Assisted Living Alberta

www.assistedlivingalberta.ca

Assisted Living Alberta Board and Executive Expense Report

Name: Robin James
Title: Board Member
Location: Lethbridge
Expenses posted during the month of February 2026

				Travel (1)							
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Feb-26	Expense Claim	Meetings		28	234	615	877			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ 28	$ 234	$ 615	$ 877	$ -	$ -	$ -

Total posted for the Month $ 877

Maximum daily single meal expense posted in the month	$	28
Maximum daily base hotel rate posted in the month	$	165
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 ALA' 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 membership dues, small item technology purchases, books, etc.

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

Alberta Health Services

Payment Requisition

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

- **Only 1 Invoice per Payment Requisition (Multiple Invoices = Multiple Payment Requisitions)**
- This Form should only be used for exceptions to Markview or if no invoice exists.
- All employee reimbursements must be submitted on the **Travel, Hospitality & Working Session Expense Claim.**
- All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.
- **Supporting documentation MUST be attached prior to saving the form and prior to completing the Payment Authorization Section.**

PAYEE INFORMATION

Payee Information *(Check one only)*	☑ Vendor ☐ Patient ☐ Other *(i.e Volunteer)*				
Invoice Date		Invoice #	N/A		
Vendor Name	ROBIN JAMES			Contract #	
Address	[redacted]			City	[redacted]
Prov/State	Alberta	Postal Code	[redacted]	Country	
Are original attachments to be mailed with cheque?	☑ YES ☐ NO				
Payment Details :	Non-Po Invoice ☑	Service PO Payment ☐		No Invoice ☐	
Reason for Expense /Business case	Board Reimbursement - August to October 2025				

If claiming meals/travel/accommodation, if amount exceeds the limit stated in Policy 1122 "Appendix A" rationale is required.

FINANCE CODE/ACCOUNTING DISTRIBUTION

Departments must provide Complete Coding

"Cost Effective Method Used" Column is required. If you select **"No"** in this column, Further Explanation is **REQUIRED**

Balancing Unit e.g. 101	Location e.g. 9000	Functional Centre/Primary e.g. 71135050044	Expense/Secondary Account e.g. 69500001	Cost Effective Method Used?	Expense Sub - Total	GST *(If applicable)*	Total
[redacted]							
				Yes	877.24		877.24
				Yes			0.00
Currency is Canadian unless otherwise specified ☐ **US** ☐ **Other**			**TOTAL PAYMENT**		[redacted]		

Capital Project coding *(If more space is needed for coding, please attach an additional sheet)*

Project	Task	Expense Type	Expense Org.	Cost Effective Method Used?	Expense Sub - Total	GST *(If applicable)*	Total
				Yes			0.00
				Yes			0.00
Currency is Canadian unless otherwise specified ☐ **US** ☐ **Other**			**TOTAL PAYMENT**		0.00	0.00	0.00

Rationale is Required for expenses that are not Cost Effective *(supporting analysis and documentation must be attached to this form)*

REQUISITIONED BY SECTION

Requisitioned by *(Print Name)*	Position Title/Program Group	Date	Phone#
Vanessa Bower	Assisted Living Alberta	29-Jan-2026	[redacted]

PAYMENT AUTHORIZATION SECTION - Supporting documentation MUST be attached before completing this section.

NOTE Signature on form must be one of the follow: proper electronic signature using the "sign here" function below, form printed out & manually signed OR e-mailed approval to be attached using template requirements.

- I attest that I have read and understand all applicable policies of Alberta Health Services 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 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 the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided

Approved by *(Print Name)*	Signature	Date	Phone#
Toby Schneider	Approval kept on file [redacted]		
Title/Program Group	**DOA Level**	**Position#**	
a/Chief Executive Officer, Assisted Living Alberta	AHS-DOA-1		
Approved by *(Print Name)*	**Signature**	**Date**	**Phone#**
Sonya Johnston	Approval kept on file [redacted]		
Title/Program Group	**DOA Level**	**Position#**	
Senior Financial Officer, ALSS	AHS-DOA-1		

[redacted]

Robin James' Expense Claim Review

Business Purpose: ALA Board meeting Oct 22 - 23 in Edmonton.							
Expense Type	**Out of Pocket / PCard**	**Day**	**Date**	**Claimant**	**Attendee**	**Description/Explanation**	**Submitted Amount**
Mileage	Out of Pocket	Wed	22-Oct-25	Robin James	Robin James	• Used a personal vehicle to travel from Lethbridge to Edmonton. • Distance as per Google Maps: 503 km. • Distance claimed: 505 km. • Submitted amount calculation: 505 kmx$0.57/km=$287.85 2 km difference between google map and submitted amounts is immaterial and may be due to actual addresses of starting end ending locations.	$287.85
Accommodation	Out of Pocket	Wed	22-Oct-25	Robin James	Robin James	• Paid out pocket for Accommodation at Courtyard By Marriott Downtown Edmonton (confirmed on the standing offer list - paid **Government Rate**): - Accommodation: $189.30 - Parking $45.00 TOTAL: $234.30	$234.30
Meal allowance	Out of Pocket	Wed	22-Oct-25	Robin James	Robin James	• Departed Lethbridge at prior to 6:30 p.m. • Submitted meal allowance: • Dinner — $28	$28.00
Parking	Out of Pocket	Thur	23-Oct-25	Robin James	Robin James	• Paid out pocket for Parking at Alberta Legislature - All Day Rate	$40.95
Mileage	Out of Pocket	Thur	23-Oct-25	Robin James	Robin James	• Used a personal vehicle to travel from Edmonton to Lethbridge. • Distance as per Google Maps: 503 km. • Distance claimed: 502 km. • Submitted amount calculation: 502 kmx$0.57/km= $286.14 • Difference between submitted and claim km immaterial.	$286.14
						Sub-total	**$877.24**

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Robin James
[redacted]

Room: [redacted]
Room Type: GENR
Number of Guests: 1
Rate: $0.00
Clerk: [redacted]

Arrive: 22Oct25 Time: 11:11PM Depart: 23Oct25 Time: 12:05AM Folio Number: [redacted]

DATE	DESCRIPTION	CHARGES	CREDITS
22Oct25	Govt/Military	165.00	
22Oct25	Marketing Fee	6.60	
22Oct25	Gst 831018205	8.58	
22Oct25	Tourism Levy	6.87	
22Oct25	Daily Parking	45.00	
22Oct25	Gst 831018205	2.25	
23Oct25	Master Card		234.30

[redacted]

BALANCE: 0.00

[redacted]

Summary of Taxes

Description	Tax
Gst Room	8.58
Hst Room	6.87

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RECU DE STATIONNEMENT

PARKING RECEIPT

RECU DE STATIONNEMENT

PARKING RECEIPT

RE

RECEIPT
Impark Lot 02-237

License Plate Number

[redacted]

Expiration Date/Time

06:00 PM

OCT 23, 2025

Purchase Date/Time: 09:28am Oct 23, 2025
Total Parking: $38.00
Total Processing Fee: $1.00
Total gst: $1.95
Total Due: $40.95 Rate: $38 - All Day
Total Paid: $40.95 Pmt Type: CC (Swipe)
Ticket
S/N #: [redacted]
Setting: Lot 237
Mach Name: Meter 2

[redacted] Auth # [redacted]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES