

# **AHS Board and Executive Expense Report**

Name Heidi Overguard
Title AHS Board Member

**Location** Calgary

Expenses approved during the month of November 2022

						Travel (1)					
ммм-үү	Source Document	Purpose	Airfar	e	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-22	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings			42		405	- 446 -			
Total			\$	- \$	42	\$ -	\$ 405	\$ 446	\$ -	\$ -	\$ -

**Total for** 

the Month \$ 446

Maximum daily single meal expense claimed in the month \$ 21

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.



AHS - AP Processing - Internal Use Only						
Voucher#						
Naming Convention:						
T4A/NR Applicable? - If ye	s, indicate line & amt					

# BOARD MEMBER EXPENSE CLAIM FORM

				33.00 D.C. (10.00)	DOM: WITH DRIVING TO THE PARTY OF THE PARTY					
SECTION	1: PAYE	E INFORM	ATION							
Name:	Heidi Ove	eidi Overguard Expense Month:							Oct-22	
Address:				City:						
Province:	AB			Postal Code:		Country	:	Canada	9	
Reason for	Expense		022 RhPAP Rural Board Meeting on			on Conferenc	e in Dra	ayton Val	ley, October 4-6,	
SECTION	2: FINAN	ICE CODII	NG & TOTAL CL	AIM						
Descri	<u>iption</u>	Corp/BU/O	<u>Location</u> (If applicable)		Functional Seco			<u>Total</u> (Note: This column will auto fil		
Meals (A)		101	0005	711	10300000	4500	0000	2	\$41.50	
Travel Exp	(B+C+E)	101	0005	711	6221	2000 \$404.63		\$404.63		
Other (D)		101	0005	71110300000 4109				\$0.00		
			I	OTAL AMOUNT	PAYABLE BY AC	COUNTS PA	YABLE		\$446.13	
				SECTION 3: A	UTHORIZATION	V				
			he Government of Albe tanding and belief.	erta's Travel, Meal an	d Hospitality Expenses	Policy, and confi	rm expen	ses being cl	aimed are in compliance	
(2)			m are for valid business r any other Organizatio	The State of the S	a Health Services Board	d and that this cla	im has no	ot been prev	iously claimed by me or on	
I attest that e	xpenses subr	nitted in this cl	aim have been incurred	by using a cost effec	ctive method, otherwis	se rationale and s	upporting	g analysis is	provided below.	
Claimant (Pr	rint Name)		Signature: I, by	signing this form, attest th	at I am compliant to all the a	above statements	Date		Phone#	
Heidi Over	rguard					October 28, 2022				
with such poli I attest the ex claimant or or	icy to the bes openses enclo n their behalf	t of my unders sed in this clair from Alberta I	tanding and belief. m are for valid business Health Services or any c	purposes for Alberta other Organization.	a Health Services Board	d and that this cla	im has no	ot been prev	10 1000 mg	
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)  I Position Title/Program Group										
Gregory To		e)			Position Title/Prog	gram Group				
ATMAK HALBERT PRINTED - NICH	HOMEOGEN ACCESSOR	form attact that I	am compliant with all the abo	vo etatamente	Board Onlan			Date		
orginature. I	November 01, 2022									

Heal h and Personal information on this form is collected by AHS under the authority of section 20(b) of the Heal h Information Act (HIA) and sec ions 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.

Colleen Purdy, VP Corporate Services & CFO	October 31, 2022 Date

Carry forward from Section 1						
Name:	Heidi Overdijard	Expense Period Month:	Oct-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)

# ECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the

Policy

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates Appendix D for International). (Appendix C for USA,

			llowance OR Receipt)(A)							
<u>Date</u>	<u>Description: (include purpose</u> of trip, mode of travel, starting point, details of expenditure)	Cost Effective method	Allowance Within Canada		With Receipt <u>or</u> Allowance Outside Canada		Accom- modation (B)	<u>Transportation</u> (Flight, Car Rental, Fuel, Parking, Taxi)	Other (Itemize)	Mileage km (E)
	pomi, astano or experientaro <sub>f</sub>	used?	Meal Type	Allow- ance	Meal Type	Amount	727	(C)	(6)	
4-Oct-2022	Mileage from residence to Drayton Valley.	Yes	ă.							195.5
6-Oct-2022	Mileage from Drayton Valley to residence.	Yes								195.5
20-Oct-2022	Mileage from residence to Calgary Airport and dinner per diem to attend Board Meeting on October 21, 2022.	Yes	D-\$20.75	\$20.75						147
20-Oct-2022	Parking at Calgary Airport.	Yes						\$58.70		
21-Oct-2022	Mileage from Caglary Airport to residence and dinner per diem.	Yes	D-\$20.75	\$20.75			-			147
										d 50
	Total: (amount auto fills to	page 1)		\$41.50		\$0.00	\$0.00	\$58.70	\$0.00	685.00

0.505 **BOARD MEMBER Mileage Rate Total Mileage** 345.93

