

AHS Board and Executive Expense Report

Name Marliiss Taylor
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings			671	69	740			
Oct-16	Expense Claim	Meetings		61		418	479			
Total			\$ -	\$ 61	\$ 671	\$ 487	\$ 1,219	\$ -	\$ -	\$ -

Total for the Month \$ 1,219

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 199
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

PROCIUK, LORINDA	EXECUTIVE ASSOCIATE	Billing Reporting Period: 20/10/2016
Cardholder's Name	Cardholder's Position/Title	
PRESIDENT & CEO OFFICE	SEVENTH STREET PLAZA	Total Statement Amount: \$739.56
Cardholder's Dept	Cardholder's Site/Location	
LORINDA.PROCIUK@AHS.CA		Last 6 digits of the P-Card #: XXXXXXXXXX
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/09/2016	44665568	NEWTON TO WOODBINE LIMOUSINES	739.56	CAD	739.56	0.00		Transportation - 2016-10-10
1								
2								
3								
4								
5								
6								
7								
8								
30/09/2016	444653140	DELTA BOW VALLEY, DELTA HOTELS	739.56	CAD	739.56	0.00		Accommodation: Board member - attended Board meeting Sept 28-30, Calgary
9								
10								
11								
12								
13								
14								
15								
16								

Linda Hughes
Linda Hughes
Board Chair

Nov. 4/16
Date

✓
af

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

Audrey Malone

Name of Cardholder Designate

Audrey Malone

Signature of Cardholder Designate

Exec Admin Coord.

Cardholder Designate Position/Title

Oct 24/16

Date of Signature

Cardholder

By signing this statement

- 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.
- 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PROCIUK, LORINDA

Name of Cardholder

Lorinda Prociuk

Signature of Cardholder

EXECUTIVE ASSOCIATE

Cardholder Position/Title

10/25/2016

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.
- 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Susan Best

Name of Approver Designate

Susan Best

Signature of Approver Designate

Exec. Admin. Coord.

Approver Designate Position/Title

Oct. 26/16

Date of Signature

Approver

By signing this statement

- 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.
- 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.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes

Name of Approver

Deborah Rhodes

Signature of Approver

VP Corp Services + CFO

Approver Position/Title

Oct. 31/16

Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

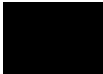
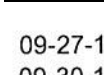
Reference #: _____	Reviewed by: _____	Date: _____
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209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-205-5460

AB HEALTH SERVICES
Marliss Taylor

Room: 
Folio: 
Cashier:
Arrival: 09-27-16
Departure: 09-30-16

Date	Description	Additional Information	Charges	Credits
09-27-16	Room Charge		199.00 ✓	
09-27-16	Destination Marketing Fee (DMF)		5.97	
09-27-16	Rooms - Federal Tax - GST		10.25	
09-27-16	Tourism Levy		8.20	
09-27-16	Self Parking		22.00	
09-27-16	Parking GST		1.10	
09-28-16	Room Charge		199.00 ✓	
09-28-16	Destination Marketing Fee (DMF)		5.97	
09-28-16	Rooms - Federal Tax - GST		10.25	
09-28-16	Tourism Levy		8.20	
09-28-16	Self Parking		22.00	
09-28-16	Parking GST		1.10	
09-29-16	Room Charge		199.00 ✓	
09-29-16	Destination Marketing Fee (DMF)		5.97	
09-29-16	Rooms - Federal Tax - GST		10.25	
09-29-16	Tourism Levy		8.20	
09-29-16	Self Parking		22.00	
09-29-16	Parking GST		1.10	
09-30-16	Master Card			739.56

GST Summary	
Registration No: 826085417	
Room	30.75
F&B	0.00
Other	3.30
Total	34.05

Total	739.56	739.56
Balance Due	0.00	CDN

✓

Accommodation: Board Member
Attended Board Mtgs Sept 28-30,
Calgary.

Accom: \$670.26
Parking: \$69.30

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.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention:

T4AVNR Applicable? - If yes, indicate line & amt

**BOARD MEMBER
EXPENSE CLAIM FORM****SECTION 1: PAYEE INFORMATION**

Name:	Marliss Taylor	Expense Period Month:	Aug-Sept-Oct 2016
Address:	[REDACTED]	City:	[REDACTED]
Province:	[REDACTED]	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Expenses related to attendance at Board Committees and Meetings in August, September and October 2016.		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Comp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$61.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$418.03
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$479.03

SECTION 3: AUTHORIZATION

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.

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: [Signature]	Date	Phone#
Marliss Taylor		Nov 15/16	[REDACTED]

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.

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: [Signature]	Date
	Nov-15/16

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:

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

Deborah Rhodes Nov 16/16

Carry forward from Section 1

Name:	Marliss Taylor	Expense Period Month:	Aug-Sept-Oct 2016
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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)

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				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Within Canada		Outside Canada					
			Meal Type	Allowance	Meal Type	Allowance				
18-Aug-16	Parking at SSP to attend Finance Committee Meeting.	Yes						\$15.00		
18-Aug-16	Parking at SSP to attend Finance Committee Meeting.	Yes						\$9.00		
1-Sep-16	ETS fare to attend Council of Chairs meeting at SSP.	Yes						\$3.25		
14-Sep-16	ETS fare to and from to attend Community Engagement Committee.	Yes						\$6.50		
15-Sep-16	Parking at SSP to attend Finance Committee and Audit and Risk Committee Meetings.	Yes						\$18.00		
27-Sep-16	Mileage to and from residence to Calgary to attend Board Committee Meeting on Sept. 27th and Board Meetings on Sept. 28-29, 2016.	Yes								656
28-Sep-16	Per diem - Dinner.	Yes	D-\$24.00	\$24.00						
29-Sep-16	Per diem - Dinner.	Yes	D-\$24.00	\$24.00						
30-Sep-16	Per diem - Lunch.	Yes	L-\$13.00	\$13.00						
21-Oct-16	Parking at the Westin to attend an event for the 2016 Advisory Councils Fall Forum in Edmonton.	Yes						\$10.00		
27-Oct-16	Parking at SSP to attend Board Meeting.	Yes						\$25.00		
Total: (amount auto fills to page 1)				\$61.00		\$0.00	\$0.00	\$86.75	\$0.00	656.00

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ 331.28
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For payment please submit to:

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

GST NO. 857315638RT0006
INSTRUCT ENS ON BACK

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 7010e

Zone: 7010

Plate [REDACTED]

LP - P1 West Wall

Valid through:

SATURDAY 22 OCT 16

12:00 AM

Amount Paid: \$10.00 (GST incl.)

Start Time: 10/21/2016 5:01 PM

Trn [REDACTED]

Auth No [REDACTED]

Receipt No [REDACTED]

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

RECEIPT IMPARK LOT 256 NO IN AND OUT PRIVILEGES

License Plate Number

[REDACTED]

Expiration Date/Time

06:00 PM
OCT 27, 2016

Purchase Date/Time: 07:36am Oct 27, 2016

Total Parking: \$23.61

Total GST: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket #:

S/N #:

Setting: Lot 256

Mach Name: Meter 1

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

Visa

Auth #: [REDACTED]

GST #887315638RT0006

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

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