

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of September 2018

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	(3)	Other (4)
Sep-18	Expense Claim	Meetings	668	21	223	181	1,093			
Total			\$ 668	\$ 21	\$ 223	\$ 181	\$ 1,093	\$ -	\$ -	\$ -

Total for the Month \$ 1,093

Maximum daily single meal expense claimed in the month \$ 21
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.

Employee # [REDACTED]

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:	Richard Dicerni			Expense Period Month:	Sep-18
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attended Private Board Meeting on September 27, 2018 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)
Meals (A)	101	0005	71110300000	45000000	\$20.75 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,072.63 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00 ✓
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,093.38 ✓

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#
Richard Dicerni	<i>See att. email for approval</i>	Oct 23, 2018	[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 me or on my behalf from Alberta Health Services or any other Organization.	<i>Deborah Rhodes</i> Deborah Rhodes, VP Corporate Services & CFO Position #: [REDACTED] DOFA Level: [REDACTED]
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: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	Nov-7/18

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

Carry forward from Section 1

Name:	Richard Dicerni	Expense Period Month:	Sep-18
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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				
26-Sep-2018	Taxi from residence to Ottawa airport to attend Private Board Meeting on September 27, 2018 in Edmonton.	Yes					\$32.07	✓		
26-Sep-2018	Flight from Ottawa to Edmonton and return on September 28, 2018.	Yes					\$667.97	✓		
26-Sep-2018	Taxi from YEG to hotel.	Yes					\$60.00	✓		
26-Sep-2018	1 night accommodation.	Yes				\$223.42	✓			
27-Sep-2018	Taxi from SSP to YEG.	Yes	D-\$20.75	\$20.75			\$60.00	✓		
28-Sep-2018	Taxi from Ottawa Airport to residence.	Yes					\$29.17	✓		
Total: (amount auto fills to page 1)			\$20.75		\$0.00	\$223.42	\$849.21	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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From: Uber Receipts uber.canada@uber.com
Subject: Your Wednesday afternoon trip with Uber
Date: Sep 26, 2018 at 5:07:52 PM
To: [REDACTED]

Total: CA\$32.07
Wed, Sep 26, 2018

Thanks for riding, Richard

We hope you enjoyed your ride this afternoon.

Total **CA\$32.07**

Trip Fare CA\$22.20

Subtotal CA\$22.20

Tolls, Surcharges, and Fees CA\$5.75

HST CA\$3.69

Wait Time CA\$0.43

Amount Charged

[REDACTED] [Switch](#)

CA\$32.07 ✓

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

[Download PDF](#)

Download link expires 10/26/18

You rode with Clyde

4.92 Rating

Top Driver Compliment

"Great Conversation"

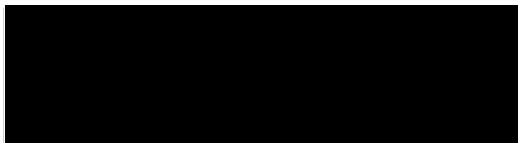
How was your ride?

[RATE OR TIP](#)

UberX

12.79 km | 21 min

04:45pm



05:07pm

1000 Airport Parkway Private,
Ottawa, ON K1V 9B4, Canada

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.

Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: [REDACTED]

Name: Mr Richard Dicerni

E-mail: [REDACTED]

Payment: [REDACTED]

Customer Care
Air Canada Reservations
 1-888-247-2262

Air Canada Flight Information
 1-888-422-7533
[International Reservations](#)

Alert me of flight changes
[Flight notification](#)

Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC363	Ottawa (YOW)	Edmonton International (YEG)	E90	Economy Flex (L)	Confirmed
	Wed 26-Sept 2018 19:25	Wed 26-Sept 2018 21:41			
Seat number(s) requested: 12C					
AC8169	Edmonton International (YEG)	Calgary (YYC)	DH3	Economy Flex (L)	Confirmed
<i>Operated by:</i>	Thu 27-Sept 2018	Thu 27-Sept 2018			
<i>Air Canada Express-Jazz</i>	17:05	18:03			
Seat number(s) requested: 1C					
AC352	Calgary (YYC)	Ottawa (YOW)	319	Economy Flex (L)	Confirmed
	Thu 27-Sept 2018 19:15	Fri 28-Sept 2018 00:53			
Seat number(s) requested: 12A					

