

AHS Board and Executive Expense Report

Name Heidi Overguard
Title AHS Board Member
Location Calgary

Expenses approved during the month of August 2022

| 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) |
| | P-Card | Meetings | | | | | - | | | |
| | Expense Claim | Meetings | | | | | - | | | |
| Aug-22 | Direct Billing | Meetings | | | | 154 | 154 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 154 | \$ 154 | \$ - | \$ - | \$ - |

Total for the Month \$ 154

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.

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

| SECTION 1: PAYEE INFORMATION | | | | | |
|------------------------------|----------------------------------------------------------------------------------------|--------------|------------|-----------------------|--------|
| Name: | Heidi Overguard | | | Expense Period Month: | Jun-22 |
| Address: | [REDACTED] | | City: | [REDACTED] | |
| Province: | AB | Postal Code: | [REDACTED] | Country: | Canada |
| Reason for Expense | Attended Audit & Risk Committee Meeting and Board Meeting in Calgary on June 01, 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 | \$153.52 |
| Other (D) | 101 | 0005 | 7111030000 | 41090000 | \$0.00 |
| TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE | | | | | \$153.52 |

| 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] | August 10, 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] | August 10, 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:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

[REDACTED]
 Colleen Purdy, VP Corporate Services & CFO

August 10, 2022
 Date

Carry forward from Section 1

Name: **Heidi Overguard** Expense Period Month: **Jun-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)

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 | | | | |
| 1-Jun-2022 | Mileage from residence to Southport in Calgary and return to attend Board Meeting (June 01, 2022). | Yes | | | | | | | 304 | |
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| Total: (amount auto fills to page 1) | | | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | 304.00 | |

| | | | |
|----------------------------------|--------------|----------------------|------------------|
| BOARD MEMBER Mileage Rate | 0.505 | Total Mileage | \$ 153.52 |
|----------------------------------|--------------|----------------------|------------------|