

AHS Board and Executive Expense Report

Name Marliss Taylor
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of May 2019

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
May-19	Expense Claim	Meetings		21	177	338	536			
Total			\$ -	\$ 21	\$ 177	\$ 338	\$ 536	\$ -	\$ -	\$ -

Total for the Month \$ 536

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 134
 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.



Employee # [REDACTED]

AHS - AP Processing - Internal Use Only
Voucher #
Naming Convention
T4/ANR Applicable? - If yes, indicate line & amt

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION					
Name:	Marliss Taylor	Expense Period Month:	March - May 2019		
Address:	[REDACTED]	City:	[REDACTED]		
Province:	AB	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Human Resources Committee Meeting on March 12, 2019. Attended ICD Course - Human Resources and Compensation Committee Effectiveness in Calgary on May 23, 2019.				

SECTION 2: FINANCE CODING & TOTAL CLAIM					
Description	Corp/BU/Org	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300000	45000000	\$20.75 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$514.61 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$535.36 ✓

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

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		July 2/19	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

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
	July 17/19

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
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level [REDACTED]

Carry forward from Section 1

Name: **Marliss Taylor** Expense Period Month: **March - May 2019**

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

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses Policy

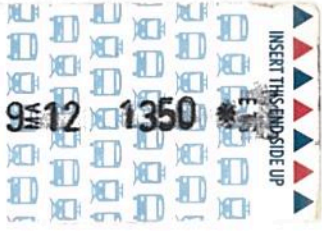
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

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 Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
12-Mar-2019	ETS Fare to attend Human Resources Committee Meeting at SSP.	Yes					\$3.50			
22-May-2019	Mileage from residence to Ramada Plaza by Wyndham Calgary Downtown and return to attend ICD Course on May 23, 2019.	Yes	D-\$20.75	\$20.75					662	
22-May-2019	One night accommodation (including parking) to attend ICD Course on May 23, 2019.	Yes				\$176.80				
Total: (amount auto fills to page 1)			\$20.75		\$0.00	\$176.80	\$3.50	\$0.00	662.00	

BOARD MEMBER Mileage Rate 0.505 **Total Mileage** \$ 334.31

Carry forward from Section 1

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9 12 1350

TICKET MUST BE
VALIDATED FOR USE ON LRT

2020 EXPIRY

ADULT

ETS

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 708 8th Avenue SW
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 GST Reg. #R808732705

05-23-19

Marliss Taylor	Folio No. [REDACTED]	Room No. [REDACTED]
[REDACTED]	A/R Number :	Arrival : 05-22-19
	Group Code :	Departure : 05-22-19
	Company :	Conf. No. [REDACTED]
	Wyndham Rewards :	Rate Code [REDACTED]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
05-22-19	Guest Parking	25.00	
05-22-19	GST 5%	1.25	
05-22-19	Room Charge	134.10	
05-22-19	DMF 3%	4.02	
05-22-19	GST 5%	6.91	
05-22-19	Tourism Levy 4%	5.52	
05-23-19	Visa [REDACTED]		176.80
Total		176.80	176.80
Balance		0.00	

Guest Signature: _____

Please contact the Manager about any issues with your stay. Ramada or affiliates may contact you about goods and services unless you call 877-227-3557 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Ramada Worldwide website about privacy.

**Thank you for staying with us.
 It was our pleasure to serve you.**