

## AHS Board and Executive Expense Report

**Name:** Paul George Haggis  
**Title:** AHS Board Member  
**Location:** Calgary  
 Expenses posted during the month of June 2024

			Travel (1)							
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Jun-24	Expense Claim	Meetings		159		166	325			
Jun-24	Direct Bill	Meetings			431		431			
<b>Total by category</b>			\$ -	\$ 159	\$ 431	\$ 166	\$ 756	\$ -	\$ -	\$ -

**Total  
posted for  
the Month**     \$        756

Maximum daily single meal expense posted in the month     \$        27  
 Maximum daily base hotel rate posted 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 membership dues, small item technology purchases, books, etc.

Car allowance 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:	Paul George Haggis	Expense Period Month:	Jun-24
Address:		City:	
Province:		Postal Code:	
		Country:	Canada
Reason for Expense	Attended Finance, Audit & Risk Committee Meeting and Board Meeting on June 03, 2024 in Edmonton.		

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)
					\$159.00
					\$166.14
					\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$325.14</b>

SECTION 3: AUTHORIZATION - Note: Electronic or digital signatures are not accepted			
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#
Paul Haggis		June 11, 2024	

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
Dr. Lyle Oberg	Board Chair
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
	June 17, 2024

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:**

[Redacted] th [Redacted] Street Plaza, 10030 - 107 St, Edmonton AB T5J 3E4, Attention: [Redacted]

[Redacted] June 11, 2024

Michael Lam, Interim VP Corporate Services & CFO      Date

**Carry forward from Section 1**

Name: **Paul George Haggis** Expense Period Month: **Jun-24**

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](#)

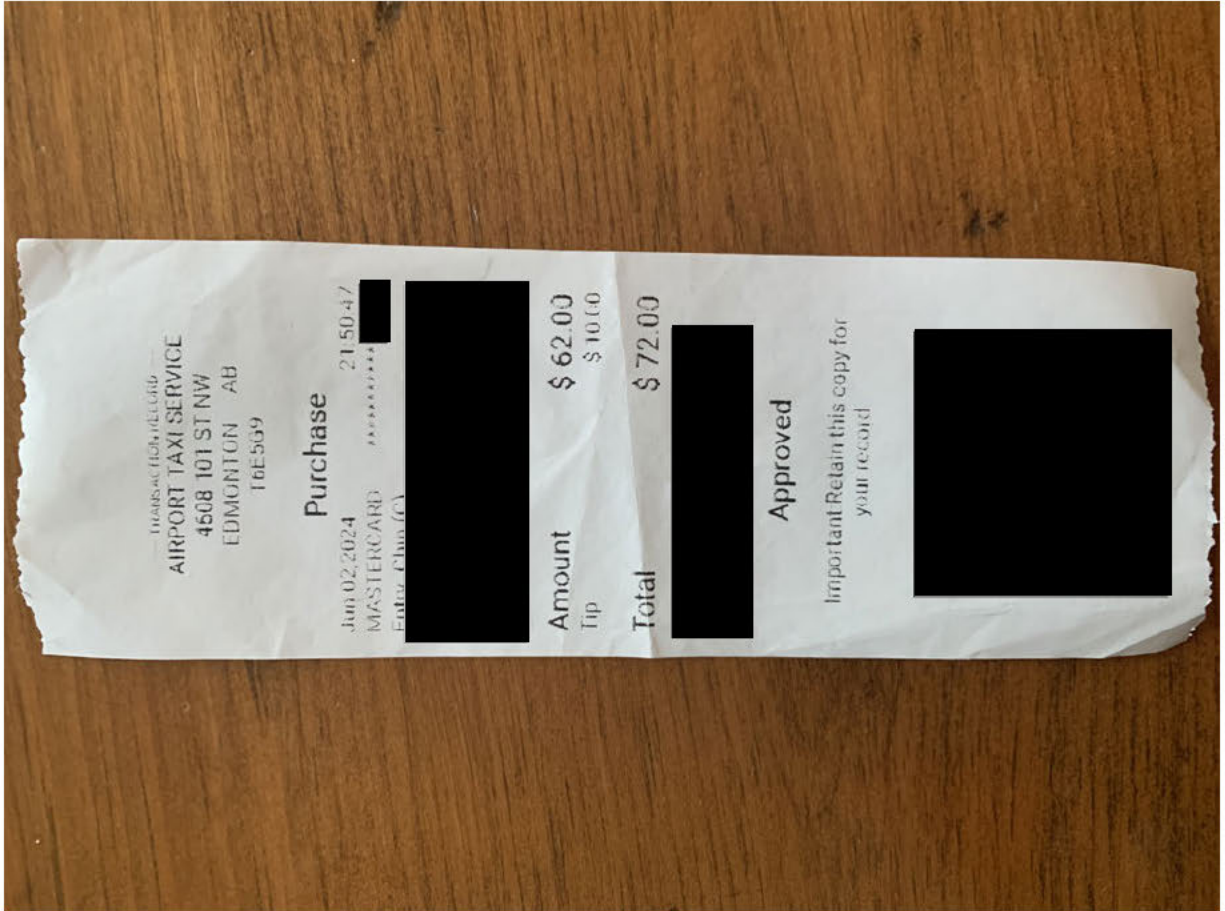
Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ([Appendix C for USA](#), [Appendix D for International](#)).

