

## AHS Board and Executive Expense Report

**Name** Heidi Overguard  
**Title** AHS Board Member  
**Location** Sundre  
 Expenses approved during the month of May 2020

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-20	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings		21		397	418			
							-			
							-			
<b>Total</b>			\$ -	\$ 21	\$ -	\$ 397	\$ 418	\$ -	\$ -	\$ -

**Total for  
the Month**      \$        418

Maximum daily single meal expense claimed in the month      \$        -  
 Maximum daily base hotel rate claimed in the month              \$        154  
 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 # 011 76568

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:	Heidi Overguard			Expense Period Month:	Feb-20
Address:	[REDACTED]		City:	[REDACTED]	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Finance Committee Meeting on February 12, 2020 via videoconference from Sundre Site; Community Engagement Committee and Governance Committee Meetings on February 13, 2020; Board Meeting and Public Board Meeting on February 27, 2020 in Calgary.				

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	71110300000	45000000	\$20.75
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$397.15
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$417.90</b>

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#
Heidi Overguard	Please see attached for approval	April 02/20	780-342-2010

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
David Weyant, Q.C.	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
See attached email for approval	May 11, 2020

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:

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

[REDACTED] April 02, 2020  
Robert Hawes, Interim VP Corporate Services & CFO

**Carry forward from Section 1**

<b>Name:</b>	Heidi Overguard	<b>Expense Period Month:</b>	Feb-20
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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				
12-Feb-2020	Mileage from residence to Sundre videoconference site and return to attend the Finance Committee Meeting.	Yes							30	
13-Feb-2020	Mileage from residence to Calgary Board Office & return to attend CE and Governance Committee Meetings on February 13, 2020.	Yes							350	
23-Feb-2020	Parking at Southport to attend above meetings.	Yes					\$14.25			
26-Feb-2020	Mileage from residence to Calgary Board Office and return to attend Board & Public Board Meetings on February 27, 2020 & dinner per diem	Yes	D-\$20.75	\$20.75					350	
27-Feb-2020	Parking at Southport to attend Board Meeting.	Yes					\$14.25			
<b>Total: (amount auto fills to page 1)</b>			\$20.75		\$0.00	\$0.00	\$28.50	\$0.00	730.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ 368.65
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**RECEIPT**  
**Southport**

License Plate Number



Expiration Date/Time

**08:24 AM**  
**FEB 14, 2020**

Purchase Date/Time: 08:24am Feb 13, 2020

Total Due: \$14.25      Rate: \$14.25 - 24 Hours

Total Paid: \$14.25      Pmt Type: CC (Swipe)

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: SPT Wireless

Mach Name: [REDACTED]

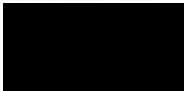
#\*\*\*\* [REDACTED] MasterCard

Auth #: [REDACTED]

[www.ahs.ca](http://www.ahs.ca)  
Do Not Place On Dash

**RECEIPT**  
**Southport**

License Plate Number



Expiration Date/Time

**08:12 AM**  
**FEB 28, 2020**

Purchase Date/Time: 08:12am Feb 27, 2020

Total Due: \$14.25      Rate: \$14.25 · 24 Hours  
Total Paid: \$14.25      Pmt Type: CC (Swipe)

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: [REDACTED]

Mach Name: [REDACTED]

#\*\*\*\* [REDACTED] MasterCard

Auth #: [REDACTED]

[www.ahs.ca](http://www.ahs.ca)

Do Not Place On Dash