

## AHS Board and Executive Expense Report

**Name** Heather Hirsch  
**Title** AHS Board Member  
**Location** Calgary

Expenses submitted during the month of March 2017

### 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)
Mar-17	Expense Claim	Meetings		83		666	749	998		15
Mar-17	Direct Billing	Meetings			319		319			
<b>Total</b>			\$ -	\$ 83	\$ 319	\$ 666	\$ 1,068	\$ 998	\$ -	\$ 15

**Total for the Month** \$ 2,081

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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.

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Heather Hirsch			Expense Period Month:	Feb-Mar, 2017
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Community Engagement & Governance Committee Meetings on Feb. 9; orient. meetings with Exec. members F. Belanger & C. Turner, Feb. 23; HR Committee, Feb. 28; Board Meeting, Mar. 1. Reg. fee for ICD's Crown Director Effectiveness Course. Board Meeting, Mar. 29; tour RAH & Meeting with Wisdom Council, Mar. 30 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	<b>\$83.00</b> ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	<b>\$666.12</b> ✓
Other (D)	101	0005	71110300000	41090000	<b>\$1,012.20</b> ✓
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$1,761.32</b>

<b>SECTION 3: AUTHORIZATION</b>			
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#
Heather Hirsch			

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>	April 17/17

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

*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO  
Position #: 40179 DOFA Level: 2 Date: April 10/17

For payment please contact: \_\_\_\_\_  
14<sup>th</sup> Floor, North Tower, Seventh Street Plaza, 10030 - 107 S, \_\_\_\_\_



AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
TAXES Applicable? - 3 rec. Income tax & am:	

**BOARD MEMBER  
EXPENSE CLAIM FORM**

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Heather Hirsch			Expense Period Month:	Feb-Mar, 2017
Address:	[Redacted]			City:	[Redacted]
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense:	Community Engagement & Governance Committee Meetings on Feb. 9; orient. meetings with Exec. members F. Belanger & C. Turner, Feb. 23; HR Committee, Feb. 28; Board Meeting, Mar. 1. Reg. fee for ICD's Crown Director Effectiveness Course, Board Meeting, Mar. 23; tour RAH & Meeting with Wisdom Council, Mar. 30 in Edmonton.				
<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
Description	Comp/BUSD IS	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	711:030000	4500000	\$63.00
Travel Exp (B+C+E)	101	0005	711:030000	52212000	\$666.12
Other (D)	101	0005	711:030000	41090000	\$1,012.20
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$1,751.32</b>
<b>SECTION 3: AUTHORIZATION</b>					
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 with all the above statements	Date:	Phone#		
Heather Hirsch		Apr 10 2017	403-916-2236		
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				

Health and Personal Information on this form is collected by AHS under the authority of section 23(2) of the Access to Information Act (AIA), and sections 3(2) and 3(2) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively, for the purpose of administering AHS' Procure to Pay program.

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 Sector	
Name:	Heather Hirsch
Completion of the "cost of	
Rationale is Required for e	
<b>SECTION 4A: BOARD MEM</b>	
The Board Members follow th	
Note: For meal allowances ou	
(Appendix C for USA, A	
Date	Description (include of info, mode of travel, point, details of exp)
8 Feb-2017	Parking at Southport Town for Alberta Community Enga Committee Meeting and G Committee Meeting
22-Feb-2017	Parking at Southport Town for attend Orientation meet Executive Members (Dr. B Cohen Turner)
26-Feb-2017	Mileage from residence to in Edmonton and return on 2017
26-Feb-2017	Parking at SSP to attend Resource Committee Me
1-Mar-2017	Per diem
13-Mar-2017	Registration fee to attend Corporate Directors Crow Effectiveness Course on A 2017 in Calgary
26-Mar-2017	Mileage from residence to in Edmonton and return on 2017. Dinner per diem and allowance
29-Mar-2017	Dinner per diem and perso allowance
Total: (amount au	



**Carry forward from Section 1**

<b>Name:</b>	Heather Hirsch	<b>Expense Period Month:</b>	Feb-Mar, 2017
--------------	----------------	------------------------------	---------------

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

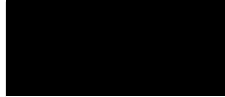
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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				
9-Feb-2017	Parking at Southport Tower in Calgary to attend Community Engagement Committee Meeting and Governance Committee Meeting.	Yes					\$15.00	✓		
23-Feb-2017	Parking at Southport Tower in Calgary to attend Orientation meetings with Executive Members (Dr. Belanger and Colleen Turner).	Yes					\$9.00	✓		
28-Feb-2017	Mileage from residence to Matrix hotel in Edmonton and return on March 2, 2017.	Yes	D-\$20.75	\$20.75	✓				612	
28-Feb-2017	Parking at SSP to attend Human Resources Committee Meeting.	Yes					\$24.00	✓		
1-Mar-2017	Per diem.	Yes	D-\$20.75	\$20.75	✓					
13-Mar-2017	Registration fee to attend Institute of Corporate Director's Crown Director Effectiveness Course on April 10, 2017 in Calgary.	Yes						\$997.50	✓	
28-Mar-2017	Mileage from residence to Matrix hotel in Edmonton and return on March 30, 2017. Dinner per diem and personal allowance.	Yes	D-\$20.75	\$20.75	✓			\$7.35	612	
29-Mar-2017	Dinner per diem and personal allowance.	Yes	D-\$20.75	\$20.75	✓			\$7.35		
<b>Total: (amount auto fills to page 1)</b>			\$83.00	✓	\$0.00	\$0.00	\$48.00	✓	\$1,012.20	1,224.00