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				
2-Jun-2024	Transportation to and from Toronto Airport (no receipt)	Yes					\$14.60			
2-Jun-2024	Transportation from Edmonton Airport to accommodation and dinner per diem.	Yes	D-\$27.00	\$27.00			\$72.00			
3-Jun-2024	Lunch and dinner per diem.	Yes	LD-\$44.00	\$44.00						
4-Jun-2024	Lunch and dinner per diem.	Yes	LD-\$44.00	\$44.00						
4-Jun-2024	Transportation to RAH for tour of the site.	Yes					\$11.28			
4-Jun-2024	Transportation from RAH to SSP.	Yes					\$15.24			
5-Jun-2024	Lunch and dinner per diem.	Yes	LD-\$44.00	\$44.00						
5-Jun-2024	Transportation from SSP to Edmonton Airport.	Yes					\$53.02			
<b>Total: (amount auto fills to page 1)</b>				\$159.00		\$0.00	\$0.00	\$166.14	\$0.00	0.00

<b>BOARD MEMBER Mileage Rate</b>	<b>0.55</b>	<b>Total Mileage</b>	<b>\$ -</b>
----------------------------------	-------------	----------------------	-------------

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Taxi YEG to Coast Hotel.  
**Date:** Thursday, June 6, 2024 7:17:28 AM

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message



[REDACTED]

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Your Tuesday morning trip with Uber  
**Date:** Thursday, June 6, 2024 7:15:33 AM

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message

Begin forwarded message:

**From:** Uber Receipts [REDACTED]  
**Subject:** Your Tuesday morning trip with Uber  
**Date:** June 4, 2024 at 9:45:47 PM EDT  
**To:** [REDACTED]



Total CA\$11.28  
June 4, 2024

## Thanks for riding, Paul

We hope you enjoyed your ride  
this morning.



# Total CA\$11.28

---

Trip fare	CA\$9.35
-----------	----------

---

Subtotal	CA\$9.35
----------	----------

Wait Time <input type="checkbox"/>	CA\$0.55
------------------------------------	----------

Booking Fee <input type="checkbox"/>	CA\$1.68
--------------------------------------	----------

Per-Trip Fee	CA\$0.30
--------------	----------

Promotion	-CA\$1.19
-----------	-----------

GST	CA\$0.59
-----	----------

---

Payments



Mastercard ●● [redacted]

6/4/24 7:45 PM

CA\$11.28

[Visit the trip page](#) for more information, including invoices (where available)

[Switch Payment Method](#)

[Download PDF](#)

You rode with [redacted]

4.99  Rating

Has passed a multi-step safety screen

Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more](#)

