

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research Innovation & Analytics
Location Edmonton

Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings				19	19			
Jun-16	Direct Billing	Meetings	284				284			
Total			\$ 284	\$ -	\$ -	\$ 19	\$ 303	\$ -	\$ -	\$ -

Total for the Month \$ 303

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 Cardholder's Name	VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period:	20/06/2016
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$19.00
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA 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
08/06/2016	432061395	MPARK00030282U, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.90	.00	Fleet Vehicle Parking - ELT attendance at ALP in Calgary ✓

*FLEET PARKING FOR
ELT attendance at
ALP*

RECEIPT
AFTER HOUR ENTRY 3241*

Stall # 137

Expiration Date/Time

06:00 AM
JUN 09, 2016

Purchase Date/Time: 09:22am Jun 08, 2016
 Total Due: \$19.00 Rate: EARLY BIRD + EVENING
 Total Paid: \$19.00 Payment Type: Card
 Ticket # [REDACTED]
 S/N #: [REDACTED]
 Setting: Lot 282
 Mach Name: Lot 282-3

[REDACTED] MasterCard

Auth #: [REDACTED]

GST REG #R102466000

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>YUONG ARDICO</u> <small>Name of Cardholder Designate</small>	<u>EXEC ADMIN COOR.</u> <small>Cardholder Designate Position/Title</small>	<u>June 27/16</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder Designate</small>		
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 		
<u>TODD, KATHRYN</u> <small>Name of Cardholder</small>	<u>VICE PRESIDENT</u> <small>Cardholder Position/Title</small>	<u>June 27/16</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder</small>		
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
_____ <small>Name of Approver Designate</small>	_____ <small>Approver Designate Position/Title</small>	_____ <small>Date of Signature</small>
_____ <small>Signature of Approver Designate</small>		
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Verna Yiu</u> <small>Name of Approver</small>	<u>President & CEO</u> <small>Approver Position/Title</small>	<u>June 30/2016</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver</small>		
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: _____

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 : Kathryn Todd	Reporting Period for the Month of : Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Jun-16	Direct Billing	Airline Ticket	Return Flight Changed from SLC to Calgary vs Edmonton. Kathryn has a speaking function in Calgary on Sept 9th so she is flying into Calgary Sept 8th from Salt Lake City	Marlin Travel	284.00
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	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					\$ 284.00

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

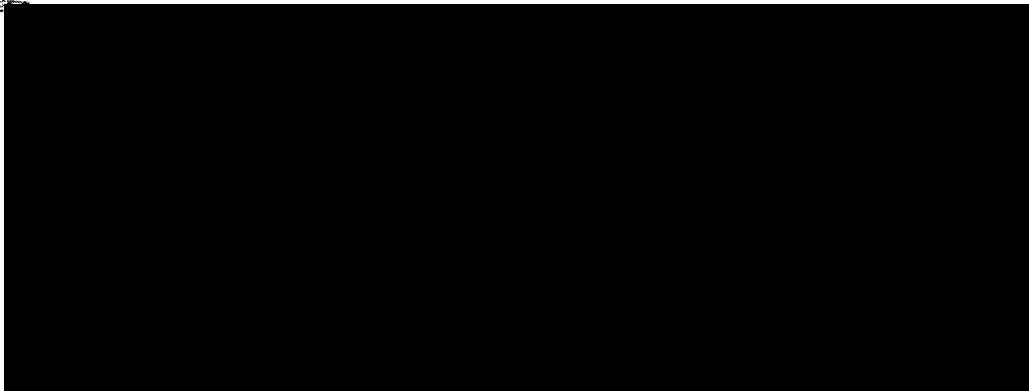
Invoice Number: [REDACTED]
Date: June 16, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

*June 16/16
Return flight
changed to go to
YYC vs YEG. for
an event on
Sept 9th in
YYC.
CPA*

Monday, September 5, 2016

 Hotel



per Night

Thursday, September 8, 2016

 Air

DELTA AIRLINES	Flight: 4808	T CLASS	
From: SALT LAKE CITY UT	07:59 PM	Equipment: CR9	
To: CALGARY AB	10:12 PM		Mile(s) Flown: 720
Stops: 0	Arrival: 08Sep16		

SKYWEST DBA

Cost:		
TKT	[REDACTED] E-TKT EXCHANGED [REDACTED]	284.00
Total:		

Grand Total:	284.00
Less Credit Card Payments:	284.00
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.....

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 16, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For
MS KATHRYN GRACE TODD

Monday, September 5, 2016

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 05Sep16
Flight: 8139 G CLASS
10:15 AM
11:06 AM

✈ Air

DELTA AIRLINES
From: CALGARY AB
To: SALT LAKE CITY UT
Stops: 0 Arrival: 05Sep16
Seat(s): 09A
SKYWEST DBA
Flight: 4840 U CLASS
02:00 PM Equipment: CR7
04:09 PM
Mile(s) Flown: 720

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

Invoice Number: [REDACTED]
Date: June 16, 2016
Page: 3/3
Our Reference: [REDACTED]

I N V O I C E

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 2ECO
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.