

## AHS Board and Executive Expense Report

**Name** Dr. David Mador  
**Title** VP & Medical Director Northern Alberta  
**Location** Edmonton  
 Expenses submitted during the month of July 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)
Jul-16	P-Card	Meetings				25	25	26	491	
Jul-16	Direct Billing	Meetings	776				776			
<b>Total</b>			\$ 776	\$ -	\$ -	\$ 25	\$ 801	\$ 26	\$ 491	\$ -

**Total for the Month** \$ 1,318

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.

<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>			
MADOR, DAVID	VP & MEDICAL DIRECTOR	Billing Reporting Period:	20/07/2016
Cardholder's Name	Cardholder's Position/Title		
EXECUTIVE	SEVENTH STREET PLAZA-NORTH	Total Statement Amount:	\$542.00
Cardholder's Dept	Cardholder's Site/Location		
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
12/07/2016	██████████	INSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	26.25	CAD	26.25	1.25	.00	registration to attend IHE/AIHS Health Policy breakfast Medtronic Global CEO, Omar Ishrak Observations on Value-Based
14/07/2016	██████████	BRIDGES CATERING, EATING PLACES, RESTAURANTS	490.75	CAD	490.75	23.37	.00	Catering for Edmonton Coordinating Council Appreciation


**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/06/2016	██████████	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	parking at Edmonton airport to take flight to/from Edmonton/Ft McMurray for a post fire visit to city, residents, hospital, etc

A

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>Elizabeth Grierson</u> Name of Cardholder Designate  <u>[Signature]</u> Signature of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title  <u>18-OCT-2016</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>MADOR, DAVID</u> Name of Cardholder  <u>[Signature]</u> Signature of Cardholder	<u>VP &amp; MEDICAL DIRECTOR</u> Cardholder Position/Title  <u>19-OCT-2016</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
_____ Name of Approver Designate  _____ Signature of Approver Designate	_____ Approver Designate Position/Title  _____ Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Dr. Verna Yiu</u> Name of Approver  <u>[Signature]</u> Signature of Approver	<u>President + CEO</u> Approver Position/Title  <u>Oct 20, 2016</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

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<h1 style="margin: 0;">Health Policy Speaker Series</h1>	PRESENTED BY...
	 

**Receipt**

**Reference Number** [REDACTED]  
**Date Registered** July 12, 2016  
**Statement Date** July 12, 2016

**Event** Health Policy Speaker Series (HPSS) -July 19, 2016  
**Event Details** The Matrix Hotel (Quartz Ballroom)  
 10135 100 Street NW  
 Edmonton AB T5J 3N8  
**Event Date** July 19, 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** 14th Floor, Seventh Street Plaza - North Tower  
**Address Line 2** 10030-107 Street NW  
**City** Edmonton  
**State/Province** AB  
**Billing Zip/Postal Code** T5J 3E4  
**Country** Canada  
**Email Address** [REDACTED]

Date	Transaction Type	
July 12, 2016	Transaction Amount	\$CAD26.25
July 12, 2016	Online Credit Card Payment [REDACTED]	\$CAD-26.25
	<b>Balance</b>	<b>\$CAD0.00</b>

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# Bridges Catering

9203 111 Avenue  
Edmonton, Alberta T5G 0A2  
Canada  
Tel: (780) 425-0173  
Fax: (780) 421-4714

# INVOICE

Invoice No.: [REDACTED]  
Date: 06/27/2016  
Page: 1  
Re: Order No. [REDACTED]

**Bill To:**

Alberta Health Services -----  
7th Street Plaza, North Tower  
10030 107 Street NW  
Edmonton, Alberta T5J 3E4  
Canada

**Deliver To:**

Alberta Health Services -----  
7th Street Plaza  
10030 107 Street NW  
Main Floor Boardroom A/C  
Kim Belrose (780) 342-2026

*catering: Edmonton Coordinating  
Council Appreciation*

Business No.: 890805997

Quantity	Description	Tax	Unit Price	Amount
1	Reception Food	E	874.00	874.00
1	Lemonade (Per Gallon)	E	45.00	45.00
1	Rentals - Chafing Dish - Large	E	12.50	12.50
1	Delivery Charge	E	50.00	50.00
E - GST EXEMPT				
GST 5% Exempt				
<i>Called in July 14, 2016 @ 8:31am</i>				
<i><u>\$490.75 each</u></i>				
<i>Debb Gordon</i>				
[REDACTED]				
<i>David Mador</i>				
[REDACTED]				
<i><u>\$490.75</u></i>				
Terms: Net 30. Due 07/27/2016.			<b>Total Amount</b> 981.50	
Comment: Thank you for choosing Bridges Catering.				

①

Kim Belrose

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**From:** Deb Gordon  
**Sent:** Thursday, July 14, 2016 9:47 AM  
**To:** Kim Belrose  
**Cc:** Debbie Fornal  
**Subject:** FW: Invoice [REDACTED]

**Categories:** Action

Over to you!  
Deb

**Healthy Albertans.  
Healthy Communities.  
Together.**

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**From:** Keri Parrano [mailto:Keri@bridgescatering.ca]  
**Sent:** Thursday, July 14, 2016 8:59 AM  
**To:** Deb Gordon  
**Subject:** Invoice #197186

Dear Deb,

Please see below a copy of your Mastercard receipts for invoice #197186

Thank you and have a great day!

