

## AHS Board and Executive Expense Report

**Name** Richard Dicerni  
**Title** AHS Board Member  
**Location** Edmonton

Expenses submitted during the month of July 2018

			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)
Jul-18	Expense Claim	Meetings	772			118	890			
Jul-18	Direct Bill	Meetings			447		447			
<b>Total</b>			<b>\$ 772</b>	<b>\$ -</b>	<b>\$ 447</b>	<b>\$ 118</b>	<b>\$ 1,337</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month**      \$      1,337

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

**BOARD MEMBER  
EXPENSE CLAIM FORM**

**SECTION 1: PAYEE INFORMATION**

Name:	Richard Dicerni	Expense Period Month:	Jul-18
Address:	[Redacted]	City:	[Redacted]
Province:	[Redacted]	Postal Code:	[Redacted]
Country:	Canada		
Reason for Expense	Attend Board Retreat and Public/Private Board Meetings on July 26 and 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	\$0.00
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$890.58 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$890.58</b> ✓

**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. approval email.</i>	Aug. 29/18	[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 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>	Sept 02/18

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

*Deborah Rhodes*  
Deborah Rhodes, VP Corporate Services & CFO  
Position #: [Redacted] DOFA Level: [Redacted]

**For payment please submit to:**

**14<sup>th</sup> 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: Jul-18

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				
25-Jul-2018	Taxi from residence to Ottawa airport to attend Board Meetings on July 26/27, 2018 in Edmonton.	Yes					\$29.00	✓		
25-Jul-2018	Flight from Ottawa to Edmonton and return on July 27, 2018.	Yes					\$771.93	✓		
25-Jul-2018	Taxi from YEG to hotel.	Yes					\$60.00	✓		
27-Jul-2018	Taxi from Ottawa Airport to residence.	Yes					\$29.65	✓		
<b>Total: (amount auto fills to page 1)</b>			\$0.00		\$0.00	\$0.00	\$890.58	\$0.00	0.00	

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

**BLUELINE** Job # \_\_\_\_\_  
**RECEIPT FOR CAB FARE**

Amount 29.00 Date July 25/18 ✓  
 From \_\_\_\_\_  
 To Airport  
 Cab No. \_\_\_\_\_ Driver \_\_\_\_\_  
 H.S.T. Included in meter fare

VISA MasterCard AMERICAN EXPRESS Discover

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

CARD \_\_\_\_\_  
 CARD TYPE AMEX  
 DATE 2018/07/25  
 TIME 3166 21:34:12  
 INVOICE # \_\_\_\_\_  
 RECEIPT NUMBER \_\_\_\_\_

PURCHASE  
 AMOUNT \$55.00  
 TIP \$5.00  
 TOTAL \$60.00 ✓

AMERICAN EXPRESS  
 \_\_\_\_\_

**APPROVED**  
 AUTH# \_\_\_\_\_  
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
 COPY FOR YOUR RECORDS

BLUE LINE TAXI  
 (610) 228-1111

ID# \_\_\_\_\_  
 CAB# \_\_\_\_\_  
 ID# \_\_\_\_\_  
 ID# \_\_\_\_\_  
 PBLN# \_\_\_\_\_  
 LBS# \_\_\_\_\_  
 OLN# \_\_\_\_\_  
 16:00 \_\_\_\_\_

AMOUNT: \_\_\_\_\_  
 TOTAL: \$ 29.65 ✓

\_\_\_\_\_

\*\*\* POSSESION COMPANY \*\*\*  
 CUSTOMER SERVICE 1-800-467-7070  
 (780) 467-1348 COM  
 100-1000



# 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)	320	Economy Flex (T)	Confirmed
	Wed 25-Jul 2018 18:45	Wed 25-Jul 2018 20:58			
Seat number(s) requested: 12D					
AC358	Edmonton International (YEG)	Ottawa (YOW)	E90	Economy Flex (T)	Confirmed
	Fri 27-Jul 2018 10:15	Fri 27-Jul 2018 15:55			
Seat number(s) requested: 12D					

## 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]

<b>Date of issue</b>	04-Jul 2018
<b>Fare Amount in Canadian dollars:</b>	618.00
<i>(including navigational &amp; other charges)</i>	
<b>Taxes, Fees &amp; Charges</b>	
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)	138.18
<b>Total Fare in Canadian dollars:</b>	<b>771.93</b>

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

\*Fare calculation:  
25JUL18YOW AC YEA Q23.00R261.00AC YOW Q23.00R311.00CAD618.00  
END ROE1.00 XT85.18RC53.00SQ

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**

<b>Name :</b> Richard Dicerni	<b>Reporting Period for the Month of :</b> Jul-18
-------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Jul-18	Direct Billing	Hotel	Two nights accommodation to attend Private/Public Board Meetings/Retreat on July 26-27, 2018 in Edmonton.	Vision Travel	\$446.84
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
	Direct Billing	Choose from Drop-down List		Vision Travel	\$
<b>Total Paid in the Month</b>					<b>\$ 446.84</b>

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



Richard Dicerni  
 Alberta Health Services li

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 25-JUL-18 22:07  
 Depart Date : 27-JUL-18 12:39  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001  
 The Westin Edmonton JUL-31-2018 15:11 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
25-JUL-18	[REDACTED]	Room Charge	199.00	
25-JUL-18	[REDACTED]	GST	10.25	
25-JUL-18	[REDACTED]	Destination Marketing Fee	5.97	
25-JUL-18	[REDACTED]	Tourism Levy	8.20	
26-JUL-18	[REDACTED]	Room Charge	199.00	
26-JUL-18	[REDACTED]	GST	10.25	
26-JUL-18	[REDACTED]	Destination Marketing Fee	5.97	
26-JUL-18	[REDACTED]	Tourism Levy	8.20	
27-JUL-18	[REDACTED]	Direct Bill		-446.84
** Total			446.84	-446.84
*** Balance			0.00	

STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts. Book your next Westin Weekend at [westin.com/weekend](http://westin.com/weekend)

Continued on the next page