

AHS Board and Executive Expense Report

Name Richard Dicerni
Title AHS Board Member
Location Edmonton

Expenses submitted during the month of April 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)
Apr-17	Expense Claim	Meetings	913	24		100	1,037			
Apr-17	Direct Bill	Meetings			213		213			
Total			\$ 913	\$ 24	\$ 213	\$ 100	\$ 1,250	\$ -	\$ -	\$ -

Total for the Month \$ 1,250

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ -
 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:	Apr-17
Address:	[REDACTED]	City:	Ottawa		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	[REDACTED]
Reason for Expense	Attendance at Finance Committee Meeting and Board Meetings on April 27, 2017 in Calgary.				

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	\$24.44 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,012.67 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00 ✓
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$1,037.11 ✓

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>See att. email for approval.</i>		[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>	May 31/17

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

Deborah Rhodes May 26/17
Deborah Rhodes, VP Corporate Services & CFO
Position #: [REDACTED] DOFA Level: [REDACTED]

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:	Apr-17
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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-Apr-2017	Taxi from residence to YOW to travel to Calgary to attend Finance Committee Meeting and Board Meetings on April 27, 2017.	Yes					\$31.75 ✓			
26-Apr-2017	Flight from Ottawa to Calgary to attend meetings on April 27, 2017.	Yes					\$913.18 ✓			
26-Apr-2017	Taxi from YYC to the Delta Downtown Hotel.	Yes					\$37.74 ✓			
26-Apr-2017	Dinner with receipt.	Yes				\$24.44 ✓				
27-Apr-2017	Taxi from YOW to residence.	Yes					\$30.00 ✓	✓		
Total: (amount auto fills to page 1)			\$0.00		\$24.44	\$0.00	\$1,012.67	\$0.00	0.00	

BOARD MEMBER Mileage Rate	0.505	Total Mileage	\$ -
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Jennifer Hamstra

From: Richard Dicerni [REDACTED]
Sent: Wednesday, May 17, 2017 2:15 PM
To: Jennifer Hamstra
Subject: Re: Expenses - April 2017

Agreed
Thank you

Sent from my iPad

On May 17, 2017, at 7:29 PM, Jennifer Hamstra [REDACTED] wrote:

Good Afternoon Richard...attached please find you April 2017 expense claim for your review and approval.

Please let me know, thanks,

Jennifer Hamstra
Executive Secretary
President & CEO Office
[REDACTED]

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

<Expense Claim - Richard Dicerni - April 2017.pdf>

BLUELINE

Job #

RECEIPT FOR CAB FARE

Amount 13.75 Date April 26/17

From _____

To [Signature]

Cab No. _____ Driver _____

H.S.T. Included in meter fare



ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#722

SALE

REF# [Redacted]
SEQ# [Redacted]
17
CODE: [Redacted] 19:37:00
CAN EXPRESS

AMOUNT \$37.70
TAX \$0.04
TOTAL \$37.74
30 - APPROVED - 000

CAN EXPRESS
[Redacted]

Thank You

CUSTOMER COPY

DELTA
HOTELS AND RESORTS

DELTA CALGARY DOWNTOWN
**** E-BAR ****

54726 [Redacted]
CHK [Redacted] TBL 310/1
GST 1
26 APR'17 6:52 PM

1 DRAFT TOOL PEOPLE SKILLS 7.50
1 CAESAR CHIKN 18.95
TYPE IN
traditional

FOOD \$18.95
[Redacted]
TAX: \$1.32

7:31 PM
TOTAL DUE: \$ [Redacted]

GST# 74189 9496 RT001
PLEASE COMPLETE FOR ROOM CHARGES

GRATUITY _____

TOTAL _____

ROOM NUMBER _____

PRINT LAST NAME _____

SIGNATURE _____

DELTA CALGARY
DOWNTOWN FB
209- 4TH AVENUE SE
CALGARY AB T2G0C6
4032661980

SALE

Server # [Redacted]
MID [Redacted]
TID [Redacted] REF# [Redacted]
Batch #: [Redacted]
04/26/17 20:34:13
APP# CODE: [Redacted]
AME# [Redacted]

AMOUNT [Redacted] \$20.27
TIP \$4.17
TOTAL [Redacted] \$24.44

APPROVED [Redacted]

AMERICAN EXPRESS

[Redacted] 2444 ✓

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO AUTHORIZE THE TOTAL IN ACCORDANCE WITH THE CARDHOLDERS AGREEMENT WITH CARDHOLDERS AGREEMENT WITH CARDHOLDERS AGREEMENT WITH CARDHOLDERS

THANK YOU/MERCI!

CUSTOMER COPY

(4)

Job #



RECEIPT FOR CAB FARE

Amount 30.00 Date APR 27/17

From _____

To _____

Cab No. _____ Driver _____

H.S.T. Included in meter fare
Le prix inclus la TVH.



(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: [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
AC125	Toronto Pearson (YYZ)	Calgary (YYC)	320	Economy (G)	Confirmed
	Wed 26-Apr 2017 16:10 - TERMINAL T1	Wed 26-Apr 2017 18:21			
Seat number(s) requested: 13C					
AC124	Calgary (YYC)	Ottawa (YOW)	319	Economy (G)	Confirmed
	Thu 27-Apr 2017 19:35	Fri 28-Apr 2017 01:26			
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 XXXXXXXXXX

Date of issue	11-Apr 2017
Fare Amount in Canadian dollars:	741.00
<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)	156.43
Total Fare in Canadian dollars:	913.18 ✓

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

*Fare calculation:
26APR17YTO AC YYC Q23.00R323.00AC YOW Q23.00R372.00CAD741.00
END ROE1.00 XT101.43RC55.00SQ

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 : Apr-17
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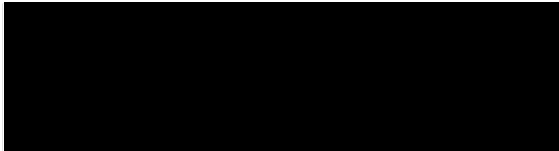
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Apr-2017	Direct Billing	Hotel	One night accommodation to attend Finance Committee Meeting and Board Meeting on April 27, 2017 in Calgary.	Other	213.17
	Direct Billing	Choose from Drop-down List		Other	
	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					\$ 213.17






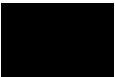
DELTA
 HOTELS
 MARRIOTT

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

AB HEALTH SERVICES
 AB HEALTH SERVICES



Dicerni, Richard

Room: 
 Folio: 
 Cashier: 
 Arrival: 04-26-17
 Departure: 04-27-17
 Reference:
 A/R Invoice:
 A/R Account: 

Date	Description	Additional Information	Charges	Credits
04-26-17	Room Charge		199.00	
04-26-17	Destination Marketing Fee (DMF)		5.97	
04-26-17	Tourism Levy		8.20	

Total	213.17	0.00
Balance Due	213.17	CDN

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