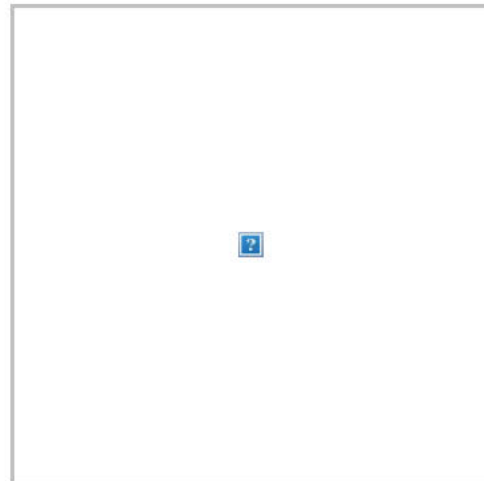
Comfort 2.21 kilometers | 7 min



8:49 AM



8:56 AM



[Report lost item](#)

[Contact support](#)

[My trips](#)



**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** Fwd: Your Tuesday afternoon trip with Uber  
**Date:** Thursday, June 6, 2024 7:15:50 AM

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message

Begin forwarded message:

**From:** Uber Receipts [REDACTED]  
**Subject:** Your Tuesday afternoon trip with Uber  
**Date:** June 5, 2024 at 2:40:55 AM EDT  
**To:** [REDACTED]



Total CA\$15.24  
June 4, 2024

## Thanks for riding, Paul

We hope you enjoyed your ride  
this afternoon.



# Total CA\$15.24

---

Trip fare	CA\$10.84
-----------	-----------

---

Subtotal	CA\$10.84
----------	-----------

Booking Fee <input type="checkbox"/>	CA\$1.90
--------------------------------------	----------

Wait Time <input type="checkbox"/>	CA\$3.00
------------------------------------	----------

Per-Trip Fee	CA\$0.30
--------------	----------

Promotion	-CA\$1.60
-----------	-----------

GST	CA\$0.80
-----	----------

---

Payments



Mastercard ●●● [redacted]

6/5/24 12:40 AM

CA\$15.24

[Visit the trip page](#) for more information, including invoices (where available)

[Switch Payment Method](#)

[Download PDF](#)

You rode with [redacted]

4.86  Rating

Has passed a multi-step safety screen

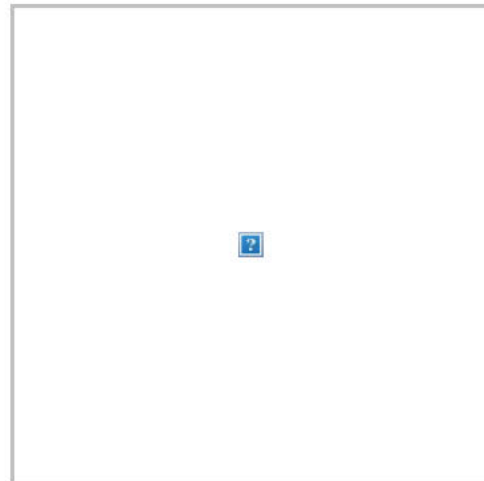
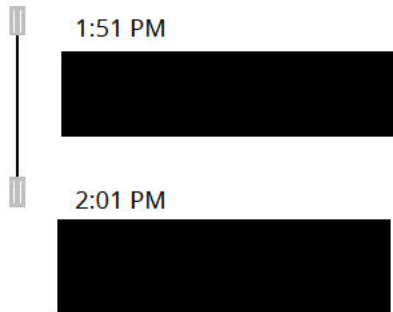
Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more](#)

Comfort 2.97 kilometers | 10 min



[Report lost item](#)

[Contact support](#)

[My trips](#)






**From:** [REDACTED]  
**Subject:** Fwd: Your Wednesday morning trip with Uber  
**Date:** Thursday, June 6, 2024 7:15:08 AM

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message

[REDACTED]

Begin forwarded message:


**From:** "Uber Receipts" [REDACTED]  
**Subject:** Your Wednesday morning trip with Uber  
**Date:** June 5, 2024 at 10:49:08 PM EDT  
**To:** [REDACTED]



Total CA\$53.02  
June 5, 2024

## Thanks for riding, Paul

We hope you enjoyed your ride this morning.



