

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of October 2016

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Oct-16	P-Card	Meetings			670		670			
Oct-16	Expense Claim	Meetings	941	48		196	1,185			
Oct-16	Expense Claim	Meetings	627	24		175	826			
Oct-16	Direct Bill	Meetings			155		155			
Total			\$ 1,568	\$ 72	\$ 825	\$ 371	\$ 2,836	\$ -	\$ -	\$ -

Total for the Month \$ 2,836

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 Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period: 20/10/2016
PRESIDENT & CEO OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: ██████████ \$670.26
LORINDA.PROCIUK@AHS.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: ██████████	

Statement of Transactions

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩
- ⑪
- ⑫
- ⑬
- ⑭
- ⑮
- ⑯

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/09/2016	444653142	DELTA BOW VALLEY, DELTA HOTELS	670.26	CAD	670.26	.00		Accommodation: Board member - attended Board meeting Sept 28-30, Calgary

Linda Hughes
Linda Hughes
Board Chair

Nov. 4/16
Date

✓
ATG

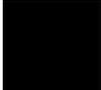
Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Audrey Malone</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Exec Admin Coord.</u> Cardholder Designate Position/Title <u>Oct 24/16</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 		
<u>PROCIUK, LORINDA</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title <u>10/25/2016</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Susan Best</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>Exec. Admin. Coord.</u> Approver Designate Position/Title <u>Oct. 26/16</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Deborah Rhodes</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>VP Corp Services + CFO</u> Approver Position/Title <u>Oct. 31/16</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: _____

11

DELTA
BOW VALLEY

209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6
Tel: 403-266-1980 Fax: 403-205-5460

AB HEALTH SERVICES
Richard Dicerni

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	
09-28-16	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	
09-29-16	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	
09-30-16	Master Card			670.26

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

Total	670.26	670.26
Balance Due	0.00	CDN

*Accommodation: Board Member
attended Board Mtgs Sept 28-30,
Calgary*

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	1
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-16
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	
Reason for Expense	Expenses to attend the Quality & Safety Committee Meeting and the Human Resources Committee Meeting on September 28, 2016; and the Board Meeting on September 29, 2016.				

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	\$48.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,136.70
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,184.70

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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Richard Dicerni	<i>[Signature]</i>	Oct 27/16	[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: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>[Signature]</i>	Nov 4/16

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the H of Privacy (FOIP) Act, respectively, for the purpose of

Deborah Rhodes Oct-31/16
Deborah Rhodes, VP Corporate Services & CFO

For payment please contact [REDACTED]
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St, Edmonton, AB T6C 0G4

Carry forward from Section 1

Name:	Richard Dicerni	Expense Period Month:	42614
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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				
① 27-Sep-16	Taxi to Toronto airport.	Yes					✓ \$63.00	✓		
② 27-Sep-16	Flight from Toronto to Calgary to attend Board Committee Meetings.	Yes	D-\$24.00	\$24.00			✓ \$482.65	✓		
③ 27-Sep-16	Taxi from Calgary airport to hotel.	Yes					✓ \$38.20	✓		
28-Sep-16	Dinner per diem.	Yes	D-\$24.00	\$24.00						
④ 30-Sep-16	Taxi from Southport to Calgary airport.	Yes					✓ \$35.42	✓		
⑤ 30-Sep-16	Flight from Calgary to Toronto.	Yes					✓ \$457.93	✓		
⑥ 30-Sep-16	Taxi from Toronto airport.	Yes					✓ \$59.50	✓		
Total: (amount auto fills to page 1)			\$48.00		\$0.00	\$0.00	\$1,136.70	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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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

①
RECEIPT

Cab No. _____ H.S.T. _____
From _____
To Chm Post
Date _____ Amount \$3.00 ✓
Signature _____

②
A-1 AIRLINE TAXI AND VAN
FLEET
5225 ORBITER DR, UNIT 18
MISSISSAUGA ON

CARD [REDACTED]
CARD TYPE AMEX
DATE 2016/09/30
TIME 3620 12:42:13
RECEIPT NUMBER [REDACTED]

③
ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1298

④
316 MERIDIAN ROAD SE
CALGARY, AB T2A 1A2

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
09/27/16 18:19:08
APPR CODE: [REDACTED]
AMERICAN EXPRESS
[REDACTED]

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
GST ACCOUNT ID: [REDACTED]
TRIP NUMBER: [REDACTED]
PASSENGERS: [REDACTED]

PURCHASE
AMOUNT \$54.00
TIP \$5.50
TOTAL \$59.50 ✓

AMOUNT \$34.70
TIP \$3.50
TOTAL \$38.20 ✓

09/27/2016
START: 05:09
DISTANCE: 182.00
END: 05:25
RATE: 1

FARE AMOUNT: \$ 29.33
TAX AMOUNT: \$ 1.47
TIP AMOUNT: \$ 4.62

TOTAL : \$ 35.42 ✓

AMERICAN EXPRESS
[REDACTED]

00 - APPROVED - 000

AMEX SALE : [REDACTED] ✓
APPROVAL NUMBER : [REDACTED]

PASSENGER COPY

APPROVED

AMERICAN EXPRESS
AID: [REDACTED]
TVR: [REDACTED]
TSI: [REDACTED]

THANK YOU
403 299 5999
WWW.THECHECKERGROUP.COM

AUTH# [REDACTED]
THANK YOU

THANK YOU
CUSTOMER COPY



CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Itinerary / Receipt

2

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
AC1159	Toronto Pearson (YYZ) Tue 27-Sept 2016 15:20 - TERMINAL T1	Calgary (YYC) Tue 27-Sept 2016 17:33	320	Economy (W)	Confirmed

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
Fare Amount in Canadian dollars:
(including navigational & other charges)
Taxes, Fees & Charges

18-Sept 2016
 395.00

Canada Security Charge (CA)
 Canada Harmonized Sales Tax (HST #10009-2287) (RC)
 Canada Airport Improvement Fee (SQ)

7.12
 55.53
 25.00

Total Fare in Canadian dollars:

482.65

Ticket particularities:
 AC ONLY/NON-REF/CHGE FEE
 -BG:AC

*Fare calculation:
 27SEP16YTO AC YYC Q23.00R372.00CAD395.00 END ROE1.00

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

✓
 482.6

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

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: Richard Dicerni	
Air Canada baggage rules apply. For flight(s): AC1159	1st bag: Complimentary 2nd bag: 35.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to bags fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to bag fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to bag fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.



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
AC170	Calgary (YYC)	Toronto Pearson (YYZ)	321	Economy (G)	Confirmed
	Fri 30-Sept 2016 06:00	Fri 30-Sept 2016 11:43 - TERMINAL T1			

Seat number(s) requested: 12C

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 12-Sept 2016
Fare Amount in Canadian dollars: 399.00
(including navigational & other charges)

Taxes, Fees & Charges

Canada Security Charge (CA)	7.12
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	21.81
Canada Airport Improvement Fee (SQ)	30.00

Total Fare in Canadian dollars: **457.93**

Ticket particularities:
AC ONLY/NON-REF/CHGE FEE
-BG:AC

*Fare calculation:
30SEP16YYC AC YTO Q23.00R376.00CAD399.00 END ROE1.00

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

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

Please see below for details on the bags you plan on checking at the baggage counter.

Baggage Information for: Richard Dicerni	
Air Canada baggage rules apply. For flight(s): AC170	1st bag: Complimentary 2nd bag: 35.00 CAD + taxes* per direction
Max. weight per bag: 23 KG (50 lb)	Max. linear dimensions: 158 CM (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to bags fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to bag fees. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to bag fees. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.



Employee # [REDACTED] R

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:	Oct-16
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Expenses to attend Board Meeting on Oct. 27, 2016 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	\$24.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$802.35
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$826.35

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: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Richard Dicerni	<i>Richard Dicerni</i>	See att. appon 2000.04/16	[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: I, by signing this form, attest that I am compliant with all the above statements	Date
<i>Linda Hughes</i>	Nov. 9/16

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Her of Privacy (FOIP) Act, respectively, for the purpose of

Deborah Rhodes Nov. 7/16
Deborah Rhodes, VP Corporate Services & CFO
Position #: 40179 DOFA Level: [REDACTED] Date:

For payment please:
14th Floor, North Tower, Seventh Street Plaza, 10030 - 107 St

Carry forward from Section 1

Name:	Richard Dicerni	Expense Period Month:	42644
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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				
26-Oct-16	Taxi from residence to Ottawa airport.	Yes					\$33.41	✓		
26-Oct-16	Flight from Ottawa to Edmonton to attend Board Meeting on October 27, 2016.	Yes					\$627.29	✓		
26-Oct-16	Taxi from Edmonton Airport to hotel.	Yes	D-\$24.00	\$24.00	✓		\$59.00	✓		
27-Oct-16	Taxi from SSP to Edmonton Airport.	Yes					\$53.00	✓		
27-Oct-16	Taxi from Ottawa Airport to residence.	Yes					\$29.65	✓		
Total: (amount auto fills to page 1)			\$24.00		\$0.00	\$0.00	\$802.35	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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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

AHS

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

AHS

BLUE LINE TAXI
(613) 238 - 1111

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
TRIP NUMBER: [REDACTED]
PASSENGERS: 1
10/26/2016
START: 05:42
END: 05:42

