

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of April 2019

			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-19	Expense Claim	Meetings	1,061	84		181	1,326			
Apr-19	Direct Bill	Meetings			379		379			
<b>Total</b>			\$ 1,061	\$ 84	\$ 379	\$ 181	\$ 1,705	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,705

Maximum daily single meal expense claimed in the month      \$      31  
 Maximum daily base hotel rate claimed in the month      \$      169  
 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]

<b>AHS - AP Processing - Internal Use Only</b>
Voucher #
Naming Convention:
T4A/NR Applicable? - If yes, indicate line & amt

## BOARD MEMBER EXPENSE CLAIM FORM

<b>SECTION 1: PAYEE INFORMATION</b>					
Name:	Richard Dicerni			Expense Period Month:	Apr-19
Address:	[REDACTED]	City:	[REDACTED]		
Province:	[REDACTED]	Postal Code:	[REDACTED]	Country:	Canada
Reason for Expense	All expenses in this claim are based on: Attended Private and Public Board Meetings on April 25, 2019 in Edmonton.				

<b>SECTION 2: FINANCE CODING &amp; TOTAL CLAIM</b>					
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	\$84.11 ✓
Travel Exp (B+C+E)	101	0005	71110300000	62212000	\$1,241.51 ✓
Other (D)	101	0005	71110300000	41090000	\$0.00
<b>TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE</b>					<b>\$1,325.62</b> ✓ <i>pk</i>

<b>SECTION 3: AUTHORIZATION</b>			
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 attached email for approval</i>	<i>May 13 2019</i>	[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>	<i>May 15/19</i>

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

*Deborah Rhodes* May 14/19  
Deborah Rhodes, VP Corporate Services & CFO

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**

<b>Name:</b>	Richard Dicerni	<b>Expense Period Month:</b>	Apr-19
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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				
24-Apr-2019	Taxi from residence to Ottawa Airport.	Yes					\$31.02	✓		
24-Apr-2019	Flight from Ottawa to Edmonton and return on April 26, 2019.	Yes					\$1,061.00	✓		
24-Apr-2019	Lunch.	Yes			L	\$31.01	✓			
24-Apr-2019	Taxi from YEG to hotel.	Yes	D-\$20.75	\$20.75	✓		\$60.00	✓		
25-Apr-2019	Dinner per diem	Yes	D-\$20.75	\$20.75	✓					
26-Apr-2019	Taxi from hotel to YEG.	Yes	L-\$11.60	\$11.60	✓		\$60.00	✓		
26-Apr-2019	Taxi from Ottawa Airport to residence.	Yes					\$29.49	✓		
<b>Total: (amount auto fills to page 1)</b>			\$53.10		\$31.01	\$0.00	\$1,241.51	\$0.00	0.00	

<b>BOARD MEMBER Mileage Rate</b>	0.505	<b>Total Mileage</b>	\$ -
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**BLUE LINE TAXI**  
(613) 238-1111

Terminal ID: [REDACTED]  
Driver ID: [REDACTED]  
Vehicle ID: [REDACTED]  
Driver ID: [REDACTED]

Card NUMBER: [REDACTED]  
Card TYPE: [REDACTED]  
DATE: 2019  
START: 10:12  
END: 10:13

FARE AMOUNT: \$ 26.91

TIP AMOUNT: \$ 4.05

**TOTAL : \$ 31.02**

APPROVAL NUMBER : [REDACTED] ✓

\*\*\*PASSENGER COPY\*\*\*

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



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

**TRANSACTION RECORD**

Terminal [REDACTED]  
Driver [REDACTED]  
19/04/24 18:04:05

Card : [REDACTED]  
AMERICAN EXPRESS  
CHIP CARD

VERIFIED BY BIN  
Ref # [REDACTED]  
Auth # [REDACTED]

**PURCHASE**  
FARE : \$ 55.00  
TIP : \$ 5.00

**TOTAL : \$ 60.00**

APPROVED - THANK YOU  
[REDACTED]

IMPORTANT: Retain this  
copy for your records

Merchant Copy

Thank you for choosing  
Co-op taxi

**GREATER EDMONTON TAXI  
SERVICE**  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]

CARD TYPE AMEX

DATE 2019/04/26

TIME 3208 06:36:12

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  
EDMTAXI.COM  
GST 100403070

**CAPITAL TAXI**  
(613) 744-3333

Terminal ID: [REDACTED]  
Merchant ID: [REDACTED]  
Vehicle ID: [REDACTED]  
Driver ID: [REDACTED]

TRIP NUMBER: 6074  
PASSENGERS: 1

04/26/2019  
START: 14:05  
END: 14:05

FARE AMOUNT: \$ 26.49

TIP AMOUNT: \$ 3.00

**TOTAL : \$ 29.49**

AMEX SALE : [REDACTED] ✓

APPROVAL NUMBER : [REDACTED]