<b>Total</b>	<b>CA\$53.02</b>
<hr/>	
Trip fare	CA\$46.76
<hr/>	
Subtotal	CA\$46.76
Booking Fee <input type="checkbox"/>	CA\$5.50
Airport drop-off fee / Airport pick-up fee	CA\$3.25
Per-Trip Fee	CA\$0.30
Promotion	-CA\$5.58
GST	CA\$2.79

## Payments



**Mastercard** ●●●● [redacted]  
6/5/24 8:49 PM

CA\$53.02

[Visit the trip page](#) for more information, including invoices (where available)

[Switch Payment Method](#)

[Download PDF](#)

## You rode with [redacted]

4.99  Rating

Has passed a multi-step safety screen

Rate or tip



Every rideshare trip in Edmonton is insured for a covered auto accident by Economical Insurance.

[Learn more](#)

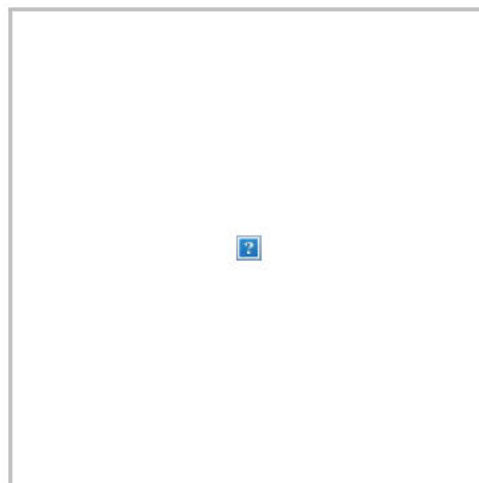
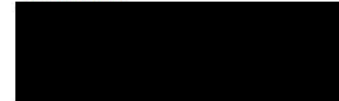
**Comfort** 30.63 kilometers | 34 min



9:54 AM



10:28 AM



[Report lost item](#)

[Contact support](#)

[My trips](#)

## 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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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

<b>Name :</b> Paul George Haggis	<b>Reporting Period for the Month of :</b> Jun-24
----------------------------------	---

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
2-Jun-24	<b>Direct Billing</b>	<b>Hotel</b>	3 nights accommodation at the Coast Edmonton Plaza Hotel (June 02, 03 and 04th) to attend the Finance Audit & Risk Committee and Board meeting on June 03rd and other meetings	<b>Vision Travel DT Ontario-West Inc</b>	\$430.62
<b>Total Paid in the Month</b>					\$ 430.62



10155 105th Street,  
Edmonton, AB T5J 1E2  
Tel: (780) 423 4811 Fax: (780) 423 3204

Alberta Health Services - AP Dept (FOR CEP)  
PO Box. 1600  
EDMONTON AB T5J 2N9

# Invoice

Invoice date 6/5/2024  
Invoice due before 7/5/2024  
Invoice number [REDACTED]  
Our reference [REDACTED]  
Client Number [REDACTED]  
Your reference [REDACTED]  
GST Number 10103 5467 RT0020  
Vat number [REDACTED]

Guest **Mr PAUL GEORGE HAGGIS** Arrival **6/2/2024** Departure **6/5/2024** Room **2108**

Date	Description	Quantity	Unit Price	Total ( )
6/2/2024	Room Charge	1	134.00	134.00
6/2/2024	Tourism Levy	1	5.52	5.52
6/2/2024	Destination Market Fee	1	4.02	4.02
6/3/2024	Room Charge	1	134.00	134.00
6/3/2024	Tourism Levy	1	5.52	5.52
6/3/2024	Destination Market Fee	1	4.02	4.02
6/4/2024	Room Charge	1	134.00	134.00
6/4/2024	Tourism Levy	1	5.52	5.52
6/4/2024	Destination Market Fee	1	4.02	4.02

<b>Total invoice</b>	<b>430.62</b>
Total Paid	<b>0.00</b>
<b>Total Due</b>	<b>430.62</b>

Total GST

**For Corporate Accounts please forward cheque payments to our Head Office address:  
535 Thurlow Street, Suite 700, Vancouver, BC, V6V 3L2**

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144