

AHS Board and Executive Expense Report

Name: Heidi Overguard
Title: AHS Board Member
Location: Sundre

Expenses approved during the month of February 2021

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)
	P-Card	Meetings					-			1,045
Feb-21	Expense Claim	Meetings					-			
	Direct Bill	Meetings					-			
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,045

**Total for
the Month** \$ 1,045

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

Car allowance 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:	Heidi Overguard		Expense Period Month:	Dec-20	
Address:	[REDACTED]	City:	Sundre		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	[REDACTED]
Reason for Expense	Booster kit for internet to enable participation in Zoom Board Meetings.				

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	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$0.00
Other (D)	101	0005	71110300000	41090000	\$1,044.75
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,044.75

SECTION 3: AUTHORIZATION			
<p>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.</p> <p>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.</p> <p>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.</p>			
Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Heidi Overguard	<i>Please see attached email approval</i>	4-Jan-2021	780-342-2010

<p>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.</p> <p>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.</p> <p>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.</p>	
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
<i>Please see attached email approval.</i>	5-Jan-2021

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

Please see attached email for approval Jan 4/21
Colleen Purdy, CPA, CMA
Vice President, Corporate Services & Chief Financial Officer

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

Carry forward from Section 1

Name:	Heidi Overguard	Expense Period Month:	Dec-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				
29-Dec-2020	In-Building Signal Booster Kit	Yes						\$1,044.75		
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$0.00	\$1,044.75	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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ADVANCED TELECOM

#5, 557 MAIN AVENUE WEST
SUNDRE, AB T0M 1X0
4036389393



Cashier: adtelsun

Transaction

Total \$1,044.75
DEBIT CARD SALE \$1,044.75

Account: Chequing
29-Dec-2020 14:55:12
\$1,044.75 | Method: EMT
Interac XXXXXXXXXXXX
Reference ID: [REDACTED]
Auth ID: 191761
MID: [REDACTED]
AID: [REDACTED]
AthNtwkNm: INTERAC
PIN VERIFIED

Online: <https://clover.com/p/JSP60ZYBKS2Y2>



Sale

Invoice: [REDACTED]

Tendered On: 29-Dec-2020 02:58 PM
Sales Person: Kayla Proud
Tendered By: Kayla Proud
Tendered At: SUNDRE

	Tracking #	Qty	Your Price	Your Total
om In-Building Signal Booster Kit		1	\$995.00	\$995.00
			Subtotal:	\$995.00
			GST:	\$49.75
			Total:	\$1,044.75

Comments:
 -No returns or exchanges without proof of purchase and packaging, must be in resalable condition or will be refused.
 -Pay and Talk phones NO EXCHANGES OR REFUNDS.
 -Return Policy on USED PHONES - 7 DAYS in-store exchange ONLY.
 -Telus Policy on NEW, DOA or RENEW Phones -15 Day Exchange Period. (trial period is also 15 days only)
 -Glass warranty - within 60 days and proof of purchase-replacement cost \$10 (ONE USE ONLY)
 -Bluetooth Accessories are final sale, no exceptions due to hygiene reasons.
 -Replacement on lost or damaged LOANER PHONE DEVICES is between \$500 - \$1,000
 Initials Required
 -WE ARE NOT RESPONSIBLE FOR GLASS REPLACEMENT ON PHONES SENT AWAY FOR REPAIR.
 GST #889774477

All on account payments are to be sent to our head office at 6308 - 46 Street, Olds AB T4H 1M6 with cheques made payable to ADVANCED TELECOMMUNICATION LTD. Thank you