

www.albertahealthservices.ca

AHS Board and Executive Expense Report

NameDr. Kathryn ToddTitleVP Research Innovation & AnalyticsLocationEdmontonExpenses submitted during the month of May 2016

					Travel (1)					
МММ-ҮҮ	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				167	167			27
Total			\$ -	\$	- \$ -	\$ 167	\$ 167	\$ -	- \$ -	\$ 27
Total for										

Total for

the Month \$ 194

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.



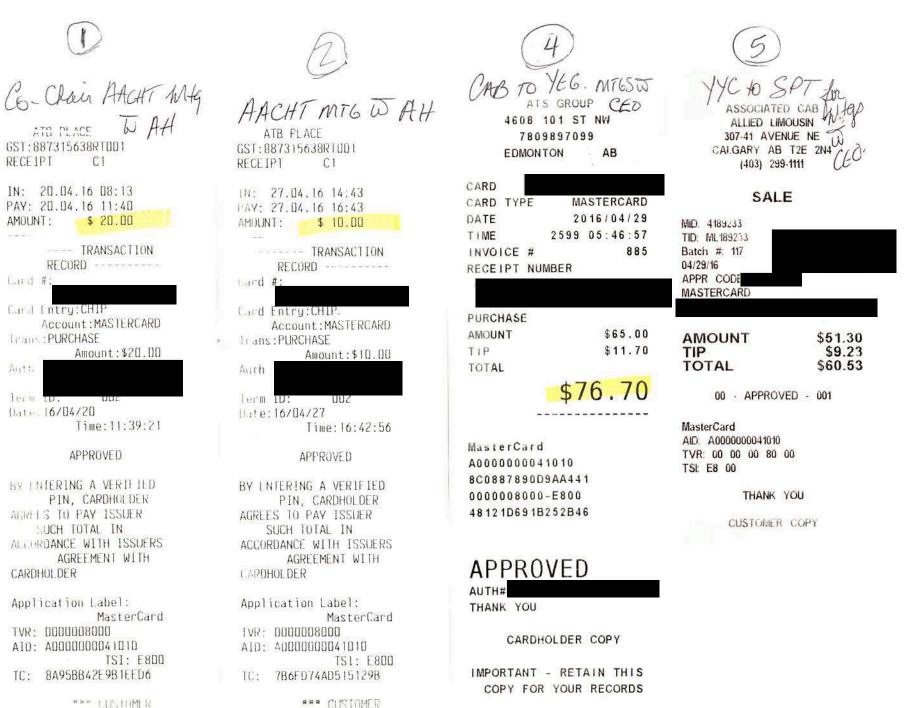
Instruction: · Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement · Cardholder AND Approver's signatures required where indicated below TODD, KATHRYN VICE PRESIDENT 20/05/2016 Cardholder's Name Cardholder's Position/Title Billing Reporting Period: RESEARCH, INNOVATION & SEVENTH STREET PLAZA \$194.25 Cardholder's Dept Cardholder's Site/Location Total Statement Amount: KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA Last 6 digits of the P-Carc Cardholder's e-mail address **Statement of Transactions** Trans Original Currency GST FreighDescription Transaction Trans ID Merchant Name & Description Trans Amount Date Amount .00 Parking - Co-Chair with AH for AACHT Meeting - ATB Place IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES CAD 20.00 20/04/2016 426446873 20.00 .95 Í 27/04/2016 427223701 MPARK00020101U, AUTOMOBILE 10.00 CAD 10.00 4 00Parking - AACHT Meeting with AH (2)(3)(4) PARKING LOTS AND GARAGES VISTAPR*VISTAPRINT.CA, MISCELLANEOUS PUBLISHING AND 27/04/2016 427223702 27.02 CAD 27.02 1.29 00Custom Stamp-External Grant-NON AHS unds 29/04/2016 127646378 ATS GROUP, LIMOUSINES AND TAXICABS 76.70 CAD 76.7 3.65 Cab to YEG - Meeting in Calgary with CEO ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS 29/04/2016 427646379 60.53 CAD 60.5 2.88 CABFROM YYE to SouthiPaper

