

## AHS Board and Executive Expense Report

**Name** Marliss Taylor  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of December 2015

### 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)
Dec-15	Expense Claim	Meetings				53	53			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 53	\$ 53	\$ -	\$ -	\$ -

**Total for the Month** \$ 53

Maximum daily single meal expense claimed in the month \$ -  
 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:	Marliss Taylor		Expense Period Month:	Nov-Dec, 2015	
Address:	[Redacted]	City:	[Redacted]		
Province:	[Redacted]	Postal Code:	[Redacted]	Country:	Canada
Reason for Expense:					

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/C ID	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	7111030000	45000000	\$0.00
Travel Exp (B+C+E)	101	0005	7111030000	62212000	\$63.00
Other (D)	101	0005	7111030000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$63.00</b>

SECTION 3: AUTHORIZATION			
<p>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.</p> <p>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.</p> <p>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.</p>			
Claimant (Print Name)	Signature: (By signing this form, attest that I am compliant with all the above statements)	Date	Phone#
Marliss Taylor		Dec 23/15	[Redacted]
<p>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.</p> <p>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.</p> <p>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.</p>			
Approved by (Print Name)	Position Title/Program Group	Date	
Linda Hughes	Board Chair	Jan 5/16	
Signature: (By signing this form, attest that I am compliant with all the above statements)			

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

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

**Carry forward from Section 1**

Name: **Marliss Taylor** Expense Period Month: **Nov-Dec, 2015**

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**

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		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
23-Nov-15	Parking at SSP to attend Board Orientation.	Yes					\$18.00			
24-Nov-15	Parking at SSP to attend Board Orientation.	Yes					\$25.00			
1-Dec-15	Taxi from SSP to office, attended Board Meeting at SSP.	Yes					\$10.00			
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$53.00	\$0.00	0.00	

**BOARD MEMBER Mileage Rate** 0.505 **Total Mileage** \$ -

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

TIC

ASH

**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

IMPARK  
PHONE 780-420-1976  
EARLY BIRD  
Meter: LOT 383  
In and out privileges  
Time: 8:06A NOV 23  
impark  
Price: [REDACTED]  
Card: [REDACTED]  
Exp. [REDACTED]  
Expires:

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

6:00PM MON  
NOV 23 15

RE-SOLD  
GST NO. #87315638RT0001  
INSTRUCTIONS ON BACK

PLACE THIS

License Plate Number



Expiration Date/Time

06:00 PM  
NOV 24, 2015

Purchase Date/Time: 08:13am Nov 24, 2015

Total Parking: \$23.81

Total amt: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket: [REDACTED]

S/N #: 50001243104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$25 - Early Bird  
Payment Type: Card



Auth. #



GST #887315638RT0001

**YELLOW CAB**

780.462.3456

edmtaxi.com

GST#

Date: DEC 01ST 15

Amount: 10.00

Driver: [REDACTED]

Car#: 65

From:

To:



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