

AHS Board and Executive Expense Report

Name Natalia Reiman
Title AHS Board Member
Location Calgary

Expenses approved during the month of June 2022

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)
Jun-22	P-Card Expense Claim	Meetings					-			
Jun-22	Direct Billing	Meetings		42		99	141			
Jun-22	Direct Billing	Meetings			170		170			143
Total			\$ -	\$ 42	\$ 170	\$ 99	\$ 310	\$ -	\$ -	\$ 143

Total for the Month \$ 453

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 151
 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:	Natalia Reiman			Expense Period Month:	Apr-22
Address:	[REDACTED]		City:	[REDACTED]	
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Board Meeting in Calgary on April 21-22, 2022.				

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	\$41.50
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$99.32
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$140.82

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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Natalia Reiman	[REDACTED]	May 19, 2022	[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
Gregory Turnbull	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
[REDACTED]	May 31, 2022

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

[REDACTED]
 Colleen Purdy, VP Corporate Services & CFO

May 31, 2022
 Date

Carry forward from Section 1

Name:	Natalia Reiman	Expense Period Month:	Apr-22
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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

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				
20-Apr-2021	Parking at Grande Prairie Airport to travel to Calgary for the Board Meeting on April 21-22, 2022.	Yes					\$26.00			
20-Apr-2022	Taxi from Calgary Airport to Delta Calgary South Hotel	Yes					\$73.32			
20-Apr-2022	Dinner Per Diem	Yes	D-\$20.75	\$20.75						
22-Apr-2022	Dinner Per Diem	Yes	D-\$20.75	\$20.75						
Total: (amount auto fills to page 1)			\$41.50		\$0.00	\$0.00	\$99.32	\$0.00	0 00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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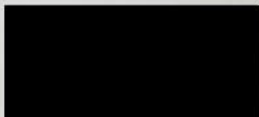
ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1615

SALE

Batch [REDACTED] SEQ: [REDACTED]
04/20/22 19:54:29
APPR CODE: [REDACTED]

[REDACTED] **/**
AMOUNT \$61.10
TIP \$12.22
TOTAL \$73.32

00 - APPROVED - 001



THANK YOU

CUSTOMER COPY

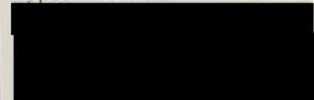
Grande Prairie Airport
10610 Airport Drive
Grande Prairie AB, T8V7Z5
EST: 87409.8 RT0001

EXL ML 04/22 20:36
Receipt [REDACTED]

Short-term King tkt
PL - No. C
00/04/22
02/04/22
Period [REDACTED]
(G.S.T) \$26.00

Gross total \$26.00

Payment type: PURCH \$26.00



Net total \$24.76
G.S.T 5% \$1.24

03EAA0C7 1/1

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Natalia Reiman	Reporting Period for the Month of : Jun-22
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1-Jun-22	Direct Billing	Hotel	Attended Audit & Risk Committee and Board Meeting in Calgary on June 01, 2022 - Delta Calgary South Accommodations	Delta Calgary South	\$169.58
2-Jun-22	Direct Billing	Other	Institute of Corporate Directors - Board Membership Fee - Aug 01-22 to Jul 31-23	Institute of Corporate Directors	\$142.86
Total Paid in the Month					\$ 312.44



DELTA
CALGARY SOUTH

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

Alberta Health Services
PO BOX 1600
EDMONTON AB T5J 2N9
Canada

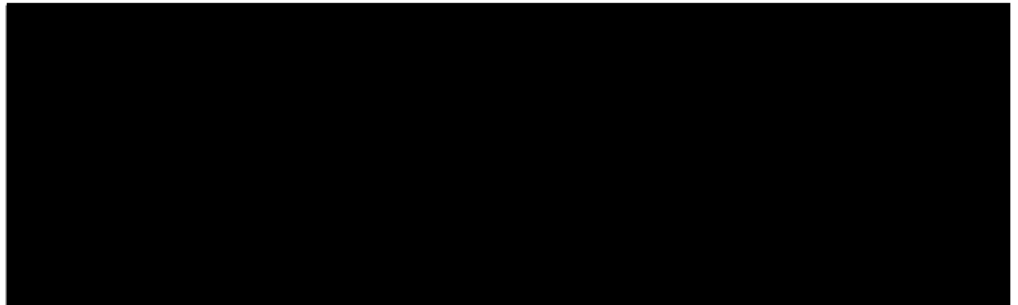
Room: 
Folio:
Cashier: 
Arrival: 05-31-22
Departure: 06-01-22