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$490.75

CARD NUM [REDACTED]  
ACCOUNT MC

DATE Jul 14 2016 08:33AM  
REF NUM [REDACTED]

AUTH CODE [REDACTED]

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APPROVED - THANK YOU 027

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TYPE PURCHASE

AMOUNT (CAD) \$490.75

CARD NUM [REDACTED]  
ACCOUNT MC

DATE Jul 14 2016 08:35AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

David Mador

APPROVED - THANK YOU 027

KERI PARRANO  
OFFICE MANAGER



FRESH • INSPIRED • COMMITTED

BRIDGES CATERING  
9203-111 AVENUE  
EDMONTON, ALBERTA T5G 0A2  
PHONE: 780-425-0173

[BRIDGESCATERING.CA](http://BRIDGESCATERING.CA) [SEE OUR MENUS](#) [PLACE AN ORDER](#) [CONTACT US](#)

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### Attestation for Lost Receipts

On my P-card report for June 21 – July 20, 2016, I have one charge for which I am missing the receipt. This expense has not been claimed previously, and the charge was incurred in relation to AHS business. The receipt is for parking, so it is not available for reprinting.

1. Transaction date June 23, 2016 Edmonton Airport Parking - \$25.00. This is a parking charge for a flight to Fort McMurray for a post-fire visit to the hospital site.

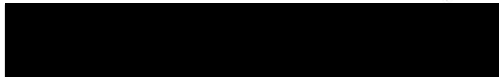
Signed,



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October 5, 2016

David Mador  
Vice President and Medical Director, Northern Alberta







### Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expenses Policy #1122 this form must be pre-approved for working sessions greater than \$500.00, in accordance with the Delegation of Authority for Financial Commitments "Financial Authorization" Matrix.

Select healthy food and drink choices for working sessions to align with the Healthy Eating Environment policy (#1138). Refer to Healthy Meetings and Events Resources for planning

#### Details of Working Session Request

Describe the purpose of the working session

As many of the EZ staff and team members worked tirelessly to support the emergency response and recovery efforts in Fort McMurray, Deb Gordon and David Mador hosted a special (catered) ECC meeting to say Thank you for all efforts over the last week and going forward.

Name of Event Date of Request (dd-mmm-yyyy)

Edmonton Coordinating Council 27-Jun-2016

Event Lead (Name, Position, Department)

Deb Gordon, VP and Chief Health Operations (NAAlberta) and David Mador, VP and Medical Director (NAAlberta)

Location of Venue Event Date(s) Number of Attendees

Conference Room A/C - Seventh Street Plaza (main floor) 27-Jun-16 90

Guest Speaker(s)/Facilitators Title/Role Organization

Guest Speaker(s)/Facilitators	Title/Role	Organization

<b>Proposed Budget</b>	Venue cost	\$0.00	
	Meals	\$874.00	
	Non- Alcoholic Beverages	\$45.00	
	Other	\$62.50	Specify catering rental
	GST (if applicable)	\$0.00	
	<b>Total Planned Event Budget</b>	<b>\$981.50</b>	<i>SPLIT COSTS \$490.75 EACH</i>

#### Finance Code / Accounting Distribution

Balancing Unit Location Functional Centre  
Eg. 101 Eg. 9000 Eg. 00000000000

*DAVID MADOR - PCARD* *DEB GORDON - PCARD*

#### Authorization

<input checked="" type="checkbox"/> Approved  <input type="checkbox"/> Not Approved	Name	Position / Title	DOA Level
	Signature	Date (dd-mmm-yyyy)	
	<i>DEB RHODES</i>	<i>VP CFO, Finance</i>	
	<i>Deborah Rhodes</i>		<i>14-07-2016</i>

## 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

<b>Name :</b> David Mador	<b>Reporting Period for the Month of :</b> Jul-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
4-May-2016	Direct Billing	Airline Ticket	Flight to/From Edmonton/Calgary to attend Provincial Practitioner Executive Committee	Marlin Travel	325.88
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
23-Jun-2016	Direct Billing	Airline Ticket	Flight to/From Edmonton/Ft McMurray - after fire tour/meeting	Marlin Travel	450.10
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					<b>\$ 775.98</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: April 21, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR DAVID MADOR  
AC [REDACTED]

Wednesday, May 4, 2016

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 04May16  
AIR CANADA E  
AIR CANADA CON [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2F

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

Mile(s) Flown: 163

### Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 04May16  
AIR CANADA E  
AIR CANADA CON [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3F

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

Mile(s) Flown: 163

### Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	250.92
	Tax:	74.96
	<b>Ticket Total:</b>	<b>325.88</b>

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:**

<b>Grand Total:</b>	325.88
<b>Less Credit Card Payments:</b>	325.88
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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: N61107  
Agent: CASANDRA WAGNER Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 15, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR DAVID MADOR  
AC [REDACTED]

Thursday, June 23, 2016

### Air

WESTJET AIRLINES **Flight:** 3165 M CLASS  
**From:** EDMONTON INTL AB 07:35 AM **Equipment:** DH4  
**To:** FT MCMURRAY 08:40 AM **Mile(s) Flown:** 240  
**Stops:** 0 **Arrival:** 23Jun16  
WESTJET ENCO

### Air

WESTJET AIRLINES **Flight:** 3246 M CLASS  
**From:** FT MCMURRAY 01:45 PM **Equipment:** DH4  
**To:** EDMONTON INTL AB 02:50 PM **Mile(s) Flown:** 240  
**Stops:** 0 **Arrival:** 23Jun16  
WESTJET ENCO

### Cost:

TKT-	[REDACTED]	E-TKT	[REDACTED]	351.14
			<b>Tax:</b>	98.96
			<b>Ticket Total:</b>	<b>450.10</b>

### Total:

<b>Grand Total:</b>	450.10
<b>Less Credit Card Payments:</b>	450.10
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

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

Invoice Number:  
Date:  
Page:  
Our Reference:

██████████  
June 15, 2016  
2/2  
██

# INVOICE

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.