FOR MTGS WITH CED CO

AHS rod

Alberta Health		P-Care
		details Online @
Services	Car	dholder Statement Repo
Signatures		
Cardholder Designate (if Applicable)		
	ciled this statement in BMO Online to the best of my abilit ated the transaction(s) to the proper cost centre.	y in accordance to AHS Corporate Policies.
YVONNE ARNOLD	Exec ADMIN (C	OC.
Name of Cardholder Designate		
Signature of Cardholder Designate	Date of Signature	_
Cardholder By signing this statement I attest that I have read and understand the "Tri expenses being claimed are in compliance with	avel, Hospitality and Working Session Expense Policy (11 n such policy.	22)" of Alberta Health Services and confirm
 I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta He charged is attached. 	for valid business purposes for Alberta Health Services a ealth Services or any other Organization. A personal chequ	nd that this claim has not been previously ue for any personal expenses inadvertently
 I attest that expenses submitted in this claim h provided. 	ave been incurred by using a cost effective method, other	wise rationale and supporting analysis is
TODD, KATHRYN Name of Cardinolder	VICE PRESIDENT	_
Name of Cardinoider	Cardholder Position/Title	
Signature of Cardholder	Date of Signature	
Approver Designate (if Applicable)	1	
By signing this statement	ravel, Hospitality and Working Session Expense Policy (11 n such policy.	22)" of Alberta Health Services and confirm
claimed by the claimant or on their behalf from charged has been obtained.	o for valid business purposes for Alberta Health Services a Alberta Health Services or any other Organization. A pers ave been incurred by using a cost effective method, other	conal cheque for personal expenses inadvertently
Name of Approver Designate	Approver Designate Position/Title	_
Signature of Approver Designate	Date of Signature	
Approver By signing this statement		
	ravel, Hospitality and Working Session Expense Policy (11 n such policy.	22)" of Alberta Health Services and confirm
 I attest the expenses enclosed in this claim are claimed by the claimant or on their behalf from 	for valid business purposes for Alberta Health Services a Alberta Health Services or any other Organization. A pers	and that this claim has not been previously sonal cheque for personal expenses inadvertently
 charged has been obtained. I attest that expenses submitted in this claim h provided. 	ave been incurred by using a cost effective method, other	wise rationale and supporting analysis is
Dr. Verna XIII	Approver Position/Title May 27/16	FC EQ
Name of Approver AAAA		
Signature of Approver	Date of Signature	
Submit approved statement with attachments to A	ccounts Payable:	
Attach:		Address:
 Original (or scanned) itemized receipts with docu where required 	mented business reasons including names of participants	Alberta Health Services
And where applicable: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Serv	of electronic signatures if signatures are not on report) ices"	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Return, refund and/or credit receipts Disputes latter		
 Disputes letter Business reasons for travel require detailed desc meal), why travel was necessary and detailed ex 	riptions – include where travelled to, who attended (if planation of reason.	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

AHS rod



CHEY REE

This document is for your tax records only and does not represent a

balance

due

this is an unmonitored address

*** (15.11)MLK (11)-Y ***

Yvonne Arnold

From:
Sent:
To:
Cc:
Subject:
Signed By:

Vistaprint <VistaPrint-cc@vistaprint.com> Friday, April 29, 2016 8:37 AM Yvonne Arnold vatinvoicearchive@vistaprint.com Vistaprint Canadian Tax Invoice VistaPrint-cc@vistaprint.com



×			a.		Vistaprint to your addre	ess book	
Тах	Invoice						
Vistap	rint Netherlands, B.V.		Invoice Number				
Hudso	onweg 8		Invoice Date: 28	8/04/2016			
5928 LW Venlo,			Delivery Date: 0				
The Netherlands			Payment Date: 27/04/2016				
Tax II	D #: 858263296RT0001		Order Number:				
Bill T	o:		Ship To:				
Yvonr	ne Arnold		Yvonne Arnold				
Albert	a Health Services		Alberta Health S	Services			
	Description of Supplies	Quantity	Net Amount	Tax %	Shipping Costs	Total	
1	Large Rubber Stamp, 57	1	\$12.74	5.0%	\$12.99	\$25.73	
2	Large Housing - Red	1	\$0.00	5.0%	\$0.00	\$0.00	
3	Red Ink	1	\$0.00	5.0%	\$0.00	\$0.00	
					Subtotal	+ > F - 7"	
						\$25.72	
					5.00% GST	\$25.73 \$1.29	
					5.00% GST Total		