Reiman, Natalia

Date	Description	Additional Information	Charges	Credits
05-31-22	Package Wrapper		151.05	
05-31-22	DMF		4.53	
05-31-22	Tourism Levy		6.22	
05-31-22	Rooms - GST		7.78	

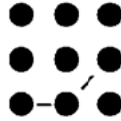
GST Summary	
Registration No:	895126332
Room	7.78
F&B	0.00
Other	10.75
Total	18.53

Total	169.58	0.00
Balance Due	169.58	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.



Invoice

ICD Member

██████████ ██████████
Alberta Health Services
14th Floor, Seventh Street Plaza
10030-107 Street NW, North Tower
Edmonton AB T5J 3E4

Billing Date 2-Jun-2022	ICD Member ██████████
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<u>Code</u>	<u>Item</u>	<u>From</u>	<u>To</u>	<u>Amount</u>
██████████	Board Membership / Adhésion globale du C. A.	1-Aug-2022	31-Jul-2023	2,000.00
Total Billing				2,000.00

Please make cheque payable to "Institute of Corporate Directors" and remit to the above address. Remember to include your Member ID with your payment. You can also make your membership payment online by logging into www.icd.ca.

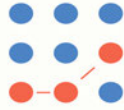
14 Memberships =
\$2000/14 is
\$142.86 per
membership fee

Additional Personal Information

Work Phone: ██████████ Chapter: ██████████
Home Phone: ██████████ Home Address: ██████████
Cell Phone: ██████████
Language: English ██████████
Email: ██████████

Please take a moment to review and confirm that your mailing and additional personal information is up-to-date and accurate. Please fax any updates and changes to us at 416-593-0636, or simply go online to update your member profile at www.icd.ca.

Thank you for your membership!

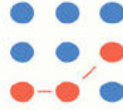


Board Membership Program - Company Listing

Alberta Health Services

Expiry: 31-Jul-2022

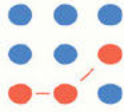
Language: English



Board Membership Program - Company Listing

Alberta Health Services

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



Board Membership Program - Company Listing

[REDACTED] Alberta Health Services

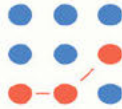
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[REDACTED] [REDACTED] [REDACTED]
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[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

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[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]

[REDACTED] Home Phone: [REDACTED]
[REDACTED]
Language: English
[REDACTED]



Board Membership Program - Company Listing

Alberta Health Services

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Home Phone: [REDACTED]
[REDACTED]:

Language: English

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Home Phone:
Cell Phone:

Language: English

REIMAN, NATALIA

MICDD

Expiry: 31-Jul-2022

Ms Natalia Reiman, [REDACTED]

[REDACTED]

Business Address

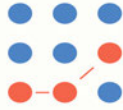
[REDACTED]

Work Phone: [REDACTED]
Fax: [REDACTED]
Language: English
Email: [REDACTED]

Home Address

[REDACTED]

Home Phone: [REDACTED]
Cell Phone:



Board Membership Program - Company Listing

Alberta Health Services

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Fax: [REDACTED]

Language: English

Email: [REDACTED]

Home Phone: [REDACTED]

Cell Phone: [REDACTED]

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Fax: [REDACTED]

Language: English

Email: [REDACTED]

Home Phone: [REDACTED]

Cell Phone: [REDACTED]

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Fax: [REDACTED]

Language: English

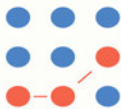
Email: [REDACTED]

Home Phone: [REDACTED]

Cell Phone: [REDACTED]

INSTITUTE OF
CORPORATE
DIRECTORS
*THINK BEYOND
THE BOARDROOM.*

INSTITUT DES
ADMINISTRATEURS
DE SOCIÉTÉS
*PENSER AU-DELÀ
DE LA SALLE DU CONSEIL.*



2701-250 Yonge Street
Toronto ON M5B 2L7
Tel: 416-593-7741
Web: icd.ca
admin@icd.ca

Board Membership Program - Company Listing

Albena Health Services

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
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