\*\*\*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.**

## 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
AC451	Ottawa (YOW)	Toronto Pearson (YYZ)	E90	Economy Flex (V)	Confirmed
	Wed 24-Apr 2019 12:00	Wed 24-Apr 2019 13:04 - TERMINAL T1			
Seat number(s) requested: 12D					
AC1591	Toronto Pearson (YYZ)	Edmonton International (YEG)	319	Economy Flex (V)	Confirmed
<i>Operated by:</i>	Wed 24-Apr 2019	Wed 24-Apr 2019			
<i>Air Canada rouge</i>	14:40 - TERMINAL T1	16:40			
Seat number(s) requested: 12C					
AC358	Edmonton International (YEG)	Ottawa (YOW)	319	Economy Flex (H)	Confirmed
	Fri 26-Apr 2019 08:10	Fri 26-Apr 2019 13:52			
Seat number(s) requested: 15C					

**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>	08-Apr 2019
<b>Fare Amount in Canadian dollars:</b> <i>(including <u>navigational &amp; other charges</u>)</i>	1,136.00
<b>Taxes, Fees &amp; Charges</b>	
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001) (RC)	23.40
<b>Total Fare in Canadian dollars:</b>	<u>203.40A</u>

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

\*Fare calculation:  
24APR19YOW AC X/YTO AC YEA Q18.00R482.00AC YOW  
Q18.00R618.00CAD1136.00 END ROE1.00 PD14.25CA1.50XG129.64RC  
57.00SQ

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)

Total Cost of Flight \$1,136.00  
- Change Fee - 75.00  
from A/C Reserve Account

Total Claiming \$1,061.00

**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**

SSP America  
Boccone T1  
Lester B. Pearson Int'l Airport  
GST # 82587556CRT001  
416-776-2477

05 Salvina

Tab 62/1      Chk [REDACTED]      Gst [REDACTED]  
Apr 24 '19 12:06PM

**Eat In**  
1 Cesare Salad                    14.00  
1 Side Chicken                    7.00  
1 Hot Tea                            3.79  
  
Subtotal                            24.79  
HST Tax                              3.22  
01:12PM Total                    28.01

Win a \$500 Amazon Gift Card  
Go to the website to tell us  
about your visit and enter  
our prize draw  
See website for T&C  
[www.eatonthemove.com/UA](http://www.eatonthemove.com/UA)

LOCATION: 7103125

Customer Care 1-877-325-8777

SSP TORONTO  
BOCCONE  
Lester B Pearson Airport  
GST # 82587556ORT001  
416-776-2477

\*\*\* TRANSACTION RECORD \*\*\*  
Tran. # [REDACTED]  
RVC: Y BOCCONE  
Table #: [REDACTED]  
Check #: [REDACTED]  
Group #: 1  
Employee #: [REDACTED]  
Employee: [REDACTED]

Type: Purchase  
Acct: American Express  
Card #: [REDACTED]

Amount    \$28.01  
Tip        \$3.00  
=====

TOTAL CAD\$31.01 ✓

Reference #: [REDACTED]

AMERICAN EXPRESS  
[REDACTED]

APPROVED - THANK YOU  
00-000

VERIFIED BY PIN

Customer Copy

IMPORTANT  
Retain this copy for  
your records

THANK YOU  
Come Again

## 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> Apr-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Apr-19	Direct Billing	Hotel	Two nights accommodation to attend Private and Public Board Meetings on April 25, 2019 in Edmonton.	Vision Travel	\$379.46
	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>\$ 379.46</b>



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 : 24-APR-19 18:12  
 Depart Date : 26-APR-19 13:32  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Marriott Bonvoy Number : [REDACTED]  
 AR Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001  
 The Westin Edm YEGWI APR-29-2019 17:09 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
24-APR-19	[REDACTED]	Room Chrg - Special Corp	169.00	
24-APR-19	[REDACTED]	GST	8.70	
24-APR-19	[REDACTED]	DMF	5.07	
24-APR-19	[REDACTED]	Tour Levy	6.96	
25-APR-19	[REDACTED]	Room Chrg - Special Corp	169.00	
25-APR-19	[REDACTED]	GST	8.70	
25-APR-19	[REDACTED]	DMF	5.07	
25-APR-19	[REDACTED]	Tour Levy	6.96	

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 : 24-APR-19 18:12  
 Depart Date : 26-APR-19 13:32  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Marriott Bonvoy Number : [REDACTED]  
 AR Account : [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
26-APR-19	DB	Direct Bill		-379.46
		** Total	379.46	-379.46
		*** Balance	0.00	

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](http://westin.com/store)

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

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