

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drunheller

Expenses submitted during the month of June 2017

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)
Jun-17	Expense Claim	Meetings		51		490	541			
Jun-17	Direct Billing	Meetings			371	60	431			
Total			\$ -	\$ 51	\$ 371	\$ 550	\$ 972	\$ -	\$ -	\$ -

Total for the Month \$ 972

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 164
 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.

Employee # [REDACTED]

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:	Hugh D. Sommerville	Expense Period Month:	April - June 2017
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Attendance at Finance Committee Meeting on April 27 and Board Meetings on April 27-28, 2017 in Calgary; Audit & Risk Committee Meeting and Board Meetings on June 01, 2017 in Edmonton.		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$50.70 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$489.70 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$540.40 ✓

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		13-Jun-2017	[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: June 27/17

Health and Personal information on this form is collected by AHS under the authority of section 20.01 of the Health Information Privacy (FOIP) Act, respectively, for the purpose of administering:

Deborah Rhodes June 23/17
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED]

For payment please submit
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmo

Carry forward from Section 1

Name:	Hugh D. Sommerville	Expense Period Month:	April - June 2017
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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

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

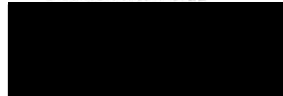
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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				
27-Apr-2017	Mileage from Drumheller to Calgary and return to attend Finance Committee and Board Meetings on April 27, 2017.	Yes							330	
27-Apr-2017	Parking to attend meetings in Calgary.	Yes					\$15.00	✓		
31-May-2017	Mileage from Drumheller to Edmonton to attend A&R Committee and Board Meetings on June 01 and return on June 02, 2017.	Yes	D-\$20.75	\$20.75	✓				610	
1-Jun-2017	Per diems.	Yes	BD-\$29.95	\$29.95	✓					
Total: (amount auto fills to page 1)			\$50.70		\$0.00	\$0.00	\$15.00	\$0.00	940.00 ✓	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 474.70
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RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

07:21 AM
APR 28, 2017

Purchase Date/Time: 07:21am Apr 27, 2017
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket # [REDACTED]
SN # [REDACTED]
Setting: SPT Wireless
Mach Name: CA-SPT-001



\$15.00

[REDACTED] Visa Auth # [REDACTED]

www.ahs.ca
DO NOT PLACE ON DASH

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.
- 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 : Hugh Sommerville	Reporting Period for the Month of : May-June 2017
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-May-2017	Direct Billing	Hotel	Two nights accommodation and parking to attend Audit & Risk Committee Meeting and Board Meetings on June 01, 2017 in Edmonton.	Other	431.26
	Direct Billing			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					\$ 431.26

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Hugh Sommerville

Page Number : 1 Invoice Nbr :
 Guest Number :
 Folio ID :
 Arrive Date : 31-MAY-17 16:55
 Depart Date : 02-JUN-17 08:26
 No. Of Guest : 1
 Room Number :
 Club Account :
 AR Account :

Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton JUN-15-2017 12:22

Date	Reference	Description	Charges (CAD)	Credits (CAD)
31-MAY-17		Room Charge	164.00	
31-MAY-17		GST	8.45	
31-MAY-17		Destination Marketing Fee	4.92	
31-MAY-17		Tourism Levy	6.76	
31-MAY-17		Parking Self	30.00	
31-MAY-17		GST	1.50	
01-JUN-17		Room Charge	164.00	
01-JUN-17		GST	8.45	
01-JUN-17		Destination Marketing Fee	4.92	
01-JUN-17		Tourism Levy	6.76	
01-JUN-17		Parking Self	30.00	
01-JUN-17		GST	1.50	
02-JUN-17		Transfer to A/R		-431.26
		** Total	431.26	-431.26
		*** Balance	0.00	

Continued on the next page

Parking \$ 60.00
 Accommodations 371.26

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Hugh Sommerville

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 31-MAY-17 16:55
 Depart Date : 02-JUN-17 08:26
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

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As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this visit [REDACTED]

Tell us about your stay, www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
05-31-2017	164.00	8.45	6.76	0.00	0.00	36.42	215.63	0.00
06-01-2017	164.00	8.45	6.76	0.00	0.00	36.42	215.63	0.00

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