

## AHS Board and Executive Expense Report

**Name** Dr. David Mador  
**Title** VP & Medical Director Northern Alberta  
**Location** Edmonton

Expenses submitted during the month of April 2016

### 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-16	P-Card	Meetings					-	2,431		139
Apr-16	Expense Claim	Meetings		21		229	250			
<b>Total</b>			\$ -	\$ 21	\$ -	\$ 229	\$ 250	\$ 2,431	\$ -	\$ 139

**Total for the Month** \$ 2,820

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed 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 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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>MADOR, DAVID</u>	<u>VP &amp; MEDICAL DIRECTOR</u>	Billing Reporting Period:	<u>20/04/2016</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>EXECUTIVE</u>	<u>SEVENTH STREET PLAZA-NORTH</u>	Total Statement Amount:	<u>\$2,570.78</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/03/2016	423274754	ALBERTA MEDICAL ASSOCI, ORGANIZATIONS, MEMBERSHIP	50.00	CAD	50.00	2.38		purchase of ticket for annual dinner meeting with Edmonton Zone Medical Staff. DM is on the agenda
29/03/2016	423930181	CAN. SOC. OF PHYSICIAN, ORGANIZATIONS, MEMBERSHIP	1,073.50	CAD	1,073.50	51.12		registration fee to attend the 2016 Canadian Conference on Physician Leadership May 13-14, 2016 in Toronto ON
01/04/2016	424254344	WWW.EUROPEANHEALTHCARE, BUSINESS SERVICES NOT ELSEWHERE	510.00	GBP	987.45	.00	.00	registration-CANCELLED presenter at European Healthcare Design Congress reimbursement on May statement
01/04/2016	424254345	WWW.EUROPEANHEALTHCARE, BUSINESS SERVICES NOT ELSEWHERE	114.00	GBP	220.73	.00	.00	registration CANCELLED, presenter European Healthcare Design Congress-reimbursement May statement
01/04/2016	424254346	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	99.75	CAD	99.75	4.75	.00	registration to attend ICD -Alberta Does Not Run on Oil Alone: Strategic Opportunities in Tough Times on April 20, 2016
05/04/2016	424730529	SWEET BASIL CATERING C, CATERERS	139.35	CAD	139.35	6.64		catering URGENT short notice meeting RAH/GRH/CCH Campus MasterPlan, VPMD, VPCHOO, CPO/SPOCP, SOORAH, VPCFO

**Signatures**
**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate

 EAC  
 Cardholder Designate Position/Title

Signature of Cardholder Designate

 18 APRIL 2016  
 Date of Signature

**Cardholder**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- 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 me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

MADOR, DAVID

VP &amp; MEDICAL DIRECTOR

Name of Cardholder

Cardholder Position/Title

Signature of Cardholder

 Apr 19 / 16  
 Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

**Approver**

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- 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. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Verena Hill

Interim President &amp; CEO

Name of Approver

Approver Position/Title

Signature of Approver

 April 22 / 16  
 Date of Signature

Submit approved statement with attachments to Accounts Payable:

**Attach:**

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
  - Copies of pre-approvals for travel
  - Personal cheque payable to "Alberta Health Services"
  - Return, refund and/or credit receipts
  - Disputes letter
  - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

**Address:**

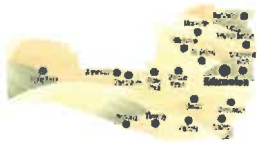
 Alberta Health Services  
 Accounts Payable  
 7th Street Plaza  
 10th Floor, North Tower, 10030-107 Street  
 Edmonton, AB T5J 3E4

**Accounts Payable only:**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_



# Edmonton Zone Medical Staff Association

## RECEIPT

EDMONTON ZONE MEDICAL STAFF ASSOCIATION - 2016

Dr. David Mador

RECEIPT for EZMSA Annual General Meeting

\$50.00

EZMSA Executive office, 1N-100 16940 – 87 Avenue, Edmonton AB T5T 4H5 Ph : 780-735-2924  
[lauriewear@albertahealthservices.ca](mailto:lauriewear@albertahealthservices.ca)

*→ David Mador on agenda*

**Thank you for your support**

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Dr David Mador



Invoice # [REDACTED]

Invoice Date: 2016-03-29

### 2016 Canadian Conference on Physician Leadership

Quantity	Item	Unit Cost	Price
1	2- day CCPL Conference - Regular Fee	\$950.00	\$950.00
1	Workshop - D. Leading together for safer care: The role of digital health - Morning	\$0.00	\$0.00
1	Workshop - B. The changing landscape for physicians in a value-based health system - Afternoon	\$0.00	\$0.00
1	Workshop - H. Tweeting like a leader: An introduction to social networking and digital footprint - Morning	\$0.00	\$0.00
		Sub Total	\$950.00
		HST (865529721RT0001)	\$123.50
		Total	\$1,073.50
		Amount Paid (Credit Card)	\$1073.50
		Amount Due	\$0.00

*Registration to attend 2day CCPL*



# PAID INVOICE RECEIPT

<b>Attention:</b>	David Mador VP & Medical Director, Northern Alberta & Edmonton Zone	<b>Project Title:</b>	European Healthcare Design 2016
<b>Organisation Name:</b>	[REDACTED]	<b>Invoice No:</b>	[REDACTED]
<b>Address:</b>	[REDACTED]	<b>Invoice Date:</b>	1 April 2016
		<b>Your Reference:</b>	David Mador
		<b>Payment Terms:</b>	PAID

Description	Quantity	Unit Price	Total Cost
Two Day Early Bird Rate Conference Fee (Public Sector Rate)	1	425.00	£425.00
		<b>SUB-TOTAL</b>	£ 425.00
		<b>VAT (20%)</b>	£ 85.00
<b>PAID IN FULL – THANK YOU</b>		<b>TOTAL</b>	<b>£ 510.00</b>
Ref: [REDACTED]			

All Bank Charges should be accepted by the payee

**BACS & bank transfers:** account details:



*\*Registration cancelled*

**Credit Card Payment:** [Please complete the details fully and return]

Please charge my card (Please circle)      MASTERCARD / VISA

Card No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Security (3 digits on reverse of card) \_\_\_\_

Start Date: \_\_/\_\_/\_\_      Expiry Date: \_\_/\_\_/\_\_

Name as it appears on the card: \_\_\_\_\_

Address at which card is registered: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

SALUS Global Knowledge Exchange is a division of  
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 Registered office: Lakeview House, 4 Woodbrook Crescent, Billericay, Essex CM12 0EQ  
 Company No: 6634047 VAT Number: 168 9240 73



# PAID INVOICE RECEIPT

<b>Attention:</b>	David Mador VP & Medical Director, Northern Alberta & Edmonton Zone	<b>Project Title:</b>	European Healthcare Design 2016
<b>Organisation Name:</b>	[REDACTED]	<b>Invoice No:</b>	[REDACTED]
<b>Address:</b>	[REDACTED]	<b>Invoice Date:</b>	1 April 2016
		<b>Your Reference:</b>	David Mador
		<b>Payment Terms:</b>	PAID

Description	Quantity	Unit Price	Total Cost
Garden Party – Royal College of Physicians, 28 June 2016	1	95.00	£95.00
		<b>SUB-TOTAL</b>	£ 95.00
		<b>VAT (20%)</b>	£ 19.00
<b>PAID IN FULL – THANK YOU</b>		<b>TOTAL</b>	<b>£ 114.00</b>
Ref [REDACTED]			

All Bank Charges should be accepted by the payee

**BACS & bank transfers:** account details:

[REDACTED]

\*Registration cancelled

**Credit Card Payment:** [Please complete the details fully and return]

Please charge my card (Please circle)      MASTERCARD / VISA

Card No: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Security (3 digits on reverse of card) \_\_\_\_

Start Date: \_\_/\_\_/\_\_      Expiry Date: \_\_/\_\_/\_\_

Name as it appears on the card: \_\_\_\_\_

Address at which card is registered: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

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**Debbie Fornal**

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**From:** admin@icd.ca  
**Sent:** Thursday, March 31, 2016 2:56 PM  
**To:** [REDACTED]  
**Subject:** Order Confirmation

**Institute of Corporate Directors**

2701-250 Yonge Street, Toronto, ON M5B 2L7

**Order Number** [REDACTED]

**Order Date** 3/31/2016

**Order Total** 99.75

**Payment Method** Master Card [REDACTED]

**Name on Card** David Mador

Qty	Item	Price Total
1	Alberta Does Not Run on Oil Alone: Strategic Opportunities - Dr David Mador <b>When:</b> 4/20/2016 - 4/20/2016 <b>Where:</b> Royal Glenora Golf Club, Braemer Room 11160 River Valley Road NW Edmonton, AB T5J 2G7	95.00 95.00
<b>Item Total</b>		95.00
<b>Shipping</b>		0.00
<b>Handling</b>		0.00
<b>GST</b>		4.75
<b>Transaction Grand Total</b>		99.75

GST# 12179 8201

QST# 12048 55478





Names of Attendees

Steve Rees - Senior Program Officer Capital Operations and Gov't Integration, Capital Management

Denise Blackwell - Principal, Blackwell Management Group Inc

Deb Gordon - Vice President & Chief Health Operations Officer (Northern AB)

David Mador - Vice President & Medical Director (Northern AB)

Basel Abdulaal - Strategic Development Capital Planner, Capital Management

Brian Stevenson - Chief Program Officer, Capital Management

Deb Rhodes - Vice President, Corporate Services & Chief Finance Officer

Curtis Johnston - Associate Zone Medical Director, RAH/SCH

Judith Hockney – Senior Operating Officer, RAH

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
MADOR, DAVID	VP & Medical Director Northern Alberta	Edmonton	250.23

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/12/2016	2030 Presentation to Ft Saskatchewan City Council		Mileage	40.66	Seventh Street Plaza	Ft Saskatchewan Public Works Building		1			78.2
1/15/2016	ZMD Town Hall meeting with Leduc Physicians		Mileage	39.10	Seventh Street Plaza	Leduc Community Health Centre		1			75.2
1/28/2016	ZMD to attend Ribbon Cutting and Tour of newly opened unit 19		Mileage	18.82	Seventh Street Plaza	Sturgeon Community Hospital		1			36.2
1/29/2016	ZMD Town Hall meeting with Sturgeon Community Hospital physicians		Mileage	18.82	Seventh Street Plaza	Sturgeon Community Hospital		1			36.2
2/3/2016	ZMD to attend PPEC meeting (all day)		Mileage	31.10	Seventh Street Plaza	Renaissance Airport Hotel		1			59.8
3/9/2016	parking to attend Provincial Dialogue on Primary Health Care session at Westin Hotel	AB - Local	Parking - Lot or Parkade	15.00				1			
3/15/2016	travel to/from SSP to EIA for flight to Ft McMurray to meet with NLH physicians and operational leads		Mileage	30.78	Seventh Street Plaza	Edmonton International Airport		1			59.2
4/8/2016	per diem dinner while in Ft McMurray to meet with NLHR physicians and operational staff		Meals Per Diem	20.80				1			
4/8/2016	ZMD Town Hall meeting with WestView physicians		Mileage	35.15	Seventh Street Plaza	WestView Community Health Centre		1			67.6
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		2-May-16							

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

03/09/16 20:50 L# 2 A# 40 Txn#  
03/09/16 15:18 In 03/09/16 20:50 Out  
Tktt  
Regular Rate \$ 14.29  
Total Tax \$ 0.71  
Total Fee \$ 15.00  
CASH PAID \$ 15.00 \*  
Cash Tender \$ 20.00  
Change Due \$ 5.00

THANK YOU  
COME AGAIN

March 9, 2016

Parking to attend  
"Provincial Dialogue on  
Primary Health Care  
Session @ Westin ...