

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title Interim President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of May 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)
May-16	P-Card	Meetings				87	87			124
May-16	Direct Billing	Meetings	325				325			
Total			\$ 325	\$ -	\$ -	\$ 87	\$ 412	\$ -	\$ -	\$ 124

Total for the Month \$ 536

Maximum daily single meal expense claimed in the month \$ 21
 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

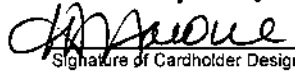
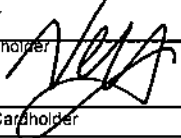

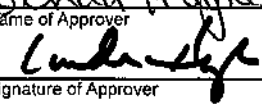
YIU, VERNA Cardholder's Name	<i>Interim President + CEO</i> Cardholder's Position/Title	Billing Reporting Period: 20/05/2016
QUALITY & MEDICAL AFFAIRS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$138.97
VERNA.YIU@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: _____	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/04/2016	427648423	DELTA BOW VALLEY, EATING PLACES, RESTAURANTS	123.97	CAD	✓ 123.97	5.90		Lunch meeting - AHS/Calgary Health Trust: Dr. Yiu, Linda Hughes, Colleen Turner, Mrs. McCaig, Jill Olynek, Brenda Huband

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/04/2016	427448265	INDIGO - DELTA BOW VAL, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	✓ 15.00	.71		Attended lunch meeting with AHS/Calgary Health Trust

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 Mayone</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Exec Asst.</u> Cardholder Designate Position/Title <u>May 26, 2016</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. 		
<u>YIU, VERNA</u> Name of Cardholder  Signature of Cardholder	<u>Interim President + CEO</u> Cardholder Position/Title <u>May 27/16</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>Deb Rhodes</u> Name of Approver Designate <u>Deborah Rhodes</u> Signature of Approver Designate	<u>VP Corporate Services + CFO</u> Approver Designate Position/Title <u>May 27/16</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>Sinda Hughes</u> Name of Approver  Signature of Approver	<u>Board Chair</u> Approver Position/Title <u>2 - June - 16</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: _____


DELTA
 HOTELS AND RESORTS

DELTA CALGARY DOWNTOWN
 **** E-BAR ****
 GST #R826085417

 CHK TBL 312/1
 GST 6
 29 APR '16 12:27 PM

1 CHIKN SPINACH SALAD	16.95
1 CHIKN SPINACH SALAD	16.95
1 CAESAR CHIKN	16.95
1 TUNA TATAR	19.25
1 SALMON AND GREEN	18.25
1 2 IN/OUT FISH 1000	14.95
CHARGE TIP %	15.50
15.00%	
FOOD	\$113.30
Tax:	\$15.50
	\$5.17

1:14 PM
 TOTAL DUE: \$123.97

Meeting: AAs/Calgary Health Trust

Guests:

- Dr. Yiu
- Linda Hughes
- Colleen Turner
- Mrs. McCaig
- Jill Olynek
- Brenda Hubbard

PLEASE COMPLETE FOR ROOM CHARGES

GRATUITY _____

TOTAL _____

ROOM NUMBER _____

PRINT LAST NAME _____

SIGNATURE _____



Written Attestation for Lost Receipt

April 29, 2016 – Parking – Delta Calgary Downtown - \$15.00
Attended lunch meeting with AHS/Calgary Health Trust



- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

Dr. Verna Yiu
Employee Authorization


Deb Rhodes
Claim Approver

Date Signed: May 27 / 16

Date Signed: May 27 / 16

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>PROCIUK, LORINDA</u> Cardholder's Name	<u>EXECUTIVE ASSOCIATE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/04/2018</u>
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$2,305.42</u> \$72
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> 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	Trans Amount	GST	Freight	Description
14/04/2018	425883550	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi for V. Yiu from SSP to YEG to attend JofC Health Services Graduation in Calgary.

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩

✓ pfb

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.

Jennifer Hamstra
Name of Cardholder Designate
J. Hamstra
Signature of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title
April 26, 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.
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 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

PROCIUK, LORINDA
Name of Cardholder
L. Prociuk
Signature of Cardholder

EXECUTIVE ASSOCIATE
Cardholder Position/Title
April 27, 2016
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.
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Susan Best
Name of Approver Designate
Susan Best
Signature of Approver Designate

Exec. Assistant
Approver Designate Position/Title

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.
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Deborah Rhodes
Name of Approver
Deborah Rhodes
Signature of Approver

VP Corp Serv. & CFO
Approver Position/Title
April 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: _____

Linda Hughes
Linda Hughes
Board Chair
May 5/16
Date

Jennifer Hamstra

From: Audrey Maione
Sent: Friday, April 15, 2016 9:36 AM
To: Jennifer Hamstra
Subject: FW: Receipt March 30/ Dr Verna Yiu

(10)

Hi Jennifer, this transfer was for Verna
Tks
a

From: Infinity Transportation Inc [<mailto:infinitytransportationinc@hotmail.com>]
Sent: Thursday, April 14, 2016 6:45 PM
To: Audrey Maione
Subject: Receipt March 30/ Dr Verna Yiu

*Taxi from SSP to YEG.
to attend UofC - Health Services
Graduate Course in Calgary*

Sent using CloudMagic Email

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Thu, Apr 14, 2016 at 6:44 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Lorinda Prociuk
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 14 2016 06:43PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

\$72.00



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 : May-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-May-2016	Direct Billing	Airline Ticket	Travel to Calgary: Attended Calgary Health Trust Board meeting; President Speaker Series and Board Sub-Committee meeting. Will receive credit for one-way flight (Calgary to Edmonton) - took fleet vehicle to Edmonton	Marfin Travel	324.66
	Direct Billing				
	Direct Billing				
	Direct Billing	Choose from Drop-down List			-
	Direct Billing	Choose from Drop-down List			-
Total Paid in the Month					\$ 324.66

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: BREANN KELLY Tel: 780-425-8611


**To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER**

Invoice Number:
Date: May 11, 2016
Page: 1/2
Our Reference:

INVOICE

For
 DR VERNA YIU
 AC


Wednesday, May 25, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 25May16
 AIR CANADA E
 SEAT 2C - YIU/VERNA DR
 AIR CANADA TICKET NUMBER -

Flight: 8580 **G CLASS**
 06:00 AM **Equipment:** DH4
 06:50 AM

Mile(s) Flown: 163

 **Air**

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 25May16
 WESTJET ENCO

Flight: 3291 **L CLASS**
 07:00 PM **Equipment:** DH4
 07:53 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT

AIR CANADA WEB

	112.24
Tax:	49.48
Ticket Total:	161.72
	125.46
Tax:	37.48
Ticket Total:	162.94

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

Invoice Number:
Date: May 11, 2016
Page: 2/2
Our Reference:

INVOICE

Total:

Grand Total:	324.66
Less Credit Card Payments:	324.66
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

FOR YOUR RECORDS.

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.