</u> (Note: This column will auto			
Meals (A)		101	0005	711	103000	00	4500	0000	\$0.00			
Travel Exp	(B+C+E)	101	0005	711	103000	00	12000		\$303.00			
Other (D)		101	0005	71110300000 41090					0000 \$0.00			
	TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE \$303.00											
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.												
l attest that ex	xpenses subr	nitted in this c	laim have been incurred	by using a cost effec	tive meth	od, otherwise ratio	nale and s	upporting	analysis is p	provided below.		
Claimant (Pr	Claimant (Print Name) Signature: I, by signing this form, attest that I am compliant to all the above statements Date Phone#											
Hartley Harris						Nov.				08, 2022		
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 b	y (Print Nam	e)			Position	Title/Program G	roup					
Greg Turnbull, KC Board Chair												
Signature: I, by signing this form, attest that I am compliant with all the above statements  Date												
November 08, 2022										er 08, 2022		

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.

	November 08, 2022	
Colleen Purdy, VP Corporate Services & CFO	Date	
	Created: November 01, 2013	

Created: November 01, 2013 Rev 12 eff Jun 25, 2018

Carry forward from Section 1												
Name:	Hartley Harris								Expense Perio Month:	Oct-22		
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)												
ECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM												
Note: For	The Board Members follow the 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).											
				llowanc		ceipt)(A)					T	
<u>Date</u>	<u>Description: (include purpose</u> of trip, mode of travel, starting point, details of expenditure)		Allowance Within Canada		With Receipt <u>or</u> Allowance Outside Canada		modation	n	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	tal, (Itamiza	I Willeage km	
	point, details of expenditure)		Meal Type	Allow- ance	Meal Type	Amount	<u>(B)</u>		(C)	(5)		
19-Oct-2022	Travel from Calgary to Edmonton to attend function on the 20th and in person Board Meeting on October 21, 2022 and return.	Yes									600	
							_					
	Total: (amount auto fills to	page 1)		\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	600.00	
		ВОА	RD MEN	/BER I	Mileage	Rate		0.50	D5 <b>Tot</b>	al Mileage	\$ 303.00	