

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of September 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)
Sep-17	Expense Claim	Meetings		51		490	541			
Sep-17	Direct Billing	Meetings			319		319			
Total			\$ -	\$ 51	\$ 319	\$ 490	\$ 860	\$ -	\$ -	\$ -

Total for the Month \$ 860

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 149
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.

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	HughD. Sommerville			Expense Period Month:	July-September 2017
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at July 28/2017 Board Meeting, and at September 28/2017 Board Meeting				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Or g	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, by signing this form attest that I am compliant to all the above statements	Date	Phone#
Hugh D. Sommerville	<i>Hugh Sommerville</i>	3-Oct-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
<i>Linda Hughes</i>	<i>Board Chair</i>
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	<i>Oct 18/17</i>

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

Deborah Rhodes *Oct 16/17*
 Deborah Rhodes, VP Corporate Services & CFO

For payment please su
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: Jennifer Hamstra

Carry forward from Section 1

Name:	HughD. Sommerville	Expense Period Month:	July-September 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				
28-Jul-2017	Mileage from Drumheller to Calgary and return for July 28, 2017 Board meeting.	Yes							330	
28-Jul-2017	Parking to attend board meeting	Yes					\$15.00	✓		
27-Sep-2017	Mileage from Drumheller to Edmonton to attend Board Meeting on Sept 28, and return on Sept 29	Yes	D-\$20.75	\$20.75	✓				610	
28-Sep-2017	Per diem	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

RECEIPT
Southland Park IV
Southport Tower

Expiration Date/Time
**07:14 AM
JUL 28, 2017**

Purchase Date/Time: 07:14am Jul 27, 2017
Total Due: \$15.00
Rate: \$15.00 - 24 Hours
Total: \$15.00
Payment Type: Card
Ticket: [Redacted]
SIN #: [Redacted]
Setting: SPL Wireless
Mach Name: CA-SP1-001
MasterCard
Auth #: [Redacted]
www.abts.ca
DO NOT PLACE ON DASH

JUL 27
Board ✓

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 474.70
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Carry forward from Section 1

Name:	HughD. Sommerville	Expense Period Month:	July-September
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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 : Sep-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Sep-2017	Direct Billing	Hotel	Two nights accommodation to attend Private and Public Board Meetings on September 28, 2017 in Edmonton.	Other	319.22
	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					\$ 319.22

MATRIX

HOTEL

Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Contact: [REDACTED]

Guest Name: *Sommerville, Hugh*

Room Number: [REDACTED]
Arrival Date: 09-27-17
Departure Date: 09-29-17
Page No: 1 of 1

COPY OF INVOICE

Folio No [REDACTED]

10-11-17

Date	Description	Charges	Credits
09-27-17	Room Revenue	149.00	
09-27-17	Destination Marketing Fee - 3%	4.47	
09-27-17	Tourism Levy - 4%	6.14	
09-28-17	Room Revenue	149.00	
09-28-17	Destination Marketing Fee - 3%	4.47	
09-28-17	Tourism Levy - 4%	6.14	
Total		319.22	0.00
Balance		319.22	

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. #721109924 RT 0001