

AHS Board and Executive Expense Report

Name Heidi Overguard
Title AHS Board Member
Location Calgary

Expenses approved during the month of October 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)
Oct-22	P-Card	Meetings					-	266		
Oct-22	Expense Claim	Meetings		21		435	456			
Oct-22	Direct Billing	Meetings			442		442			
Total			\$ -	\$ 21	\$ 442	\$ 435	\$ 898	\$ 266	\$ -	\$ -

Total for the Month \$ 1,164

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 155
 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.

AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OVERGUARD, HEIDI	AHS Board Member	Sundre	\$ 266.23								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/27/2022	Registration: Attend 2022 RhPAP Rural Community Attraction & Retention Conference - Oct 4-6/2022 - Board member - Heidi Overguard	NB	Conference Fees	\$ 266.23			Items charged to Executive Assistant's July 2022 PCard on behalf of Heidi Overguard	1			
Approver(s) for the claim	Approval Status	Approval Date									
Approval kept on file	Approve	23-Aug-22									

2022 RhPAP Rural Community Attraction & Retention Conference

Regular Registration \$266.23



Clean Energy Technology Centre (CETC), 5400 - 22 Avenue, Drayton Valley AB, Canada

Eventbrite Completed

Order Information

Name

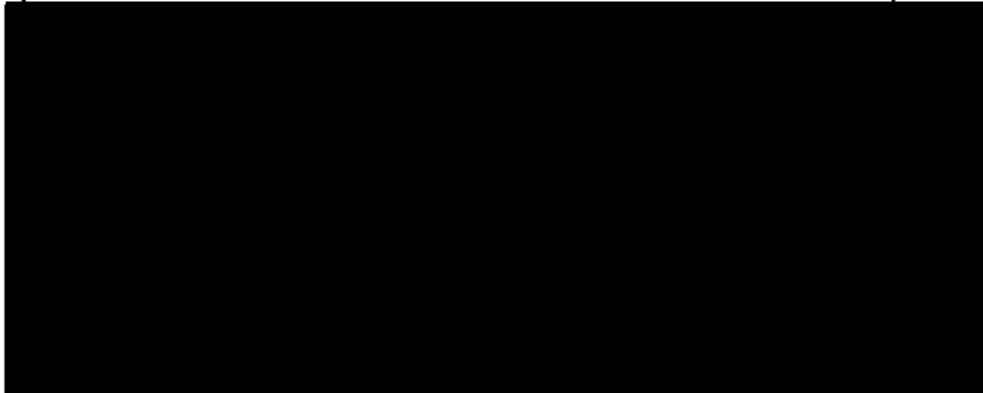
Order
2022 5:02 PM

27 July Heidi Overguard



Event Information:

Thank you for registering for the 2022 RhPAP Rural Community Attraction & Retention Conference being held October 4-6th in Drayton Valley, Alberta! We are working hard to ensure we offer you a safe event filled with reconnection, fun, food and fellowship.



Do you organize events?

Start selling in minutes with Eventbrite!

www.eventbrite.ca

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:	Aug-22
Address:	[REDACTED]		City:	[REDACTED]	
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended tour of Cardston Hospital on August 24, 2022 and chaired Human Resources Committee Meeting, in person, in Lethbridge on August 25, 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	71110300000	45000000	\$20.75
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$435.11
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$455.86

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]	Sept.21, 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]	September 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.

[REDACTED]

Colleen Purdy, VP Corporate Services & CFO

September 21, 2022
Date

Carry forward from Section 1

Name: **Heidi Overguard** Expense Period Month: **Aug-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				
24-Aug-2022	Mileage from residence to Lethbridge.	Yes							359	
24-Aug-2022	Mileage from Lethbridge to Cardston Health Centre and return to Lethbridge on August 24, 2022	Yes							143.6	
25-Aug-2022	Mileage from Lethbridge to residence.	Yes	D-\$20.75	\$20.75					359	
Total: (amount auto fills to page 1)			\$20.75		\$0.00	\$0.00	\$0.00	\$0.00	861.60	

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ 435.11

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: [Providing a Standard Business Reason\(s\)](#)
- 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 : Oct-22
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
4-Oct-22	Direct Billing	Hotel	2 nights accommodation to attend the 2022 RhPAP Rural Community Attract on & Retention Conference in Drayton Valley, October 4-6, 2022.	Ramada Drayton Valley	\$276.36
20-Oct-22	Direct Billing	Hotel	1 night accommodation to attend Board Meeting in Edmonton.	Matrix Hotel	\$166.04
	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					\$ 442.40



REMIT TO: Canalta Real Estate Services Ltd.
 o/a Ramada Drayton Valley
 PO Box 2109
 Drumheller AB, T0J 0Y0
 Website: www.canaltahotels.com

Invoice

Invoice#: [REDACTED]
 GST#: 894648450 RT0001
 Page: 1/1

Bill To: [REDACTED]
Alberta Health Services

Invoice Date	07-Oct-22
Due Date	06-Nov-22

Folio No	Description	QTY	Amount	Total
	Room: [REDACTED] King Suite: Heidi Ms Overguard Oct-04 - Oct-06			
			0.00	0.00
	ROOM CHARGE	1	-139.00	-139.00
	ROOM CHARGE	2	129.00	258.00
	ROOM CHARGE	1	139.00	139.00
	DMF	1	-4.17	-4.17
	DMF	2	3.87	7.74
	DMF	1	4.17	4.17
	TOURISM	1	-5.56	-5.56
	TOURISM	2	5.16	10.32
	TOURISM	1	5.56	5.56
	TOURISM ON DMF	1	-0.17	-0.17
	TOURISM ON DMF	2	0.15	0.30
	TOURISM ON DMF	1	0.17	0.17

Invoice Total \$276.36

Invoice Summary

Room Charges	Other Charges	GST/HST	PST/RST	DMF/TIF	Accommodation Tax	TL (AB)
\$258.00	\$0.00	\$0.00	\$0.00	\$7.74	\$0.00	\$10.62

Terms: Net 30 Days

Make all payments to: Canalta Real Estate Services Ltd.

Please remit payment to PO Box 2109, Drumheller, AB T0J 0Y0
 Should you have any inquiries concerning this invoice, please contact Account Receivables Office
 Phone: 1-403-823-2030 Email: accr@canalta.com Website: www.canaltahotels.com

Thank you for choosing Canalta Hotels!





AB Health Services
Accounts Payable



COPY OF INVOICE

Room No. : [Redacted]
Arrival : 10-20-22
Departure : 10-21-22
Page No. : 1 of 1
Folio No. : [Redacted]
Invoice No. : [Redacted]
AR No. : [Redacted]
Conf. No. : [Redacted]
Cashier No. : [Redacted]
Custom Ref. : [Redacted]

Company Name :
Group Name :
Guest Name : Overguard, Heidi Ms

Date	Description	Charges	Credits
10-20-22	Room Revenue	155.00	
10-20-22	Destination Marketing Fee	4.65	
10-20-22	Room GST	7.98	
10-20-22	Tourism Levy	6.39	
10-27-22	Adj Room GST	-7.98	
Total Charges		166.04	
Total Credits			0.00
Balance			166.04

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.