

AHS Board and Executive Expense Report

Name Jitendra Prasad

Title Chief Program Officer, Contracting, Procurement & Supply Management

Location Edmonton

Expenses submitted during the month of May 2017

							Travel	l (1)						
MMM-YY	Source Document	Purpose	Aiı	rfare	M	leals	Accommo	odation	ther avel	Fotal ravel	fessional elopment (2)	Ho	Norking Sessions esting and ospitality (3)	Other (4)
May-17 May-17	Expense Claim Direct Billing	Meetings Meetings		724		82		378		460 724				
Total			\$	724	\$	82	\$	378	\$ _	\$ 1,184	\$ -	- \$	-	\$ -

Total for

the Month \$ 1,184

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 184 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 Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 460.02									
Expense Date	Business reason		Expense Location	Expense Type	Amount	_	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
5/3/2017	Attended Calgary CPSM Vax Conversion	on Meeting	AB - Other Zones	Accommodations	\$ 171.44				1			
5/3/2017	Attended Calgary CPSM Vax Conversion Calgary	on Meeting in	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
5/4/2017	Attended Calgary CPSM Vax Conversion Calgary	on Meeting in	AB - Other Zones	Meals Per Diem	\$ 47.50			Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
5/16/2017	Hosted Western Supply Chain Worksh	op in Calgary	AB - Other Zones	Accommodations	\$ 206.58				1			
5/17/2017	Hosted Western Supply Chain Worksh	op in Calgary	AB - Other Zones	Meals Per Diem	\$ 10.50			Bfast \$10.50	1			
Approver(s) fo	y the eleips	Approval Status		nroval				<u> </u>				

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	21-Jun-17

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CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5 Telephone: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Mr. litendra Prasad

Room: Folio: Cashier:

Arrival:
Departure:

05-03-17 05-04-17

Date	Description	Additional Information	Charges	Credits
05-03-17	In Room Dining	CHECK#	34.72	
05-03-17	Room Charge		154.00	
05-03-17	DMF		4.02	
05-03-17	Tourism Levy		5.52	
05-03-17	Rooms - GST	***	7.90	
05-04-17	Visa			206.16
GST Sun	nmary	Total	206.16	206.16
Registrati Room	on No: 895126332 7.90	Balance Due	0.00 CD	N
F&B	1.42			
Other	9.54		Less \$34.7	2 for In room
Total	18.86		dinning equ	

Altanded Calgary CASM Vace Conversion



CALGARY AIRPORT

2001 Airport Road NE, Calgary, Alberta T2E 6Z8 Tel: 403-291-2600 Fax: 403-250-8722

Jitendra Prasad

Room:

Folio: Cashier:

Arrival:

05-16-17

Departure: 05-17-17

Date	Description	Additional Information		Charges	Credits
05-16-17	Room Charge	4 to to 2000 00000 1 1 1 A	A DESCRIPTION OF THE PROPERTY AND ADDRESS.	184.00	AA 8
05-16-17	Rooms Destination Marketing Fee			5.52	
05-16-17	Rooms Tourism Levy			7.58	
05-16-17	Rooms GST			9.48	
05-17-17	YYC Breakfast	Room# CHECK#		25.00	
05-17-17	Visa				231.58
GST Sun	nmary	Tota	al	231.58	231.58
Registrat	ion No:807209770 RT0001	#EAST-WEST			
Room	9.48	Bala	ance Due	0.00 CD	N
F&B	1.05	\$		Marie	
Other	5.52				_ ~~
Takat	10.05			~ ~ ~	1 (

Horied Warsin Supply Chain Workshop \$25.00 in Calgary

Guest Signature:



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 wheth 	ner you have expenses to report in this	section for this reporting period:	YES	
Name :	Jitendra Prasad	Reporting Period for the Month	of: April 21 to May 20, 2017	

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-05-2017	Direct Billing	Airline Ticket	Hosted a Western Supply Chain Meeting located in Calgary	Marlin Travel	194.83
28-05-2017	Direct Billing	Airline Ticket	Attended a Conference Board of Canada two-day workshop	Marlin Travel	75.00
29-May-2017	Direct Billing	Airline Ticket	Attended a Conference Board of Canada two-day workshop	Marlin Travel	453.76
	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	1471 - 45			\$ 723.59



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 12 May 17

Client: Agent:

File Locator:

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
AIR CANADA Ticket #				157.35	0.00	\$0.00	37.48	0.00	194.83	CAD
**************************************			Total:	157.35	0.00	0.00	37.48	0.00	194.83	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form	of Payment	t		Amount	
	87	05/12/2017							194.83	CAD
							Total Pa	ayment:	194.83	CAD
						Balance Du	ie CAD Cui	rrency	0.00	CAD
				Total G	ST	0.00	Tota	al HST	\$0.00	j

CORPORATE UNIT 101
REASON FOR TRAVEL SUPPLY CHAIN MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #: Booking Date: Client: Agent:



File Locator:

MY ITINERARY

Passengers JITENDRA PRASAD Citizenship

Required Travel Documents

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JITENDRA PRASAD

Booking Date: 05/08/2017

File Locator/Ticket #:

Airline Flight From Terminal To Class Seat Stops

AIR CANADA 08580 EDMONTON INTL CALGARY INTL 05/16/2017 6:00AM 05/16/2017 6:52AM





Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #: Booking Date: Client: Agent:

File Locator:



PASSENGERS:	MR JITENDRA PRASAD
-------------	--------------------

REFERENCE/ DESC	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA ONL 0142176952377	INE Confirmation #			75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
			Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment			Amount
		05/08/2017							0.00 CAD
		05/08/2017							75.00 CAD
							Total Pa	ayment:	75.00 CAD
					Е	Balance Du	e CAD Cu	rrency	0.00 CAE
				Total GS	iT.	0.00	Tota	al HST	\$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL CONFERENCE BOARD MEETING

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4

Trip #: **Booking Date:** Client: Agent:

08 May 17

G

File Locator:

MY ITINERARY

Passengers Citizenship **Required Travel Documents** JITENDRA PRASAD Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

04/26/2017 **Booking Date:** JITENDRA PRASAD File Locator/Ticket #: Passengers:

Airline Flight From Terminal To Class Seat Stops AIR CANADA 00249 **EDMONTON INTL** VANCOUVER INTL G

05/28/2017 4:15PM 05/28/2017 4:48PM





v14

Booking Date: 04/26/2017 JITENDRA PRASAD File Locator/Ticket #: Passengers:

Airline Flight From Terminal To Class Seat Stops

AIR CANADA 00248 VANCOUVER INTL **EDMONTON INTL**



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #: Booking Date: Client: Agent:

File Locator:

28 Apr 17

PASSENGERS: MR JITENDRA PRASAD

REFERENCE/ DESCRIPT	TION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	_
AIR CANADA Ticket #	***************************************			388.80	0.00	\$0.00	64.96	0.00	453.76	CAD
			Total:	388.80	0.00	0.00	64.96	0.00	453.76	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	of Payment	<u> </u>		Amount	
		04/28/2017							453.76	CAD
							Total Pa	ayment:	453.76	CAD
					E	Balance Du	e CAD Cui	rrency	0.00	CAD
CORPORATE LINET 101				Total G	ST	0.00	Tota	al HST	\$0.00	(

CORPORATE UNIT 101
REASON FOR TRAVEL CONFERENCE BOARD MEETING

-----AIR CANADA RULES------------TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY*** PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #: Booking Date: Client: Agent:



File Locator:

MY ITINERARY

Passengers JITENDRA PRASAD Citizenship

Required Travel Documents

Not Specified

Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	JITENDRA PRAS	SAD			Booking Date: File Locator/Ticket #:		2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	00235	EDMONTON INTL 05/29/2017 6:05AM		VANCOUVER INTL 05/29/2017 6:38AM	10.00 10.00		
AIR CANADA	00248	VANCOUVER INTL 05/30/2017 6:55PM		EDMONTON INTL 05/30/2017 9:25PI	G M		