

AHS Board and Executive Expense Report

Name Hugh D. Sommerville
Title AHS Board Member
Location Drumheller

Expenses submitted during the month of October 2018

			Travel (1)						Working Sessions Hosting and Hospitality		Other
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	(3)	(4)	
Oct-18	Expense Claim	Meetings		21		183	204				
Total			\$ -	\$ 21	\$ -	\$ 183	\$ 204	\$ -	\$ -	\$ -	

**Total for
the Month** \$ 204

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 yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION			
Name:	Hugh D. Sommerville	Expense Period Month:	Oct-18
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Attended Board Meeting on October 26, 2018 in Calgary.		

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	\$20.75 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$183.17 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00 ✓
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$203.92 ✓

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 with all the above statements	Date	Phone#
Hugh D. Sommerville	<i>[Signature]</i>	22-01-2019	[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
Linda Hughes	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Jan 30/19

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

Deborah Rhodes Jan 22/19
Deborah Rhodes, VP Corporate Services & CFO
Position # [REDACTED] DOFA Level: [REDACTED]

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

Carry forward from Section 1			
Name:	Hugh D. Sommerville	Expense Period Month:	Oct-18

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				
26-Oct-2018	Mileage from Drumheller to Calgary and return to attend Board Meeting on October 26, 2018 in Calgary.	Yes	D-\$20.75	\$20.75	✓				333	
26-Oct-2018	Parking to attend Board Meeting.	Yes					\$15.00	✓		
Total: (amount auto fills to page 1)			\$20.75		✓	\$0.00	\$0.00	\$15.00 ✓	\$0.00	333.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 168.17
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Carry forward from Section 1

Name:	Hugh D. Sommerville	Expense Period Month:	Oct-18
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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)

AHS

RECEIPT
Southport

License Plate #



Expiration Date/Time

07:58 AM
OCT 26, 2018

Purchase Date/Time: 07:58am Oct 25, 2018
Total Due: \$15.00
Total Paid: \$15.00
Ticket # [Redacted]
S/N # [Redacted]
Settings: wireless
Mach Name: CA-SPT-001

Rate: \$15.00 - 24 Hours
Pmt Type: CC (Swipe)

[Redacted] MasterCard

Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash