

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of December 2015

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)
Dec-15	P-Card	Meetings			466		466			
Nov-15	Expense Claim	Orientation & Meetings		42		616	658			
Total			\$ -	\$ 42	\$ 466	\$ 616	\$ 1,124	\$ -	\$ -	\$ -

Total for the Month \$ 1,124

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/12/2015</u>	
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: \$1,284.12 \$465.96	
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction	Trans ID	Merchant Name & Description	Trans Original	Currency	Trans Amount	GST	Freight	Description
[REDACTED]								
24/11/2015	410833790	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	310.64	CAD	310.64	14.79		Hotel accommodation for Hugh Sommerville Nov 22-24/15
[REDACTED]								
01/12/2015	411578221	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	155.32	CAD	155.32	7.40		Hotel accommodation for Hugh Sommerville Nov 30-Dec 1/15

①
②
③
④
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⑥
⑦
⑧
⑨
⑩

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
[REDACTED]								

✓
A/B

Linda Hughes

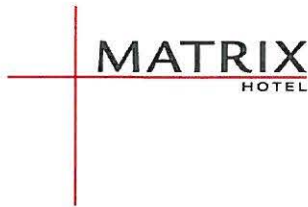
Linda Hughes
Board Chair

Mar. 13/16

Date

Dec. 31, 2015
handed delivered to
A/P. Cjh

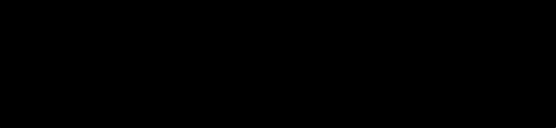
Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Colette Mooney</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title <u>Dec. 22, 2015</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>12/22/15</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>VP Corp Services & CFO</u> Approver Designate Position/Title <u>Feb. 29/2016</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Vickie Kaminski</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>President & CEO</u> Approver Position/Title <u>Dec 31 2015</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____



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Mrs Lorinda Prociuk

Room Number: [redacted]
Arrival Date: 11-22-15
Departure Date: 11-24-15
Page No: 1 of 1



Guest Name: Sommerville, Hugh

INFORMATION INVOICE

Folio No [redacted]

11-24-15

Date	Description	Charges	Credits
11-22-15	Room Revenue	145.00	
11-22-15	Destination Marketing Fee - 3%	4.35	
11-22-15	Tourism Levy - 4%	5.97	
11-23-15	Room Revenue	145.00	
11-23-15	Destination Marketing Fee - 3%	4.35	
11-23-15	Tourism Levy - 4%	5.97	
11-24-15	Mastercard [redacted]		310.64
Total		310.64	310.64
Balance		0.00	

November 22, 2015 (\$310.64)

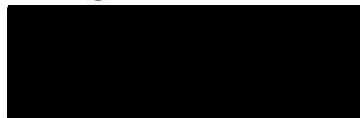
- Hotel accommodation for Hugh Sommerville November 22-24/15 (billed Nov 24/15).

Signature: _____
 I agree that my liability for all charges 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 or the full amount of these charges. G.S.T. #866344302 RT 0001



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Mr Hugh Sommerville



Room Number:



Arrival Date:

11-30-15

Departure Date:

12-01-15

Page No:

1 of 1

Guest Name:

INFORMATION INVOICE

Folio No



12-01-15

Date	Description	Charges	Credits
11-30-15	Room Revenue	145.00	
11-30-15	Destination Marketing Fee - 3%	4.35	
11-30-15	Tourism Levy - 4%	5.97	
12-01-15	Mastercard		155.32
Total		155.32	155.32
Balance		0.00	

November 30, 2015 (\$155.32)

- Hotel accommodation for Hugh Sommerville November 30-Dec 1/15 (billed Dec 1/15).

Signature:

I agree that my liability for all charges 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 or the full amount of these charges. G.S.T. #866344302 RT 0001

**BOARD MEMBER
EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION

Name:	Hugh D. Sommerville, Q.C.	Expense Period Month:	Oct-Dec 2015
Address:	[REDACTED]	City:	Drumheller
Province:	AB	Postal Code:	[REDACTED]
Country:	Canada		
Reason for Expense	Attendance at AHS Board Orientation and Board Meeting.		

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	\$41.50 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$616.10 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$657.60 ✓

[REDACTED]

SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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>Hugh Sommerville</i>	Date	Phone#
Hugh D. Sommerville, Q.C.		7-Dec-15	[REDACTED]

I attest that I have read and understand all applicable policies of that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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
Linda Hughes	Board Chair
Signature: <i>Linda Hughes</i>	Date: <i>Dec 10/15</i>

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Protection Act, respectively for the purpose of administrative

For payment please send to: *Deborah Rhodes Dec 10/15*
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Ed
 Deborah Rhodes, VP Corporate Services & CFO
 Position #: [REDACTED] DOFA Level: [REDACTED]

Carry forward from Section 1

Name:	Hugh D. Sommerville, Q.C.	Expense Period Month:	Oct-Dec 2015
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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

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		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
22-Nov-15	Mileage from residence to Edmonton and return to attend the Board Orientation (November 23-24, 2015).	Yes	D-\$20.75	\$20.75					610	
30-Nov-15	Mileage from residence to Edmonton and return to attend the Board Meeting (December 1, 2015).	Yes	D-\$20.75	\$20.75					610	
Total: (amount auto fills to page 1)			\$41.50	✓	\$0.00	\$0.00	\$0.00	\$0.00	1,220.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 615.10 ✓
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For payment please submit to:
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Created: November 01, 2013
 Rev 7 eff. November 27, 2015