

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of January 2017

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)
Jan-17	P-Card	Meetings				10	10			
Jan-17	Expense Claim	Meetings				36	36			
Jan-17	Direct Billing	Meetings	357				357			
<b>Total</b>			\$ 357	\$ -	\$ -	\$ 46	\$ 403	\$ -	\$ -	\$ -

**Total for the Month** \$ 403

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.

## AHS PUBLIC DISCLOSURE P-CARD

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
TODD, KATHRYN	VP Research, Innovation & Analytics	Edmonton	\$ 10.00

  

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/19/2017	Value in Health Forum Dinner - Parking	AB - Local	Parking - Lot or Parkade	\$10.00				1			

  

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	27-Jan-17

# CITY OF EDMONTON

Terminal: 7010k

Zone: 7010

Plate: [REDACTED]

LP - P2 South/West by Elevators

*Value in Health  
Forum Dinner*

Valid through:

**FRIDAY 20 JAN 17**

**1:00 AM**

Amount Paid: \$10.00 (GST incl.)

Auth No [REDACTED]

Start Time: 1/19/2017 6:20 PM

Trn [REDACTED]

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 1-Jan-17 To 25-Jan-17  
 Travel Period from: 19-Jan-17 To 19-Jan-17 (if applicable)  
 Out-of-Province Travel

Name: Kathryn Todd Position (Title): Vice President  
 Location: 14fl., N Tower SSP Dept: Research, Innovaton & A DOFA Level: (if applicable) Union: Business Phone #: Ext:  
 Employee # (E-People):

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY →		Project Number	Project Task Number
		Expenditure Organization 101 . 0006 . 71840400017	Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
2A	101	0006	71840400017	\$36.00					
2B	101	0006	71840400017						
2C									
2D									
				\$36.00					

TOTAL REIMBURSEMENT	
Total Section B	\$36.00
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$36.00</b>

**NOTE:** This section auto fills from page 2A, 2B, 2C & 2D

**NOTE:** These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: [Signature] Date: Jan 24/2017

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Verna Yiu DOFA Level: Position #: Phone #: Ext:  
 Signature: [Signature] Title: President + CEO Date: Jan 26 / 17

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.  
 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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext:  
 Signature: Title: Date:

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please forward completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71840400017

Emp # (E-People) [REDACTED]

If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

**SECTION B: TRAVEL EXPENSES**

**NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
19-Jan-17	Parking - Value in Health Forum - Westin Hotel	AB - Local	Meeting	Yes				\$36.00						
<div style="display: flex; justify-content: space-around; font-weight: bold; color: red;"> <span>PARKING RECEIPT</span> <span>PARKING RECEIPT</span> <span>PARKING RECEIPT</span> <span>PARKING RECEIPT</span> <span>PARKIN</span> </div> <div style="text-align: center; margin-top: 10px;"> <p><i>Value in Health Forum</i></p> <p><b>RECEIPT</b></p> <p>NO IN AND OUT PRIVILEGES IMPARK LOT 4</p> <p>License Plate Number: <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Expiration Date/Time: <b>05:00 PM JAN 19, 2017</b></p> <p>Purchase Date/Time: 08:40am Jan 19, 2017</p> <p>Total Parking: \$33.33 Total GST: \$1.67</p> <p>Total Due: \$35.00 Rate: \$35 - All Day TO 5PM Total Paid: \$35.00 Payment Type: Card</p> <p>Ticket #: <span style="background-color: black; color: black;">[REDACTED]</span> S/N #: <span style="background-color: black; color: black;">[REDACTED]</span> Setting: Lot 4 Mach Name: Meter 2</p> <p>Auth: <span style="background-color: black; color: black;">[REDACTED]</span> Visa GST #887316638RT0006</p> </div>														
<b>SUBTOTALS</b>												\$36.00		

Total Kms

**SUBTOTALS**

\$36.00

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**

→ details of travel location to & from must be included above under the purpose of travel column  
Rates applicable **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km **OR** rate per Union Agreement  
*(see Mileage details to the left)*

Mileage \$

Travel \$ Subtotal \$36.00

Auto fills on page 1 - **TOTAL TRAVEL \$** \$36.00

**Note:** Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**Rationale is Required for expenses that are not Cost Effective**

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)



## Executive Expenses Report Direct Billing Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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> Kathryn Todd	<b>Reporting Period for the Month of :</b> Jan-17
----------------------------	---

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Jan-17	Direct Billing	Airline Ticket	Giving opening speech at ERAS conference in Calgary	Marlin Travel	357.36
	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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 357.36</b>



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 20 Jan 17 Client: [REDACTED] Agent: [REDACTED]  File Locator: [REDACTED]
--	--

PASSENGERS: DR KATHRYN TODD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	282.40	0.00	\$0.00	74.96	0.00	357.36 CAD
<b>Total:</b>	<b>282.40</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>357.36 CAD</b>

PAYMENTS					
Invoice #	Payment Date	Card Holder	Form of Payment	Amount	
[REDACTED]	01/19/2017			0.00 CAD	
[REDACTED]	01/19/2017		[REDACTED]	357.36 CAD	
Total Payment:				357.36 CAD	
<b>Balance Due CAD Currency</b>					<b>0.00 CAD</b>

Total GST	0.00	Total HST	\$0.00
-----------	------	-----------	--------

CORPORATE UNIT 101  
REASON FOR TRAVEL ERAS CONFERENCE

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 20 Jan 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KATHRYN TODD	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	Booking Date:
KATHRYN TODD	19 Jan 17
File Locator/Ticket #:	[REDACTED]

  

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08149	EDMONTON INTL 26 Jan 17 1:35PM		CALGARY INTL 26 Jan 17 2:29PM	W/	



AIR

Passengers:	Booking Date:
KATHRYN TODD	19 Jan 17
File Locator/Ticket #:	[REDACTED]

  

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08134	CALGARY INTL 28 Jan 17 9:05AM		EDMONTON INTL 28 Jan 17 9:57AM	W/	