

## AHS Board and Executive Expense Report

**Name** Linda Hughes  
**Title** AHS Board Chair  
**Location** Edmonton

Expenses submitted during the month of May 2016

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)
May-16	P-Card	Meetings			440		440			
<b>Total</b>			\$ -	\$ -	\$ 440	\$ -	\$ 440	\$ -	\$ -	\$ -

**Total for the Month** \$ 440

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 182  
 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.

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement.
- Cardholder AND Approver's signatures required where indicated below

<u>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/05/2016</u>
<u>PRESIDENT &amp; CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$3,136.48</u> <b>\$439.92</b>
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	



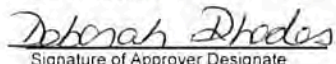
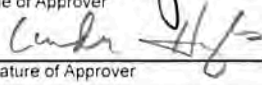
**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
①								
②								
③								
④								
⑤								
⑥								
⑦	12/05/2016	429315043 DELTA BOW VALLEY, DELTA HOTELS	364.00	CAD	364.00	.00		2 nights accommodation for Board Chair, Linda Hughes to attend Board Meetings in Calgary.
⑧								
⑨								

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
⑩	29/04/2016	427646413 DELTA BOW VALLEY, DELTA HOTELS	75.92	CAD	75.92	.00		Room charges (DMF, Tourism Levy & parking) associated with 2 nights accommodation for Board Chair L. Hughes.

*[Handwritten Signature]*

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</li> </ul>		
<u>Jennifer Hamstra</u> <small>Name of Cardholder Designate</small>   <small>Signature of Cardholder Designate</small>	<u>Executive Secretary</u> <small>Cardholder Designate Position/Title</small>  <u>June 01, 2016</u> <small>Date of Signature</small>	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</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>		
<u>PROCIUK, LORINDA</u> <small>Name of Cardholder</small>   <small>Signature of Cardholder</small>	<u>EXECUTIVE ASSOCIATE</u> <small>Cardholder Position/Title</small>  <u>June 02, 2016</u> <small>Date of Signature</small>	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</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>		
<u>Deborah Rhodes</u> <small>Name of Approver Designate</small>   <small>Signature of Approver Designate</small>	<u>VPCorp Services + CFO</u> <small>Approver Designate Position/Title</small>  <u>June 8, 2016</u> <small>Date of Signature</small>	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</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>		
<u>Linda Hughes</u> <small>Name of Approver</small>   <small>Signature of Approver</small>	<u>Board Chair</u> <small>Approver Position/Title</small>  <u>June 13/2016</u> <small>Date of Signature</small>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____



209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
 Tel: 403-266-1980 Fax: 403-205-5460

GOVT AB  
 Linda Hughes



Room: [Redacted]  
 Cashier: [Redacted]  
 Arrival: 04-27-16  
 Departure: 04-29-16

Date	Description	Additional Information	Charges	Credits
04-27-16	Room Charge		182.00	
04-28-16	Room Charge		182.00	
04-29-16	Visa	[Redacted]		364.00

<u>GST Summary</u>	
Registration No: 826085417	
Room	0.00
F&B	0.00
Other	0.00
<b>Total</b>	<b>0.00</b>

Total	364.00	364.00
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.

Written Attestation for No Receipt

April 27-28, 2016

Room Charges and Parking for Board Chair, Linda Hughes (\$75.92)

- The hotel did not provide an invoice for these charges (as they had incorrectly charged the wrong credit card).
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

Lorinda Prociuk  
 Lorinda Prociuk  
 Authorization

Deborah Rhodes  
 Deb Rhodes  
 Claim Approver

Date Signed: June 22, 2016

Date Signed: June 7/16