

AHS Board and Executive Expense Report

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

Expenses submitted during the month of May 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)
May-16	P-Card	Meetings				106	106	(1,939)		
May-16	Direct Billing	Meetings	992				992			
Total			\$ 992	\$ -	\$ -	\$ 106	\$ 1,098	\$ (1,939)	\$ -	\$ -

Total for the Month \$ (841)

Maximum daily single meal expense claimed in the month \$ -
 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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>MADOR, DAVID</u> Cardholder's Name	<u>VP & MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/05/2016</u>
<u>EXECUTIVE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA-NORTH</u> Cardholder's Site/Location	Total Statement Amount:	<u>(\$1,833.04)</u>
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/04/2016	426658739	WWW.EUROPEANHEALTHCARE, BUSINESS SERVICES NOT ELSEWHERE	-114.00	GBP	-204.14	.00	.00	Refund from European Healthcare Design for cancellation of registration to attend conference
21/04/2016	426658740	WWW.EUROPEANHEALTHCARE, BUSINESS SERVICES NOT ELSEWHERE	-510.00	GBP	-913.27	.00	.00	Refund from European Healthcare Design for cancellation of registration to attend conference
02/05/2016	427773274	INSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	26.25	CAD	26.25	1.25	.00	registration for Health Policy Speaker Series (HPSS) - May 5th, Sir Paul Nurse
10/05/2016	428924030	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	44.51	CAD	44.51	2.12		taxi from YYC airport to Alberta Childrens' Hospital to attend a AH/AHS JET meeting
10/05/2016	428924031	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	36.11	CAD	36.11	1.72		taxi from Hotel Alma to YYC airport to catch flight to return to YEG, in Calgary to attend AHS/AH JET and Exec Ed leadership
10/05/2016	428924032	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	parking at YEG airport to take flight to YYC to attend AHS/AH JET and Executive Education Leadership meetings
12/05/2016	429141792	CAN. SOC. OF PHYSICIAN, ORGANIZATIONS, MEMBERSHIP	-847.50	CAD	-847.50	-42.38		refund from registration from 2016 Canadian Conference on Physician Leadership conference in T.O., cancelled due to FtMac

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

 EA
 Cardholder Designate Position/Title

Signature of Cardholder Designate

 18 May 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
 Name of Cardholder

 VP & MEDICAL DIRECTOR
 Cardholder Position/Title

Signature of Cardholder

 May 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. Verna / yiu
 Name of Approver

 Interim President + CEO
 Approver Position/Title

Signature of Approver

 May 26 / 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: _____

PAID INVOICE RECEIPT

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

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

All Bank Charges should be accepted by the payee

BACS & bank transfers: account details: Sansom & Sansom Associates Ltd
 HSBC Bank
 Sort Code: 40-10-27 Account Number: 71440829
 IBAN: GB64MIDL40102771440829
 Swift code / BIC: MIDLGB2118W

*Refund
 *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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PAID INVOICE RECEIPT

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

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

All Bank Charges should be accepted by the payee

BACS & bank transfers: account details: Sansom & Sansom Associates Ltd
 HSBC Bank
 Sort Code: 40-10-27 Account Number: 71440829
 IBAN: GB64MIDL40102771440829
 Swift code / BIC: MIDLGB2118W

*Refund
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: __/__/__

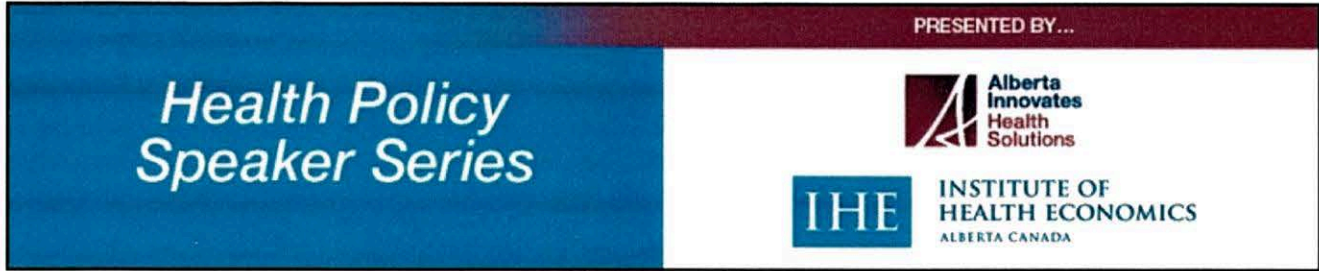
Name as it appears on the card: _____

Address at which card is registered: _____

Cardholders Signature: _____

SALUS Global Knowledge Exchange is a division of
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 Sansom & Sansom Associates Ltd is a company registered in England.
 Registered office: Lakeview House, 4 Woodbrook Crescent, Billericay, Essex CM12 0EQ
 Company No: 6634047 VAT Number: 168 9240 73

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Receipt

Reference Number [REDACTED]

Date Registered May 2, 2016

Statement Date May 2, 2016

Event Health Policy Speaker Series (HPSS) - May 5th, Sir Paul Nurse

Event Details The Matrix Hotel (Quartz Ballroom)
10135 100 Street NW
Edmonton AB T5J 3N8

