

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title Interim President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of February 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)
Feb-16	P-Cards	Meetings				88	88			
Feb-16	Direct Billing	Meetings	426				426			
Total			\$ 426	\$ -	\$ -	\$ 88	\$ 514	\$ -	\$ -	\$ -

Total for the Month \$ 514

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


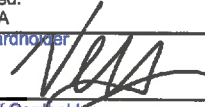


Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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:			
<ul style="list-style-type: none"> 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>	<u>VP-QUALITY & CMO</u> <i>Interim President + CEO</i>	Billing Reporting Period:	<u>20/02/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>QUALITY & MEDICAL AFFAIRS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$88.00</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>VERNA.YIU@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 02/02/2016	417801006	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking: Attended Joint AHS/AH Executive Team meeting - ATB Place
② 03/02/2016	418149622	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	7.00	CAD	7.00	.33	.00	Short Term Parking: EIA - Attended PPEC meeting, Renaissance Hotel
③ 07/02/2016	418340705	MACEWAN PARKING SERVIC, COLLEGES, UNIVERSITIES, PROFESSIONAL	6.00	CAD	6.00	.29		Parking: Attended Alberta Debate Panel, Alberta Health
④ 08/02/2016	418454172	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	60.00	CAD	60.00	2.86	.00	Parking: Attended IHE/O'Brien Policy Forum as well as meetings with Deputy Minister of Health

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>Audrey Marone</u> Name of Cardholder Designate	<u>Exec Asst.</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Feb 25/16</u> Date of Signature	
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. 		
YIU, VERNA Name of Cardholder	<u>VP QUALITY & CMO Interim President + CEO</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Feb 26/16</u> Date of Signature	
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. 		
<u>Deborah Rhodes</u> Name of Approver Designate	<u>VP Corp. Serv. + CFO</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Feb. 29 / 2016</u> Date of Signature	
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>Pinda Hughes</u> Name of Approver	<u>Board Chair</u> Approver Position/Title	
 Signature of Approver	<u>March 3, 2016</u> Date of Signature	
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: _____

①

ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 02.02.16 14:55
PAY: 02.02.16 17:22
AMOUNT: \$ 15.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]
Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$15.00
Auth #: [REDACTED]
Sequence #: 000046
Term ID: 002
Date: 16/02/02
Time: 17:22:01

APPROVED

Parking: Attended
Joint AAS/AH Executive
Team meeting
ATB Place

✓

Parking:
Attended
Alberta Debate
Panel, Ab
Health

②

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax Code CA5%

Hotel Exit 03/02/16 10:08
Receipt [REDACTED]

Short-term parking tkt
HR - No. 007679
03/02/16 09:23
03/02/16 10:22
Period 0d1h0'
(Tax) \$7.00

Total \$7.00

Payment Received
MC [REDACTED] \$7.00

Type: Swiped
Sub Total \$6.67
Tax 5% \$0.33

Short Term Parking
EIA - Attended PPEC
meeting
Renaissance Hotel

✓

Parking:
Attended IHE/
O'Brien Policy
Forum; mtgs
2 Deputy Minister
of Health

③

RECEIPT
Transportation Services
GST R 107448219
Ph # 780 497 5875

License Plate Number

[REDACTED]

Expiration Date/Time

06:00 AM
FEB 08, 2016

Purchase Date/Time: 06:07pm Feb 07, 2016
Total Due: \$6.00 Rate: \$6 Evening Rate
Payment Type: Card

Ticket # [REDACTED]
S/N #: 500013240864
Setting: Alberta College 3
Mach Name: Alberta College 3

[REDACTED] MasterCard Auth #: [REDACTED]

PARKING RECEIPT

✓

④

ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 08.02.16 06:53
PAY: 08.02.16 18:00
AMOUNT: \$ 60.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]
Card Entry: [REDACTED]
Account: MASTERCARD
Trans: PURCHASE
Amount: \$60.00
Auth #: [REDACTED]
Sequence #: 000033
Term ID: 002
Date: 16/02/08
Time: 17:59:59