Passenger Information

Passenger: 1 Mr Richard Dicerni

Ticket number: [REDACTED]

Frequent Flyer Pgm: Air Canada Aeroplan

Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	24-Aug 2018
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	526.00
Taxes, Fees & Charges	
Air Travellers Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) (XG)	1.50
Combined Taxes *see fare calculation below (XT)	126.22

Total Fare in Canadian dollars: 667.97

Ticket particularities:
AC ONLY/NONREF/CHGE FEE
-BG:AC

*Fare calculation:
26SEP18YOW AC YEA Q23.00R240.00AC X/YYC AC YOW
Q23.00R240.00CAD526.00 END ROE1.00 XT73.22RC53.00SQ

Canadian tax registration numbers:
XG Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)
RC Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)
XQ Canada Quebec Sales Tax (QST #1000-043-172 TQ1991)

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable.
- Seat selection charges are per passenger and apply to each individual one-way flight segment in your itinerary. Flight segments are identified by a change in flight number, with each new flight number representing a flight segment. Taxes are not included.
- Please note that you may be moved from your selected seat without notice in the event of an involuntary schedule or airport change (e.g. flight disruption, cancellation), to accommodate a passenger with a disability, or for any other reason that requires Air Canada to move you prior to departure or during the flight. If you are moved from your seat for one of these reasons, you may request a refund for your seat charges. We invite you to read additional [terms and conditions](#) related to seat selection

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Baggage Information

GREATER EDMONTON TAXI
SERVICE

10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE AMEX
DATE 2018/09/26
TIME 4233 22:38:57
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$5.00
TOTAL

\$60.00 ✓

AMERICAN EXPRESS
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EMTAXI.COM
GST 100403970

Co-op Taxi Line
(780)425-2525
www.co-optaxi.com

TRANSACTION RECORD

Terminal [REDACTED]
Driver [REDACTED]
18/09/27 16:24:57

Card : [REDACTED]
AMERICAN EXPRESS
CHIP CARD

Ref
Auth [REDACTED]

PURCHASE
FARE : \$ 55.00
TIP : \$ 5.00
TOTAL : \$ **60.00** ✓

APPROVED - THANK YOU
(00-025)

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi

BLUE LINE TAXI
(613) 238 - 1111

TERMINAL ID:
CANT ID:
ICLE ID:
VER ID:

P NUMBER:
SENGERS:

28/2018
RT: 02:03

AMOUNT: \$

AMOUNT: \$

TOTAL : \$ **29.17** ✓

AMEX SALE :

APPROVAL NUMBER :



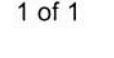
***PASSENGER COPY

CUSTOMER SERVICE 1-800-443-
INQUIRY@TAXI1111.COM
TAXI1111



THE Fairmont
HOTEL MACDONALD


10065 - 100 Street NW
Edmonton, AB, Canada T5J 0N6
T (780) 424-5181 F (780) 429-6481
G.S.T. Registration # 846543619

Room : 
Folio # : 
Cashier # : 
Page # : 1 of 1

Alberta Health Services

Mr Richard Dicerni
Canada

Arrival : 09-26-18
Departure : 09-27-18

Date	Description	Additional Information	Charges	Credits
09-26-18	Room Charge		199.00	
09-26-18	Room - DMF		5.97	
09-26-18	Room - AB Tourism Levy		8.20	
09-26-18	Room - GST		10.25	
09-27-18	American Express			223.42
Total			223.42	223.42
Balance Due			0.00	

GST Summary

Room	10.25
F&B	0.00
Other	0.00
Total	10.25

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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. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18.00% par année.) J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1.00\$ par jour (du Lundi au Vendredi) et de 2.00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont