

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title President & CEO Alberta Health Services (Interim)
Location Edmonton

Expenses submitted during the month of January 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)
Jan-16	P-Card	Meetings			160	687	847	68		
Jan-16	Direct Billing	Meetings	1,032				1,032			
Total			\$ 1,032	\$ -	\$ 160	\$ 687	\$ 1,879	\$ 68	\$ -	\$ -

Total for the Month \$ 1,947

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 144
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>YIU, VERNA</u> Cardholder's Name	<u>VP QUALITY & CMD</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>QUALITY & MEDICAL AFFAIRS</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	\$1,015.14 \$769.43
<u>VERNA.YIU@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
② 11/01/2016	415399980	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	465.30	CAD	465.30	22.16		Ground Transportation to Lethbridge: Air Canada flight 2 hr delay - Telehealth session booked for 1:00 p.m.
③ 12/01/2016	415529132	HOLIDAY INN EXPRESS, HOLIDAY INNS	160.10	CAD	160.10	.00	.00	Accommodation: Tour Lethbridge/Medicine Hat
④ 12/01/2016	415529133	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	54.00	CAD	54.00	2.57	.00	Short Term Parking: EIA - tour to Lethbridge, Medicine Hat and Telehealth in Calgary
⑤ 14/01/2016	415740427	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	13.00	CAD	13.00	.62	.00	Parking: Attended Challenge Panel: Evolving Alberta's Health System: Alberta Health
⑥ 15/01/2016	415937518	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	52.03	CAD	52.03	2.48		Taxi: Calgary International Airport to Foothills Medical Centre - speaker at ERAS symposium. Attended several meetings in Calgary
⑦ 15/01/2016	415937519	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Short Term Parking: EIA - speaker at ERAS in Calgary and several other meetings

Other/ Personal Purchases

I have identified the following transactions as non-business related, personal purchases. I have attached a personal cheque for the total amount owed which represents payment in full to AHS. I understand that the P-Card is not to be used again for personal transactions.

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 20/12/2015	413599386	SAFEWAY #8904, GROCERY STORES, SUPERMARKETS	245.71	CAD	245.71	11.70	.00	Personal items - AHS reimbursed by personal cheque

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.

Audrey Maione
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

Exec Asst
Cardholder Designate Position/Title

Jan 22, 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.

YIU, VERNA
Name of Cardholder

[Signature]
Signature of Cardholder

VP QUALITY & CMO
Cardholder Position/Title

[Signature]
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.

Deborah Rhodes
Name of Approver Designate

[Signature]
Signature of Approver Designate

VP Corp Services + CFO
Approver Designate Position/Title

Jan 28 / 2016
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.

Janice Hughes
Name of Approver

[Signature]
Signature of Approver

Board Chair
Approver Position/Title

Jan 29 / 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: _____

Flight to Lethbridge
 delayed 2 hrs - speaking
 at Telehealth Session @ 1:00pm
 - Ground transportation was
 necessary

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Audrey Maione

From: [Redacted]
Sent: Tuesday, January 12, 2016 5:32 PM
To: Audrey Maione
Subject: RE: Travel Itinerary - Dr. Verna Yiu - Jan 11

Hi Audrey,

The flight to Lethbridge shows departed at 1:45 pm



- Book Travel
- Manage My Bookings
- Special Offers
- Information

Flight Status

FLIGHT NUMBER	ROUTE
---------------	-------

FLIGHT NUMBER [Redacted] DATE OF DEPARTURE 11/01/2016

FLIGHT AC7213
DELAYED
(ARRIVED AT GATE)

Air Canada
 Express (Air
 Georgian)
Beechcraft
1900D

Duration: 50 minutes
Distance: 216km

Meals: Econon

Monday, 11 Jan
 Calgary, Alberta
 (Calgary)

Mor
 Leth
 (Leth)

Scheduled 11:45
13:45
 Departed
 Terminal - Gate C61

Scheduled 12:32
14:35
 Arrived

ALLIED LIND ASSOCIATED
 307 41 AVENUE NE T2E2N4
 CALGARY AB
 21640631
 PURCHASE
 01-11-2016 15:34:51
 Acct # [Redacted] C
 Exp Date [Redacted] Card Type MC
 Name: VERNA YIU
 A0000000041010 MasterCard

Trace # [Redacted]
 Inv. [Redacted]
 Auth [Redacted] RRN 001003151
 Purchase \$423.00
 Tip \$42.30
Total \$465.30

(00) APPROVED-THANK YOU ✓
 Retain this copy for your records
 Customer copy
 403-299-9555
 www.calgary.gov.ca

[Redacted] - Marlin Travel Government Centre
 Main Floor 929-108 Street - Edmonton, Alberta T5K 1G8
 Tel: (780) 425-8611 - Fax: (780) 426-5759
 ***All prices are subject to change and availability.



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5

01-12-16

VERNA YIU Canada	Folio No. :		Room No. :	██████████
	A/R Number :		Arrival :	01-11-16
	Group Code :		Departure :	01-12-16
	Company :	Alberta Health Services	Conf. No. :	██████████
	Membership No. :		Rate Code :	██████████
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
01-11-16	*Accommodation	144.00	
01-11-16	MF	2.88	
01-11-16	GST	7.34	
01-11-16	Tourism Levy	5.88	
01-12-16	MasterCard		160.10
Total		160.10	160.10
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

*Accommodation: Tour - Lethbridge,
Medicine Hat - Interim President + CEO
role*

Holiday Inn Express Medicine Hat
#9 Strachan Bay
Medicine Hat, Alberta T1B 4Y2
Telephone: (403) 504-5151 Fax: (403) 504-0055
Toll Free: 1-877-504-5151
g.s.t. no. 896 932 449

4

DUPLICATE

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st F1 12/01/16 18:46
Receipt: [REDACTED]

Nested Parking
Short-term parking tkt
DL/EP - No. 002564
11/01/16 08:50
13/01/16 08:50
Period 2d0h1'
(Tax) \$54.00

Total \$54.00

Payment Received
MC \$54.00

Merch: 82005340013
Auth: [REDACTED]
Type: Swiped

Sub Total \$51.43
Tax 5% \$2.57

Short term Parking:
EIA - tour Lethbride,
Medicine Hat, Calgary
Telehealth

✓

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

6

SALE
DUPLICATE

MID: 4189233
TID: HB189233 REF#: 00000003
Batch [REDACTED] SEQ: 044001001003
01/15/16 08:09:39
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED]

AMOUNT \$47.30
TIP \$4.73
TOTAL \$52.03

00 - APPROVED - 001 ✓

MasterCard
AID: A000000041010
TVR: 00 00 00 80 00
TSI: E8 00

THANK YOU

CUSTOMER COPY

Taxi: Calgary airport
to FMC: speaker at
ERAS Symposium
Attended several
other meetings

5

AID PLACE
GST: 887315638RT001
RECEIPT C1

IN: 14.01.16 16:49
PAY: 14.01.16 19:02
AMOUNT: \$ 13.00

TRANSACTION
RECORD

Card [REDACTED]

Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE

Amount: \$13.00

Auth # [REDACTED]
Sequence #: 000211

\$13.00

Term ID: 002

Date: 16/01/14

Time: 19:01:30

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:

MasterCard

TVR: 0000008000

AID: A0000000041010

TSI: E800

TC: 8A27D1380FC6B01F

***CUSTOMER
COPY***

7

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st F1 15/01/16 19:20
Receipt: [REDACTED]

Short-term parking tkt
HL - No. 002781
15/01/16 05:23
16/01/16 05:22
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
[REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

Parking: Attended
Challenge Panel: Evolving
Alberta's Health System:
Alberta Health

Short term Parking: EIA
Attended several meetings in
Calgary - Speaker at
ERAS Symposium

✓

08322474 - 1/1

Jan. 29 2016
to Public Disclosure
P-Card

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

PROCIUK, LORINDA Cardholder's Name	EXECUTIVE ASSOCIATE Cardholder's Position/Title	Billing Reporting Period:	20/01/2016
PRESIDENT & CEO OFFICE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$500.21 \$145.96
LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Taxes Amount	GST	Freight	Description
07/01/2016	414787121	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	5 88.25	CAD	68.25	3.25		Chapter session on January 13, 2016
13/01/2016	415740416	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	6 77.71	CAD	77.71	3.70		Registration fee for Interim CEO Dr. Verna Yiu to attend ICD Edmonton Chapter session on January 13, 2016 Transportation for Interim CEO Dr. Verna Yiu from AHS offices at Southport to YYC on January 12, 2016

①
②
③
④
⑤
⑥
⑦

Linda Hughes

Linda Hughes
Board Chair

Jan 13/16

Date

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <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. 		
<p><u>Walter Mooney</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Assistant</u> Cardholder Designate Position/Title</p> <p><u>Jan 22/16.</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>PROCIUK, LORINDA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>EXECUTIVE ASSOCIATE</u> Cardholder Position/Title</p> <p><u>01/26/16</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <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. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>VP Corp Sen. & CFO</u> Approver Designate Position/Title</p> <p><u>Feb. 29/2016</u> Date of Signature</p>	<p><i>Approved on-line by R. Hoy</i></p>
<p>Approver By signing this statement</p> <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 		
<div style="background-color: black; width: 100%; height: 40px; margin: 0 auto;"></div>		
<p>Submit approved statement with attachments to Accounts Payable.</p>		
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>

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Institute of Corporate Directors
Institut des administrateurs de sociétés

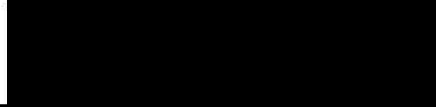
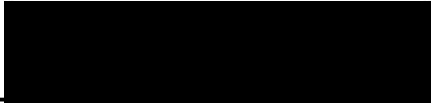
RECEIPT

2701-250 Yonge Street
Toronto, ON M5B 2L7

Invoice No. [REDACTED]

Sold To: **Dr Verna Yiu, MD FRCPC**
Vice President, Quality & Chief Medical Officer
Alberta Health Services

Ship To: **Dr Verna Yiu**
Vice President, Quality & Chief Medical Officer
Alberta Health Services



Account No.	Purchase Order No.	Order Date	Order Number	Terms	Invoice Date
[REDACTED]		1/5/2016	[REDACTED]	Upon Receipt	1/5/2016

Qty	Description	Unit Price	Extended Price
1	Governance and Leadership in the Public Sector ICD Edmonton Chapter Lunch Session 1/13/2016 - 1/13/2016 Edmonton, AB ICD Edmonton Chapter Session	65.00	65.00

January 5, 2016 (\$68.25)

- Registration fee for Interim CEO Dr. Verna Yiu to attend ICD Edmonton Chapter session on January 13, 2016.

Line Item Total	Other	Tax	Subtotal	Amount Received	Amount Due
65.00		3.25	68.25	68.25	0.00

Total GST/HST: 3.25
Total PST/QST: 0.00
GST Remittance Number: 12179 8201
QST Remittance Number: 1204855478

Paid by: MC [REDACTED]

(6)

Colette Mooney

From: Lorinda Prociuk
Sent: Tuesday, January 12, 2016 11:37 AM
To: Jennifer Hamstra; Colette Mooney
Subject: FW: Reservation Details for Reservation# : [REDACTED]

Receipt for my pcard

From: Allied Limousine & Sedan Service [<mailto:alliedsedans@calgarylimo.com>]
Sent: Tuesday, January 12, 2016 11:03 AM
To: Lorinda Prociuk; Kathy Board
Subject: Reservation Details for Reservation# : [REDACTED]

Allied & Associated Limousine
404 - 35 Ave N.E.
Calgary, AB, T2E 2K7
(403)299-9555
(877)299-9555

www.calgarylimo.com
allied-limo@shaw.ca

January 12, 2016 (\$77.71)

- Transportation for Interim CEO Dr. Verna Yiu from AHS offices at Southport to YYC on January 12, 2016.

Reservation Confirmation

Client Information

Customer Name: YIU, VERNA
Home #: --
Work #: --
Cell #: [REDACTED]
Booked By: [REDACTED]
Booked By #: [REDACTED]
Taken By: [REDACTED]
Total # of Passengers: [REDACTED]

DO NOT CHARGE PASSENGER SEE DISPATCH FOR PYMT. DRIVER CALL KATHY ON HER CELL WHEN YOU ARRIVE CELL [REDACTED]

P/U Date : 01/12/2016 3:45 PM
D/O Date : 01/12/2016 4:45 PM
Actual PU/DO Time: 12:00 AM/12:00 AM
Spot/Block Time: 10/10
Est Hours : 1.00
Vehicle Type : Sedan
Unit #:
Driver Name :
Trip Type : Airport

Case #:
Group Name:

Routing Information

- 1 ALBERTA HEALTH SERVICES BUILDING #10301 SOUTHPORT LANE SW Calgary, AB T2W 1S7 Comments :ON CORNER OF SOUTHPORT RD. & MCLEOD TRAIL. DRIVER TO WAIT IF NOT OUT RIGHT AWAY
- 2 CALGARY INTERNATIONAL AIRPORT - 2001 Airport Road Ne Unknown AM Comments :

Payment Information & Charges

Payment Method :	Charges :	Estimated
Company Name:	Hourly Rate	\$0.00
	Flat Rate	\$64.76
	Trip Hours	1.00
	Sub Total	\$64.76

	15.00% Gratuity	\$9.71
	0.000% Service Charge	\$0.00
	5.00% Taxes	\$3.24
	0.00% Fuel Surcharge	\$0.00
	Less Discount	\$0.00
	Deposit/Payment	\$0
	Refund	\$0.00
Customer Signature	Total Charges/Balance Due	\$77.71

THANK YOU FOR CHOOSING ALLIED LIMOUSINE, PLEASE REVIEW YOUR CONFIRMATION AND CONTACT US IF THERE ARE ANY CHANGES. PLEASE NOTE THAT LATE CANCELLATION, EXTRA CHARGES AND WAITING TIME CHARGES MAYBE PENDING. ALL VEHICLES ARE NON-SMOKING. CLIENT LIABLE FOR DAMAGES. YOU MAY NOW BOOK AN ALLIED LIMO ONLINE OR THROUGH OUR APP. FOR MORE INFORMATION PLEASE VISIT US AT WWW.CALGARYLIMO.COM

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 : Dr. Verna Yiu	Reporting Period for the Month of : Jan-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
22-Dec-2015	Direct Billing	Airline Ticket	Flight from Edmonton to Lethbridge -Speaker :Telehealth sessions for Northern Alberta Staff,Lethbridge -Jan 11, 2016	Marlin Travel	229.90
30-Dec-2015	Direct Billing	Airline Ticket	Flight from Calgary to Edmonton Speaker :Telehealth sessions for Calgary staff, Calgary- Jan 12, 2016	Marlin Travel	169.48
13-Jan-2016	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary (return): Attend ERAS and meeting with Health Trust CEO; tour of PLC, Sheldon Chumir and Elbow Healing Lodge - Jan 15, 2016	Marlin Travel	632.78
Total Paid in the Month					\$ 1,032.16

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: December 22, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Monday, January 11, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 11Jan16
AIR CANADA E
SEAT 7A - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 8161 G CLASS
10:15 AM Equipment: DH4
11:09 AM

Mile(s) Flown: 163

 Air

AIR CANADA
From: CALGARY AB
To: LETHBRIDGE
Stops: 0 Arrival: 11Jan16
AIR CANADA E
SEAT 2A - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 7213 G CLASS
11:45 AM Equipment: BEH
12:32 PM

Mile(s) Flown: 115

Cost:

AIR CANADA [REDACTED]

192.42

Tax:

37.48

Ticket Total:

229.90

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

Invoice Number: [REDACTED]
Date: December 22, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	229.90
Less Credit Card Payments:	229.90
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:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

December 30, 2015

1/2

INVOICE

For

DR VERNA YIU

AC

Tuesday, January 12, 2016

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 12Jan16

AIR CANADA E

BOOKING REFERENCE

TICKET NUMBER

SEAT SELECTION

Flight: 8172 G CLASS

05:55 PM Equipment: DH4

06:47 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB

AIR CANADA WEB

132.00

Tax: 37.48

Ticket Total: 169.48

Total:

Grand Total: 169.48

Less Credit Card Payments: 169.48

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

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: January 13, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU
AC [REDACTED]

Friday, January 15, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 15Jan16
AIR CANADA E
SEAT 3C - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 8131 V CLASS
06:20 AM Equipment: DH4
07:14 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 15Jan16
AIR CANADA E
SEAT 5D - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 8172 M CLASS
05:55 PM Equipment: DH4
06:47 PM

Mile(s) Flown: 163

Cost:

AIR CANADA	[REDACTED]	[REDACTED]	557.82
			74.96
		Ticket Total:	632.78

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

Invoice Number: [REDACTED]
Date: January 13, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	632.78
Less Credit Card Payments:	632.78
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.....
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