

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of March 2017

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)
Mar-17	Expense Claim	Meetings	2,294	122		345	2,761			
Mar-17	Direct Bill	Meetings			895		895			
Total			\$ 2,294	\$ 122	\$ 895	\$ 345	\$ 3,656	\$ -	\$ -	\$ -

Total for the Month \$ 3,656

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 164
 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:	Feb-Mar 2017
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	
Reason for Expense	Attendance at Human Resources Committee Meeting on Feb. 28, 2017 and Board Meeting on March 01, 2017 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	\$71.50 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,524.72
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$4,596.22

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		March 23, 2017	[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
	Mar 29/17

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

Deborah Rhodes, VP Corporate Services & CFO
 Position # [REDACTED] DOFA Level: [REDACTED] Date: Mar-27/17
 For payment
 14th Floor, North Tower, Seventh Street Plaza, 10030 -

Carry forward from Section 1

Name:	Richard Dicerni	Expense Period Month:	Feb-Mar 2017
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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				
27-Feb-2017	Taxi from residence to Ottawa airport to attend HR Committee Meeting on February 28th and Board Meeting on March 1st in Edmonton.	Yes					\$31.74	✓		
27-Feb-2017	Flight from Ottawa to Edmonton and return on March 05, 2017.	Yes					\$1,342.58	✓		
27-Feb-2017	Taxi from YEG to Westin Hotel.	Yes					\$61.00	✓		
28-Feb-2017	Per diems.	Yes	BLD-\$41.55	\$41.55	✓					
1-Mar-2017	Per diem.	Yes	D-\$20.75	\$20.75	✓					
2-Mar-2017	Taxi from SSP to YEG.	Yes	B-\$9.20	\$9.20	✓		\$58.20	✓		
5-Mar-2017	Taxi from Ottawa Airport to residence.	Yes					\$31.20	✓		
Total: (amount auto fills to page 1)			\$71.50		\$0.00	\$0.00	\$1,524.72	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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BLUE LINE TAXI
4619 238 1111

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

02/27/2017
START: 17:02
END: 17:09
FARE: \$ 27.60

TOTAL: \$ 31.74

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

PASSENGER COPY

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



Capital Taxi
Proud To Be Canadian
Courtesy & Service
780 - 423 - 2425
www.capitalexidmonton.com

ACCOUNT NO:

CHARGE TO:

Payed Card

CUSTOMER COPY

DRIVER UNIT NO <i>Devi 925</i>	DAY MO YR <i>23 02 17</i>	FARE <i>61.00</i>	INT'L	GRATUITY	TOTAL <i>61.00</i>
AUTH NO	TIME <i>2:33</i>	445275	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G.S.T. #	TRIP ID#
FROM <i>AIRPORT</i>	TO <i>Hotel</i>
PRINT NAME	CUSTOMER'S SIGNATURE <i>[Signature]</i>

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE AMEX
DATE 2017/03/02
TIME 7515 09:05:04
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$53.20
TIP \$5.00
TOTAL \$58.20

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
EDMTAXI.COM
GST 100403070

CAPITAL TAXI
4619 238 1111

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

TOTAL: \$ 31.74

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

PASSENGER COPY

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



1

3

4

5

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: 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
AC451	Ottawa (YOW)	Toronto Pearson (YYZ)	320	Economy (G)	Confirmed
	Mon 27-Feb 2017 12:00	Mon 27-Feb 2017 13:12 - TERMINAL T1			
Seat number(s) requested: 12D					
AC127	Toronto Pearson (YYZ)	Edmonton International (YEG)	320	Economy (G)	Confirmed
	Mon 27-Feb 2017 14:55 - TERMINAL T1	Mon 27-Feb 2017 17:10			
Seat number(s) requested: 12C					
AC172	Edmonton International (YEG)	Toronto Pearson (YYZ)	320	Economy (G)	Confirmed
	Thu 02-Mar 2017 13:35	Thu 02-Mar 2017 19:12 - TERMINAL T1			
Seat number(s) requested: 12D					

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC462	Toronto Pearson (YYZ)	Ottawa (YOW)	320	Economy (Q)	Confirmed
	Sun 05-Mar 2017 18:10 - TERMINAL T1	Sun 05-Mar 2017 19:11			

Seat number(s) requested: 13D

②

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	31-Jan 2017
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	1,094.00
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)	232.83
Total Fare in Canadian dollars:	1,342.58

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

*Fare calculation:
27FEB17YOW AC X/YTO AC YEA Q23.00R413.00AC YTO
Q23.00R396.00AC YOW Q12.00R227.00CAD1094.00 END ROE1.00
XT150.83RC82.00SQ

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.



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:	Richard Dicerni	Expense Period Month:	Mar-17		
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	Attendance at Board Meeting on March 29, 2017 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	\$50.70 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,114.06 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,164.76 ✓

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.			
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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		[REDACTED]	[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.	
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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
	April 12/17

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

Deborah Rhodes, VP Corporate Services & CFO
 For payment to: Position #: [REDACTED] DOFA Level: [REDACTED] Date: Apr-7/17
 14th Floor, North Tower, Seventh Street Plaza, 10030 - 101 St, Edmonton AB T5C 0E7, ALBERTA, CANADA

Carry forward from Section 1

Name: Richard Dicerri Expense Period Month: Mar-17

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

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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				
28-Mar-2017	Taxi from residence to Ottawa airport to attend Board Meeting on March 29 in Edmonton (claiming max amount without a receipt). ✓	Yes					\$12.75 ✓	✓		
28-Mar-2017	Flight from Ottawa to Edmonton and return on March 30, 2017.	Yes					\$951.60 ✓	✓		
28-Mar-2017	Taxi from YEG to Westin Hotel.	Yes	D-\$20.75	\$20.75 ✓	✓		\$60.00 ✓	✓		
29-Mar-2017	ETS Fare from Westin Hotel to SSP to attend Board Meeting.	Yes	B-\$9.20	\$9.20 ✓	✓		\$3.25 ✓	✓		
29-Mar-2017	Per diem.	Yes	D-\$20.75	\$20.75 ✓	✓					
30-Mar-2017	Taxi from Westin Hotel to YEG.	Yes					\$56.00 ✓	✓		
30-Mar-2017	Taxi from Ottawa Airport to residence.	Yes					\$30.46 ✓	✓		
Total: (amount auto fills to page 1)			\$50.70		\$0.00	\$0.00	\$1,114.06	\$0.00	0.00	

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

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

Terminal [REDACTED]
Driver [REDACTED]
17/03/28 21:28:11

AMEX
Card # [REDACTED]
Ref # [REDACTED]
Auth # [REDACTED]

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

APPROVED - THANK YOU
(00-025)

Cardholder will pay card
issuer above amount
pursuant to Cardholder
Agreement

IMPORTANT: Retain this
copy for your records

Customer Copy

Thank you for choosing
Co-op taxi



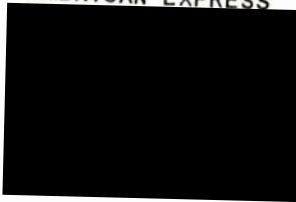
#3.25 ✓

GREATER EDMONTON TAXI
SERVICE
10135 31 AVE NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE AMEX
DATE 2017/03/30
TIME 4187 06:40:59
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$51.00
TIP \$5.00
TOTAL \$56.00 ✓

AMERICAN EXPRESS



APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456
BARREL TAXI 780.489.7777
EDMTAXI.COM
GST 100403070

BLUE LINE TAXI
(613) 238-1111

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
RECEIPT ID: [REDACTED]
ORDER ID: [REDACTED]
INVOICE NUMBER: [REDACTED]
CARRIERS: [REDACTED]

03/30/2017
START: 13:59

FARE AMOUNT: \$ 26.43

TIP AMOUNT: \$ 30.46

TOTAL : \$ 30.46 ✓

AREA SALE : ****0004

REFERRAL NUMBER : 000006

PASSENGER COPY

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



Itinerary / Receipt

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

①

Main Contact Information

Booking reference: 

