

AHS Board and Executive Expense Report

Name Heidi Overguard
Title AHS Board Member

Location Calgary

Expenses approved during the month of September 2022

| | | | | | | Travel (1 | .) | | | | | | |
|--------|---|----------------------------------|--------|------|-------|-----------|-------|-----------------|------|-----------------|------------------------------------|--|--------------|
| ммм-үү | Source Document | Purpose | Airfar | e | Meals | Accommoda | ition | Other Travel | | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Sep-22 | P-Card Expense Claim Direct Billing | Meetings Meetings Meetings | | | | | 127 | | | - - 127 | | | |
| Total | | | \$ | - \$ | - | \$ | 127 | \$ | - \$ | 127 | \$ - | · \$ - | \$ - |

Total for

the Month \$ 127

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 120 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.



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.
- Refer to Quick Reference Guide for: <u>Providing a Standard Business Reason(s)</u>
- A personal cheque must be attached to cover expenses deemed ineligible.

| Indicate whether | er you have expenses to report in this section fo | u have expenses to report in this section for this reporting period: | | |
|--------------------------------------|---|--|-----------------------|--|
| Name : | Heidi Overguard | Reporting Period for the Montl | t h of: Aug-22 | |

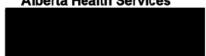
| Invoice Date DD-MMM-YYYY | Payment Method | Category | Business Reason | Name of Vendor | Amount Paid |
|-----------------------------|----------------|----------------------------|--|--------------------------------------|-------------|
| 24-Aug-22 | Direct Billing | Hotel | 1 night accommodation to attend tour of Cardston Health Centre on August 24th and attend HR Committee Meeting and tour of Chinnock Regional Hospital on August 25, 2022 in Lethbridge. | Vision Travel DT Ontario-West Inc | \$127.30 |
| | 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 \$ | | | | | \$ 127.30 |



526 Mayor Magrath Drive South Lethbridge, AB T1J 3M2

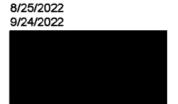
Phone: (403) 327-5701 FAX: (403) 327-5075

Alberta Health Services



Invoice

Invoice date
Invoice due before
Invoice number
Our reference
Client Number
Your reference
GST Number



| Guest | HEIDI MS OVERGUARD | Arrival 8/24/2022 | Depa | 2 | | |
|-----------|--------------------|-------------------|------|-----------------------------|------------|-------------|
| Date | Description | Ref. | | Quantity | Unit Price | Total (CAD) |
| 8/24/2022 | Room Charge | | | 1 | 120.00 | 120.00 |
| 8/24/2022 | Levy Taxes | | | 1 | 4.90 | 4.90 |
| 8/24/2022 | Marketing Fee | | | 1 | 2.40 | 2.40 |
| | | | | Total invoice Total Paid | | 127.30 |
| | | | | | | 0.00 |
| | | | | Total Due | 127.30 | |

Total GST

I agree that my liability for any charges incurred by me 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 of the full amount of these charges. Interest will be charged on a overdue balance.

Signature X