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 June 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					-			
Jun-26	Expense Claim	Meetings		31		607	638			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ 31	$ -	$ 607	$ 638	$ -	$ -	$ -

Total posted for the Month $ 638

Maximum daily single meal expense posted in the month	$	18
Maximum daily base hotel rate posted 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 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

Health Shared Services

[redacted]

HSS 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:	Robin James			**Expense Period Month:**	Apr-26
Address:	[redacted]		**City:**	[redacted]	
Province:	[redacted]	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	Travel for Assisted Living Alberta Board meetings April 20, 2026				

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)	[redacted]				$31.00
Travel Exp (B+C+E)					$607.14
Other (D)					$0.00
			TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE		$638.14

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 the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared 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#
Robin James	[redacted]	29-04-2026	[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 applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared 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
Toby Schneider	a/Chief Executive Officer, Assisted Living Alberta

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Toby Schneider [redacted]	

Approved by (Print Name)	Position Title/Program Group
Sonya Johnston	Senior Financial Officer, ALSS

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Sonya.Johnston [redacted]	

Health and Personal information on this form is collected by HSS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering HSS Procure to Pay program

For payment please submit to: [redacted]

Carry forward from Section 1			
Name:	**Robin James**	**Expense Period Month:**	**Apr-26**

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)

Travel for Assisted Living Alberta Board meetings April 20, 2026

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality Expenses

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)				Accom-modation (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	Allow-ance	Meal Type	Amount				
20-Apr-2026	Depart 8am from 314 3 Street S to Alberta Legislature arrive 1pm	Yes	L-$18.00	$18.00						501
21-Apr-2026	Depart 8am Alberta Legislature to return to 314 3 Street S Lethbridge at 1pm	Yes	B-$13.00	$13.00						501
21-Apr-2026	Parking							$36.00		
Total: (amount auto fills to page 1)				$31.00		$0.00	$0.00	$36.00	$0.00	1,002.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 571.14

RECEIPT

Impark Lot 02-383

License Plate Number

[redacted]

Expiration Date/Time

06:00 PM

APR 20, 2026

Purchase Date/Time: 01:37pm Apr 20, 2026
Total Parking: $33.33
Total GST: $1.67
Total Due: $35.00 Rate: $35 - All Day To 6PM
Total Paid: $35.00 Pmt Type: CC (Swipe)
Ticket S/N #: [redacted]
Setting: Lot 383
Mach Name: Meter 1

[redacted] Auth # [redacted]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

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