Name: Mr Richard Dicerni
E-mail: 
Payment: 

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
AC171	Ottawa (YOW) Tue 28-Mar 2017 18:30	Edmonton International (YEG) Tue 28-Mar 2017 20:46	E90	Economy (G)	Confirmed
Seat number(s) requested: 12D					
AC104	Edmonton International (YEG) Thu 30-Mar 2017 08:00	Ottawa (YOW) Thu 30-Mar 2017 13:47	E90	Economy (G)	Confirmed
Seat number(s) requested: 12D					

Passenger Information

Passenger: 1 Mr Richard Dicerni
Ticket number: 
Frequent Flyer Pgm: Air Canada Aeroplan

Program number: 

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	07-Mar 2017
Fare Amount in Canadian dollars:	777.00
<i>(including <u>navigational & other charges</u>)</i>	
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)	158.85
Total Fare in Canadian dollars:	951.60

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

*Fare calculation:
 28MAR17YOW AC YEA Q23.00R350.00AC YOW Q23.00R381.00CAD777.00
 END ROE1.00 XT105.85RC53.00SQ

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

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 : Feb-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Feb-2017	Direct Billing	Hotel	3 nights accommodation to attend Human Resources Committee Meeting on February 28, 2017 and Board Meeting on March 01, 2017 in Edmonton.	Marlin Travel [REDACTED]	527.04
	Direct Billing				
	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					\$ 527.04

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 : Mar-17
-------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Mar-2017	Direct Billing	Hotel	Two nights accommodation to attend Board Meeting on March 29, 2017 in Edmonton.	Marlin Travel [REDACTED]	368.26
	Direct Billing	Choose from Drop-down List		Other	
	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					\$ 368.26

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Richard Dicerni

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 27-FEB-17 21:39
 Depart Date : 02-MAR-17 08:35
 No. Of Guest : [REDACTED]
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001
 The Westin Edmonton MAR-03-2017 14:05 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
27-FEB-17	[REDACTED]	Room Charge	164.00	
27-FEB-17	[REDACTED]	Destination Marketing Fee	4.92	
27-FEB-17	[REDACTED]	Tourism Levy	6.76	
28-FEB-17	[REDACTED]	Room Charge	164.00	
28-FEB-17	[REDACTED]	Destination Marketing Fee	4.92	
28-FEB-17	[REDACTED]	Tourism Levy	6.76	
01-MAR-17	[REDACTED]	Room Charge	164.00	
01-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
01-MAR-17	[REDACTED]	Tourism Levy	6.76	
02-MAR-17	[REDACTED]	Transfer to A/R		-527.01
		** Total	527.01	-527.01
		*** Balance	0.00	

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Richard Dicerni

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 28-MAR-17 21:32
 Depart Date : 30-MAR-17 06:14
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

Copy

Tax ID : 815461330RT0001

The Westin Edmonton APR-03-2017 11:41 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
28-MAR-17	[REDACTED]	Room Charge	164.00	
28-MAR-17	[REDACTED]	GST	8.45	
28-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
28-MAR-17	[REDACTED]	Tourism Levy	6.76	
29-MAR-17	[REDACTED]	Room Charge	164.00	
29-MAR-17	[REDACTED]	GST	8.45	
29-MAR-17	[REDACTED]	Destination Marketing Fee	4.92	
29-MAR-17	[REDACTED]	Tourism Levy	6.76	
30-MAR-17	[REDACTED]	Transfer to A/R		-368.26
		** Total	368.26	-368.26
		*** Balance	0.00	

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Richard Dicerni

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 28-MAR-17 21:32
 Depart Date : 30-MAR-17 06:14
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]
 AR Account : [REDACTED]

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store

As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this visit [REDACTED]

Tell us about your stay. www.westin.com/reviews

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
03-28-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
03-29-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
03-30-2017	0.00	0.00	0.00	0.00	0.00	-368.26	-368.26	0.00
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Total	328.00	16.90	13.52	0.00	0.00	-358.42	0.00	0.00