Event Date May 5, 2016

The following individuals are registered

Name	Category	Total
David Mador	General Registration	\$CAD25.00
	Sales Tax	\$CAD1.25
	Total	\$CAD26.25

Billed To

Billing Company Alberta Health Services

Name David Mador

Address Line 1 [REDACTED]

Address Line 2 [REDACTED]

City Edmonton

State/Province AB

Billing Zip/Postal Code [REDACTED]

Country Canada

Email Address david.mador@ahs.ca

Date	Transaction Type	Amount
May 2, 2016	Transaction Amount	\$CAD26.25
May 2, 2016	Online Credit Card Payment [REDACTED]	\$CAD-26.25
	Balance	\$CAD0.00

Cancellation Policy

May 10/2016

THANK YOU
ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID: 4189233
TID: FZ189233
Batch # 154
05/10/16
APPR CODE:
MASTERCARD

REI

SEQ:

AMOUNT \$38.70
TIP \$5.81
TOTAL \$44.51

00 - APPROVED - 001

MasterCard
AID A0000000041010
TVR: 00 00 00 80 00
TSI E8 00

THANK YOU

CUSTOMER COPY

taxi from
airport to Alberta
Children's Hospital

(AH/AHS Joint Exec Mtg)

May 10, 2016

David Mador travelled to Calgary to attend
Executive Education Residency 3 - Executive
Leadership Team lunch

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 2nd Fl 10/05/16 16:14
Receipt

Short-term parking tkt
HL - No. 041962
10/05/16 06:19
11/05/16 06:18
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC \$25.00

Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

052F3729 - 1/1

216 MERIDIAN ROAD SE
Edmonton AB T2A 1X2

RENTAL ID: 314
MERCHANT ID: 4
VEHICLE ID: 1000
DRIVER ID: 1000
ACCOUNT ID: 833
IP NUMBER: 1000
PASSENGERS: 1

10/2016
DATE: 13:07
DISTANCE: 184.00
RATE: 3

PRE AMOUNT: \$ 2.50
CASH AMOUNT: \$ 1.19
COP AMOUNT: \$ 1.19

TOTAL \$ 36.11

MASTERCARD SALE \$ [redacted] \$36.11

PASSENGER COPY

THANK YOU
(403)299-9999
WWW.THECHECKERGROUP.COM

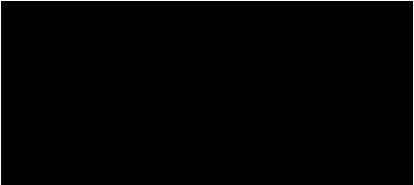


taxi from Hotel
Alma to airport

2
7



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 2 day CCPL~~

Cancelled Registration due to FT MaxFives

received \$847.50
\$200 admin charge applied

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**

Name : David Mador	Reporting Period for the Month of : May-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-May-2016	Direct Billing	Airline Ticket	Flights to/from Edmonton/Toronto to attend 2016 Canadian Conference on Physician Leadership: Leading Together: Achieving Results. Flights CANCELLED, with Air Canada's goodwill policy for the Fort Mac fire Marlin Travel got a full refund	Marlin Travel	666.39
10-May-2016	Direct Billing	Airline Ticket	Flight to/from Edmonton/Calgary to attend AHS/AH Joint Executive Team meeting and Executive Education-Executive Leadership luncheon with Cohort 4	Marlin Travel	325.88
	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					\$ 992.27

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

March 15, 2016

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INVOICE

For

DR DAVID MADOR

AC

Thursday, May 12, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: TORONTO PEARSON

Stops: 0 Arrival: 12May16

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 20F

Flight: 172 L CLASS
01:55 PM Equipment: A320
07:35 PM

Mile(s) Flown: 1671

Saturday, May 14, 2016

 Air

AIR CANADA

From: TORONTO PEARSON

To: EDMONTON INTL AB

Stops: 0 Arrival: 14May16

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 19F

Flight: 177 G CLASS
04:55 PM Equipment: A320
07:04 PM

Mile(s) Flown: 1671

Cost:

AIR CANADA WEB

575.43

Tax:

69.96

Ticket Total:

645.39

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 15, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:	
AIR CANADA WEB [REDACTED]	20.00
	Tax: 1.00
	Ticket Total: 21.00
Total:	
	Grand Total: 666.39
	Less Credit Card Payments: 666.39
	Credit / Balance Due To This Invoice: 0.00
	Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: [REDACTED]
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR DAVID MADOR
AC [REDACTED]

Tuesday, May 10, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 10May16

Flight: 8133 G CLASS
07:10 AM Equipment: D8 (300 SERIES)
08:05 AM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CON [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2A

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10May16

Flight: 8150 G CLASS
03:25 PM Equipment: DH4
04:15 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CON [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3A

Cost:

AIR CANADA WEB	[REDACTED]	[REDACTED]	250.92
		Tax:	74.96
		Ticket Total:	325.88

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 21, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	325.88
Less Credit Card Payments:	325.88
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.