

## AHS Board and Executive Expense Report

**Name** Jitendra Prasad  
**Title** Chief Program Officer, Contracting, Procurement & Supply Management  
**Location** Edmonton  
 Expenses approved during the month of May 2020

Posted MMM-YY	Source Document	Purpose	Travel (1)				Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
			Airfare	Meals	Accommodation	Other Travel				
May-20	P-Card	Meetings			1,383					
May-20	Expense Claim	Meetings				633				
	Direct Billing	Meetings								-
<b>Total</b>			\$ -	\$ -	\$ 1,383	\$ 633	\$ 2,016	\$ -	\$ -	\$ -

**Total for  
the Month**      \$      2,016

Maximum daily single meal expense claimed in the month      \$      -  
 Maximum daily base hotel rate claimed in the month              \$      154  
 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 Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 9.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5-Mar-20	Presentation to UAH Health Care Finance Class	AB - Local	Parking - Lot or Parkade	\$ 9.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
HAWES, ROBERT	Approve	24-Apr-20									

## Missing Receipt Attestation

**This form can only be used for missing receipts under \$200 as per the:**

<https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

<b>Date of Expense</b>	29-Apr-20		
<b>Vendor Name</b>	AHS Parking Lot		
<b>Vendor Address</b>			
<b>Expense Amount</b>	\$9.00		
<b>Expense Details: (IE: Purchase of supplies; Taxi; etc)</b>			
Presentation to UAH Health Care Finance Class - parking			
<b>Circumstances as to why the receipt is missing:</b>			
Not in office			
<b>Coding for the Expense (BU,Site,Functional Centre, Account Code):</b>			
101.0000.71135050000.62310000			
<ul style="list-style-type: none"> <li>I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>			
<b>Claimant name</b>	<b>Employee number</b>		
Jitendra Prasad			
<b>Signature</b>	<b>Date</b>		
<ul style="list-style-type: none"> <li>I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>			
<b>Approver's name</b>	<b>Employee number</b>		
<b>Position/Title</b>	<b>DOAA</b>		
<b>Signature</b>	<b>Date</b>		

**From:** [Jitendra Prasad](#)  
**To:** [Monica Baptiste](#); [Angela Murphy](#)  
**Subject:** RE: Jitendra Prasad's OIE2407071 - Missing Receipt  
**Date:** Wednesday, April 29, 2020 11:20:45 AM

---

Approved

---

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

---

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

---

An e-mail approval is acceptable, as long as the below is completed and comes from Jitendra's e-mail. Please ensure that you copy all text in black writing and attach the completed Missing Receipt Attestation.

Noting there will be no follow-up action required once this is completed

**Cardholder Attestation**

Date:	April 29, 2020
Employee Name:	Jitendra Prasad
The Required Form is Attached	Yes
Vendor Name	AHS Parking
Expense Amount	9.00
Missing Receipt Attestation	I agree to ALL terms listed

- I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies.
- 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 has been 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.

I have reviewed and provided the information. including the required back up, as requested above. I attest to the statement listed above. This is my e-mailed approval request.

[Redacted]

[Redacted]

[Redacted]

---

## AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total							
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 1,383.12							
Expense Date	Business reason	Expense Location	Expense Type	Amount	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
16-Mar-20	Attended COVID-19 Meetings March 16 to 20, 2020	AB - Other Zones	Accommodations	\$ 691.56			4			
23-Mar-20	Attended COVID-19 Meetings March 23-27, 2020	AB - Other Zones	Accommodations	\$ 691.56			4			
Approver(s) for the claim	Approval Status	Approval Date								
HAWES, ROBERT	Approve	13-May-20								



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

Mr. Jitendra Prasad

Room: [REDACTED]  
 Folio: [REDACTED]  
 Cashier: [REDACTED]  
 Arrival: 03-16-20  
 Departure: 03-20-20

Date	Description	Additional Information	Charges	Credits
03-16-20	Room charge		154.00	
03-16-20	DMF		4.62	
03-16-20	Tourism Levy		6.34	
03-16-20	Rooms - GST		7.93	
03-17-20	Room charge		154.00	
03-17-20	DMF		4.62	
03-17-20	Tourism Levy		6.34	
03-17-20	Rooms - GST		7.93	
<b>[REDACTED]</b>				
03-18-20	Room charge		154.00	
03-18-20	DMF		4.62	
03-18-20	Tourism Levy		6.34	
03-18-20	Rooms - GST		7.93	
<b>[REDACTED]</b>				
03-19-20	Room charge		154.00	
03-19-20	DMF		4.62	
03-19-20	Tourism Levy		6.34	
03-19-20	Rooms - GST		7.93	
03-20-20	Master Card	XXXXXXXXXXXX [REDACTED] XX/XX		803.11

691.56 - charged to AHS

<b>GST Summary</b>	
Registration No:	<b>895126332</b>
Room	31.72
F&B	4.55
Other	43.84
<b>Total</b>	<b>80.11</b>

Total	803.11	803.11
Balance Due	0.00	CDN

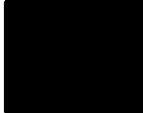
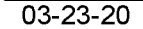
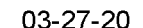
Guest Signature: \_\_\_\_\_


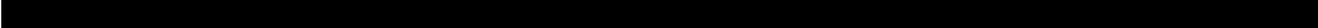

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



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

Mr Jitendra Prasad

Room:   
 Folio:   
 Cashier:   
 Arrival: 03-23-20  
 Departure: 03-27-20

Date	Description	Additional Information	Charges	Credits
				
03-23-20	Room charge		154.00	
03-23-20	DMF		4.62	
03-23-20	Tourism Levy		6.34	
03-23-20	Rooms - GST		7.93	
03-24-20	Room charge		154.00	
03-24-20	DMF		4.62	
03-24-20	Tourism Levy		6.34	
03-24-20	Rooms - GST		7.93	
03-25-20	Room charge		154.00	
03-25-20	DMF		4.62	
03-25-20	Tourism Levy		6.34	
03-25-20	Rooms - GST		7.93	
				
03-26-20	Room charge		154.00	
03-26-20	DMF		4.62	
03-26-20	Tourism Levy		6.34	
03-26-20	Rooms - GST		7.93	
03-27-20	Master Card	XXXXXXXXXXXX  XX/XX		726.44

691.56 - charged to AHS

<b>GST Summary</b>	
Registration No:	895126332
Room	31.72
F&B	1.23
Other	43.99
<b>Total</b>	<b>76.94</b>

Total	726.44	726.44
Balance Due	0.00	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
PRASAD, JITENDRA	Chief Program Officer, Contracting, Procurement & Supply Management	Edmonton	\$ 624.18								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attend	Attendee Name(s)	Trip Distance
3/16/2020	Attended COVID 19 meetings		Mileage-Other	\$ 312.09	SSP	Hotel		5			618
3/23/2020	Attended COVID Meetings		Mileage-Other	\$ 312.09	SSP	Hotel		5			618
Approver(s) for the claim	Approval Status	Approval Date									
HAWES, ROBERT	Approve	13-May-20									