

AHS Board and Executive Expense Report

Name: Heidi Overguard
Title: AHS Board Member
Location: Sundre
 Expenses approved during the month of May 2022

Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
May-22	P-Card	Conference Fees					-	338		
May-22	Expense Claim	Meetings				307	307			
May-22	Direct Bill	Meetings			324		324			
Total			\$ -	\$ -	\$ 324	\$ 307	\$ 631	\$ 338	\$ -	\$ -

**Total for
the Month** \$ 969

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 151
 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.

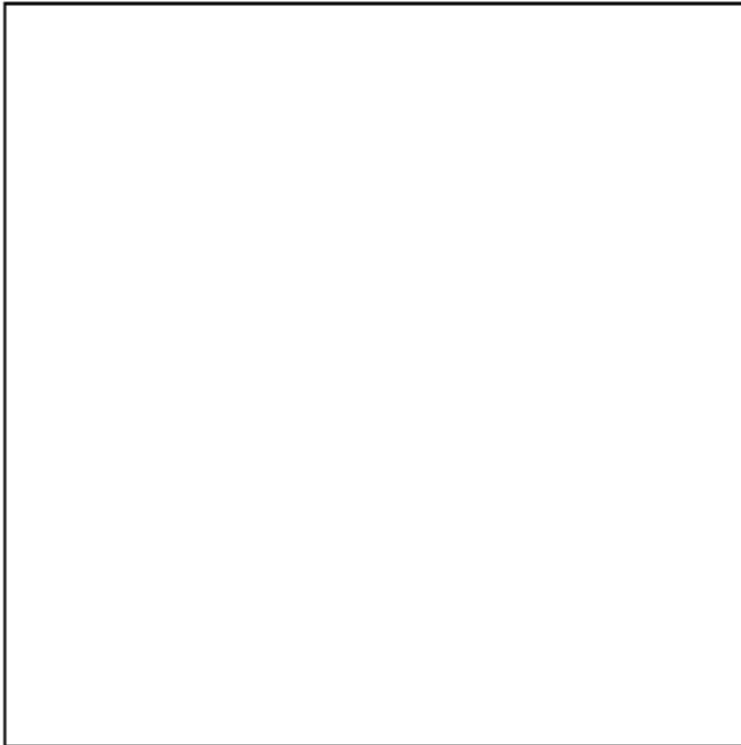
4) Other

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 Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OVERGUARD, HEIDI	AHS Board Member	Sundre	\$ 337.87								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/26/2022	Registration: 2022 ICD National Director Conference on May 5, 2022 for Board member: Heidi Overguard	ON	Conference Fees	\$ 337.87			Items charged to Executive Assistant's February 2021 P Card on behalf of Heidi Overguard	1			
Approver(s) for the claim	Approval Status	Approval Date									
CHIES, MAURO A	Approve	2-May-22									



2701 - 250 Yonge Street
Toronto, ON M5B 2L7
Tel: (416) 593-7741 Fax: (416) 593-0636
Website: www.icd.ca

Dear 

Thank you for your order! Your purchase helps support our organization and we appreciate your business.

Here are the details of your order/receipt. Please retain this email for your records.

Order Number: 

Order Date: Mar 25, 2022 1:16 PM

Bill To: [REDACTED]

Order Total: 337.87

Payment Method: [REDACTED]

Name on Card: [REDACTED]

Item	Price	Qty	Total
2022 ICD National Director Conference - Ms Heidi Overguard <i>When:</i> May 5, 2022 9:00 AM - May 5, 2022 5:00 PM <i>Where:</i> Online Canada	299.00	1	299.00

Registration option: May 5, 2022 9:00 AM - ICD National Director Conference 2022

Item Total	299.00
Shipping	0.00
Handling	0.00
Tax	38.87
Item Grand Total	337.87
Transaction Grand Total	337.87

Thank you again for your support!
This is an automatically generated email, please do not reply.

GST/HST# 12179 8201
QST# 12048 55478

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Heidi Overguard			Expense Period Month:	Apr-22
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended meeting with Board Chair on March 15, 2022 at Southport in Calgary and Board Meeting in Calgary on April 21-22, 2022.				

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	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$307.04
Other (D)	101	0005	7111030000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$307.04

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	[REDACTED]	May 19, 2022	[REDACTED]

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
Gregory Turnbull	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
[REDACTED]	May 21, 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.

For payment please submit to:

th [REDACTED] Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra
 [REDACTED] May 20, 2022
 Colleen Purdy, VP Corporate Services & CFO Date

Carry forward from Section 1

Name:	Heidi Overguard	Expense Period Month:	Apr-22
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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				
15-Mar-2022	Mileage from residence to Southport Tower in Calgary and return to meet with the Board Chair.	Yes							304	
20-Apr-2022	Mileage from residence to Delta Calgary South and return to attend Board Meeting (April 21-22, 2022).	Yes							304	
Total: (amount auto fills to page 1)			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	608.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 307.04
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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 : Heidi Overguard	Reporting Period for the Month of : Apr-22
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Apr-22	Direct Billing	Hotel	2 nights accommodation to attend Board Meeting (April 21-22, 2022) in Calgary.	Vision Travel DT Ontario-West Inc	\$323.60
	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	\$
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	\$
Total Paid in the Month					\$ 323.60




135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
PO BOX 1600
EDMONTON AB T5J 2N9
Canada

Room: 
Folio:
Cashier:
Arrival: 04-20-22
Departure: 04-22-22

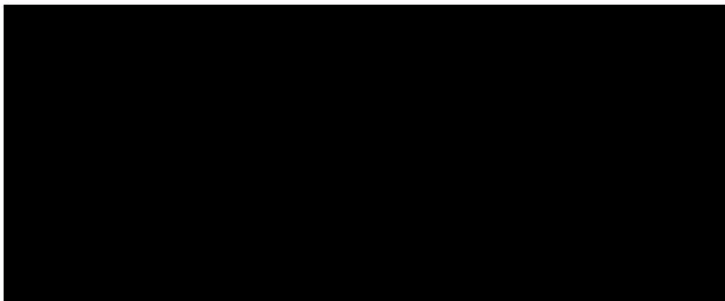
Overguard, Heidi

A/R Invoice:
A/R Account: 

Date	Description	Additional Information	Charges	Credits
04-20-22	Contract Rate		151.05	
04-20-22	DMF		4.53	
04-20-22	Tourism Levy		6.22	
04-20-22	Rooms - GST		7.78	
04-21-22	Contract Rate		151.05	
04-21-22	DMF		4.53	
04-21-22	Tourism Levy		6.22	
04-21-22	Rooms - GST		7.78	
04-27-22	GST Exempt- 120903	gst exempt	-15.56	

GST Summary	
Registration No:	895126332
Room	15.56
F&B	0.00
Other	21.50
Total	37.06

Total	323.60	0.00
Balance Due	323.60	CDN



Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.