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 618.12
----------------------------------	-------	----------------------	-----------

**RECEIPT**  
Southland Park IV  
Southport Tower

License Plate Number



Expiration Date/Time

**08:17 AM**  
**FEB 10, 2017**

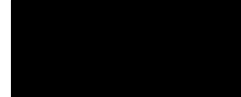
Purchase Date/Time: 08:17am Feb 09, 2017 ✓  
Total Due: \$15.00 Rate: \$15.00 - 24 Hours  
Total Paid: \$15.00 Payment Type: Card  
Ticket # [Redacted]  
S/N #: [Redacted]  
Setting [Redacted]  
Mach # [Redacted]

[Redacted] MasterCard Auth #: [Redacted]

www.ahs.ca  
DO NOT PLACE ON DASH

**RECEIPT**  
Southland Park IV  
Southport Tower

License Plate Number



Expiration Date/Time

**10:55 AM**  
**FEB 23, 2017**

Purchase Date/Time: 08:55am Feb 23, 2017 ✓  
Total Due: \$9.00 Rate: \$9.00 - 2 Hours  
Total Paid: \$9.00 Payment Type: Card  
Ticket # [Redacted]  
S/N #: [Redacted]  
Setting [Redacted]  
Mach # [Redacted]

[Redacted] MasterCard  
www.ahs.ca  
DO NOT PLACE ON DASH

**RECEIPT**  
Impark Lot 383

License Plate Number



Expiration Date/Time

**03:34 PM**  
**FEB 28, 2017**

Purchase Date/Time: 12:34pm Feb 28, 2017 ✓  
Total Parking: \$22.86  
Total GST: \$1.14  
Total Due: \$24.00 Rate: \$24 - 3 Hours  
Total Paid: \$24.00 Payment Type: Card  
Ticket # [Redacted]  
S/N #: [Redacted]  
Setting [Redacted]  
Mach # [Redacted]

[Redacted] MasterCard Auth #: [Redacted]

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT



Institute of Corporate Directors  
 Institut des administrateurs de sociétés

# RECEIPT

2701-250 Yonge Street  
 Toronto, ON M5B 2L7

Invoice No. [REDACTED]

Sold To: Ms Heather Hirsch  
 [REDACTED]

Ship To: Ms Heather Hirsch  
 [REDACTED]

Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]		3/13/2017	[REDACTED]	Upon Receipt	3/13/2017

Qty	Description	Unit Price	Extended Price
1	Calgary CRN 4 Calgary CRN 4  4/10/2017 - 4/10/2017 Calgary, AB  CALCRN004/CRNREG Course Registration	950.00	950.00

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
950.00		47.50	997.50	997.50 ✓	0.00

Total GST/HST: 47.50  
 Total PST/QST: 0.00  
 GST Remittance Number: 12179 8201  
 QST Remittance Number: 1204855478

Paid by: [REDACTED]

## 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:**

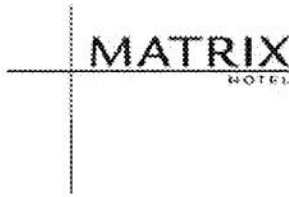
AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to 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> Heather Hirsch	<b>Reporting Period for the Month of :</b> Feb-17
------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Feb-2017	Direct Billing	Hotel	2 nights accommodation to attend Board Meeting on March 1, 2017.	Other	319.22
	Direct Billing	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 319.22</b>



Alberta Health Services  
14th Floor North Tower  
10030 107 St  
Edmonton AB T5J3E4

Room Number: [REDACTED]  
Arrival Date: 02-28-17  
Departure Date: 03-02-17  
Page No: 1 of 1

Guest Name: Hirsch, Heather

**COPY OF INVOICE**

Folio No: [REDACTED]

03-08-17

Date	Description	Charges	Credits
02-28-17	Room Revenue	149.00	
02-28-17	Destination Marketing Fee - 3%	4.47	
02-28-17	Tourism Levy - 4%	6.14	
03-01-17	Room Revenue	149.00	
03-01-17	Destination Marketing Fee - 3%	4.47	
03-01-17	Tourism Levy - 4%	6.14	
<b>Total</b>		<b>319.22</b>	<b>0.00</b>
<b>Balance</b>		<b>319.22</b>	

**Signature:** \_\_\_\_\_

I agree that my liability for all charges 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. G.S.T. #105631154 RT 0008