APPROVED

✓

65MABD4 - 1/1

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 : Feb-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
4-Feb-2016	Direct Billing	Airline Ticket	Airfare: Flight Edmonton to Ft. McMurray (return) on March 1, 2016 - Tour	Marlin Travel	426.32
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 426.32

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:

February 4, 2016

Page:

1/2

Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU

AC [REDACTED]

Tuesday, March 1, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 Arrival: 01Mar16

AIR CANADA E

SEAT 8D - YIU/VERNA DR

AIR CANADA CONFIRMATION [REDACTED]

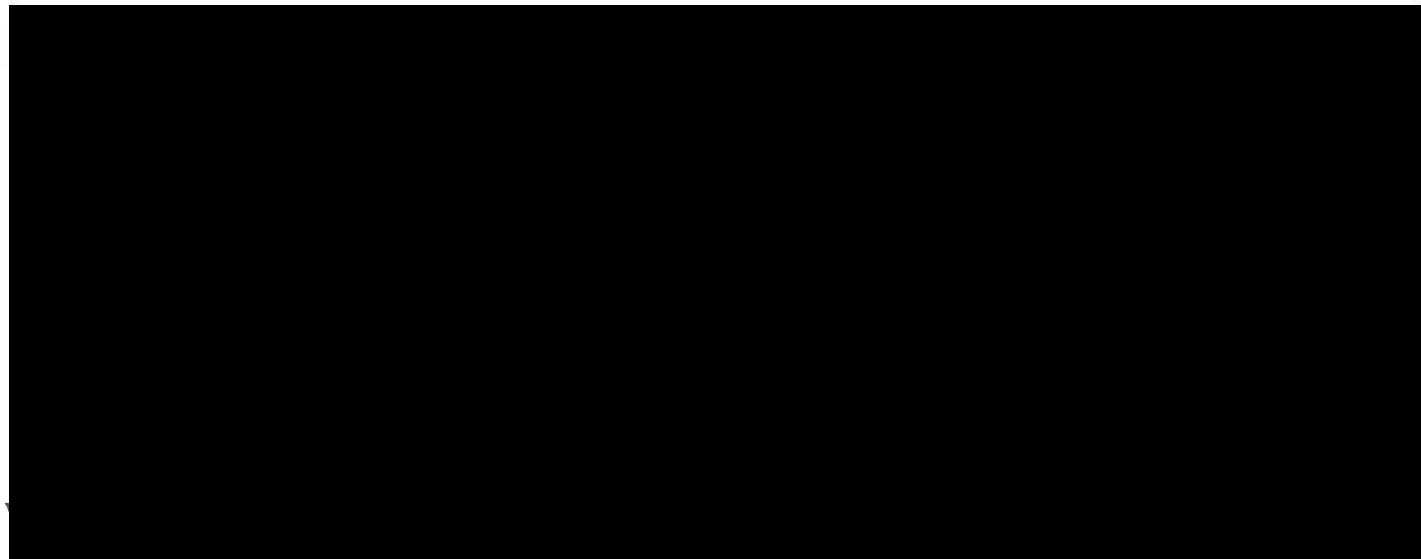
TICKET NUMBER [REDACTED]

Flight: 8388 G CLASS

06:10 PM Equipment: DH4

07:15 PM

Mile(s) Flown: 240



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

Invoice Number: [REDACTED]
Date: February 4, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, March 2, 2016

 Air

AIR CANADA
From: FT MCMURRAY
To: EDMONTON INTL AB
Stops: 0 Arrival: 02Mar16
AIR CANADA E
SEAT 7C - YIU/VERNA DR
AIR CANADA CONFIRMATION
TICKET NUMBER [REDACTED]

Flight: 8391 G CLASS
07:10 PM Equipment: DH4
08:14 PM

Mile(s) Flown: 240

Cost:

AIR CANADA WT [REDACTED]	[REDACTED]	351.36
	Tax:	74.96
	Ticket Total:	426.32

Total:

Grand Total:	426.32
Less Credit Card Payments:	426.32
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.