FARE AMOUNT: \$ 29.05

TIP AMOUNT: \$ 4.36

TOTAL = \$ 33.41

AMEX SALE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

PASSENGER COPY

CUSTOMER SERVICE 1-800-443-2812
INQUIRY@TAXI11AB.COM
TAXI11AB



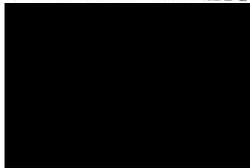
1

CARD [REDACTED]
CARD TYPE AMEX
DATE 2016/10/26
TIME 1433 19:49:22
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$4.00
TOTAL

\$59.00

AMERICAN EXPRESS



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 81474 1302 RT0001

3

AHS

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

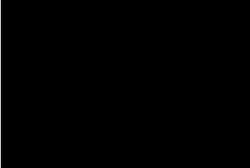
AHS

CARD [REDACTED]
CARD TYPE AMEX
DATE 2016/10/27
TIME 0957 14:41:53
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$48.00
TIP \$5.00
TOTAL

\$53.00

AMERICAN EXPRESS



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THANK YOU

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YELLOW CAB 780.462.3456
BARREL TAXI 780.489.777
EDMTAXI.COM
GST 100403070

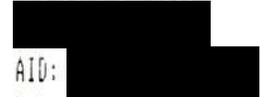
4

SAID ALI-CAPITAL TAXI
455 COVENTRY ROAD
GITHARA, ON K1R 2C5

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Purchase

AMERICAN EXPRESS



AID: [REDACTED]
Entry Method: Chip

Batch#: [REDACTED]

10/29/16

01:38:22

Ref# [REDACTED]

Inv #: [REDACTED] Appr Code: [REDACTED]

Amount: \$ 26.65

Tip: \$ 3.00

Total: \$ 29.65

Customer Copy

5

Itinerary / Receipt

②

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: XXXXXXXXXX

Name: Mr Richard Dicerni
E-mail: XXXXXXXXXX
Payment: XXXXXXXXXX

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
AC457	Ottawa (YOW) Wed 26-Oct 2016 15:00	Toronto Pearson (YYZ) Wed 26-Oct 2016 16:05 - TERMINAL T1	E90	Economy (T)	Confirmed
AC177	Toronto Pearson (YYZ) Wed 26-Oct 2016 16:55 - TERMINAL T1	Edmonton International (YEG) Wed 26-Oct 2016 19:04	320	Economy (T)	Confirmed
AC1164	Edmonton International (YEG) Fri 28-Oct 2016 01:35	Toronto Pearson (YYZ) Fri 28-Oct 2016 07:14 - TERMINAL T1	321	Economy (K)	Confirmed
AC442	Toronto Pearson (YYZ) Fri 28-Oct 2016 08:10 - TERMINAL T1	Ottawa (YOW) Fri 28-Oct 2016 09:13	319	Economy (K)	Confirmed

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	10-Oct 2016
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	482.00
Taxes, Fees & Charges	
Canada Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	1.50
Combined Taxes *see fare calculation below (XT)	129.54
Total Fare in Canadian dollars:	627.29 ✓

Ticket particularities:
AC ONLY/NON-REF/CHGE FEE
-BG:AC

*Fare calculation:
26OCT16YOW AC X/YTO AC YEA Q23.00R239.00AC X/YTO Q23.00AC YOW
R197.00CAD482.00 END ROE1.00 XT68.54RC61.00SQ

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

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

Please see below for details on the bags you plan on checking at the baggage counter.

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:

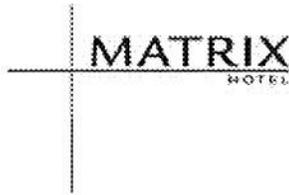
AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to 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 : Richard Dicerni	Reporting Period for the Month of : Oct-16
-------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Oct-2016	Direct Billing	Hotel	1 night accommodation to attend Board Meeting on October 27, 2016 in Edmonton.	Other	155.32
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 155.32



Alberta Health Services
14th Floor North Tower
10030 107 St
Edmonton AB T5J3E4

Room Number: [REDACTED]
Arrival Date: 10-26-16
Departure Date: 10-27-16
Page No: 1 of 1

Guest Name: *Dicerni, Richard*

COPY OF INVOICE

Folio No: [REDACTED]

11-16-16

Date	Description	Charges	Credits
10-26-16	Room Revenue	145.00	
10-26-16	Destination Marketing Fee - 3%	4.35	
10-26-16	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

Signature: _____

I agree that my liability for all charges 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 or the full amount of these charges. G.S.T. #105631154 RT 0008