

AHS Board and Executive Expense Report

Name: Dr Brian Muir
Title: Zone Medical Director North Zone
Location: Edmonton
 Expenses approved during the month of February 2024

Approved 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)										
	P-Card	Meetings					-			
	Expense Claim	Meetings					-			
Feb-24	Direct Bill	Meetings			103		103			
Total			\$ -	\$ -	\$ 103	\$ -	\$ 103	\$ -	\$ -	\$ -

**Total for
the Month** \$ 103

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 99
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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 : Dr. Brian Muir	Reporting Period for the Month of : Feb-24
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
10-Nov-2023	Direct Billing	Hotel	Hotel stay for in-person Physician Meeting on November 9 in Cold Lake then in-person Physician meetings on November 10 in Bonnyville, St. Paul, Elk Point	Holiday Inn Express & Suites	\$102.96
	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					\$102.96



Alberta Health Services
Box 1600
Edmonton AB T5J 2N9
Canada
 Muir, Brian

A/R Number AHS - EDMONTON
 Group Code
 Folio/Invoice No. [REDACTED]
 Reference #

Room No. [REDACTED]
 Arrival 11-09-23
 Departure 11-10-23

Page No. 1 of 1
 Cashier No. [REDACTED]
 User ID

Date	Description	Charges	Credits
11-09-23	*Accommodation Invoice No [REDACTED]	99.00	
11-09-23	GST #802121400	4.95	
11-09-23	Tourism Levy	3.96	

Amount Paid is
 \$99.00 plus \$3.96
 = \$102.96 (AHS is
 GST Exempt)

Total	107.91	0.00
Balance	107.91	

GST #8021214	Tourism Levy								
4.95	3.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill 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. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express & Suites
4404 52 Ave
Bonnyville, AB T9N 0C3
Telephone: (780) 687-8888 Fax: (780) 687-8889
GST#743391070RT0001