

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-16	P-Card	Meetings	332			134	466			
Jul-16	Direct Billing	Meetings	786				786			
Total			\$ 1,118	\$ -	\$ -	\$ 134	\$ 1,252	\$ -	\$ -	\$ -

Total for the Month \$ 1,252

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>PRESIDENT AND CEO</u>	Billing Reporting Period:	<u>20/07/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>OFFICE OF THE PRESIDENT AND</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$134.00</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>VERNA.YIU@AHS.CA</u>		Last 6 digits of the P-Card #:	XXXXXXXXXX
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/06/2016		EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	✓ 25.00	CAD	25.00	1.19	.00	Short Term Parking: EIA - travel to Ft. McMurray: Tour Northern Lights Regional Health Centre, Grand Re-Opening of hospital
08/07/2016		ASSOCIATED CAB/ALUED, LIMOUSINES AND TAXICABS	✓ 45.00	CAD	45.00	2.14		Taxi from Calgary International Airport to Foothills Medical Centre - attended ZMAC meeting
08/07/2016		CHECKER CABS LTD., LIMOUSINES AND TAXICABS	✓ 39.00	CAD	39.00	1.86		Taxi from Foothills Medical Centre to Calgary International Airport - attended ZMAC meeting in Calgary
08/07/2016		EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	✓ 25.00	CAD	25.00	1.19	.00	Short Term Parking: Edmonton International Airport - attended ZMAC meeting in Calgary

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2
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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 Macone

Name of Cardholder Designate

Audrey Macone

Signature of Cardholder Designate

Exec Admin Coord.

Cardholder Designate Position/Title

July 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

YIU, VERNA

Signature of Cardholder

PRESIDENT AND CEO

Cardholder Position/Title

July 22/16

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.

Hinda Hughes

Name of Approver Designate

Hinda Hughes

Signature of Approver Designate

Board Chair

Approver Designate Position/Title

Sept 27/16

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.

Jitendra Prasad for
Name of Approver Designate Seborak Rhodes

Name of Approver Designate

Jitendra Prasad for Seborak Rhodes

Signature of Approver Designate

CPA

Approver Position/Title

JUL 27 2016

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: _____

①

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st F1 24/06/16 18:42
Receipt 062767

Short-term parking tkt
HL - No. 057298
24/06/16 07:23
25/06/16 07:22
Period 1d0h0'
(Tax) \$25.00
Total \$25.00
Payment Received
MC \$25.00
Merch:82005340013
Auth:
Type: Swiped
Sub Total \$23.81
Tax 5% \$1.19

00000ALC 1/1

Short term Parking:
EIA - travel to Ft. McMurray:
Tour of Northern Lights
Regional Health Centre
and grand re-opening
of the hospital

④

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st F1 08/07/16 18:13
Receipt 027681

Short-term parking tkt
HL - No. 095402
08/07/16 08:57
09/07/16 08:56
Period 1d0h0'
(Tax) \$25.00
Total \$25.00
Payment Received
MC \$25.00
Merch:82005340013
Auth:
Type: Swiped
Sub Total \$23.81
Tax 5% \$1.19

0130762E 1/1

Short term Parking:
EIA - attended
ZMAC Mtg in Calgary

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

316 HURDLEBUSH ROAD SW
CALGARY AB T2E 1A2

SALE

MID: [REDACTED] REF#: [REDACTED]
TID: [REDACTED] Batch #: 192 SEQ: 192001001004
07/08/16 11:59:00
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED] AMOUNT \$45.00

00 - APPROVED - 001

MasterCard
AID: [REDACTED]
TVR [REDACTED]
TSE [REDACTED]

THANK YOU
CUSTOMER COPY

Taxi: Calgary
International Airport:
to Foothills Medical
Ctr - attended ZMAC
Mtg.

TERMINAL ID: 014-051-302
REGISTRATION ID: 43276AAA
VEHICLE ID: 0712
DRIVER ID: 0786
GST ACCOUNT NO: 865421907
TRIP NUMBER: 7094236
PASSENGERS: 1
07/08/2016
START: 15:30 END: 16:51
DESTINATION: 201.00 RATE: 1
TAX AMOUNT: 4 32.38
TAX AMOUNT: 1 1.02
TAX AMOUNT: 4 5.00
TOTAL: 4 39.00
MASTERCARD SWC: \$39.00
APPROVAL NUMBER: 15154

PASSENGER COPY
Thank you
403-299-1111
WWW.CHECKERSCANADA.COM
CHECKERS
YELLOW
CABS

Taxi: Foothills
Medical Ctr to
Calgary airport:
attended ZMAC
Mtg.

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>20/06/2016</u>
<u>PRESIDENT & CEO OFFICE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u> \$3,332.06</u>
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # <u> </u>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
12/09/2015	432599818	AIR CAN 0142183942808, AIR CANADA	179.66	CAD	✓ 179.66	.00		.00 Return flight from Calgary to Edmonton for President & CEO, Dr. V. Yiu, attended meeting with Mayor Nenshi
12/06/2016	432599819	WESTJET 8388211844819, Westjet Airlines	152.38	CAD	✓ 152.38	.00		.00 Flight for President & CEO, Dr. V. Yiu from Edmonton to Calgary to attend meeting with Mayor Nenshi.

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Linda Hughes Sept 27/16
Linda Hughes Date
Board Chair

✓
[Signature]

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>Jennifer Hamstra</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>July 6, 2016</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>July 6, 2016</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 Services + CFO</u> Approver Designate Position/Title</p> <p><u>July 11/16</u> Date of Signature</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 provided. 		
<p>_____ Name of Approver</p> <p>_____ Signature of Approver</p>	<p>_____ Approver Position/Title</p> <p>_____ Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<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) <p>And where applicable:</p> <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>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

Jennifer Hamstra

From: Air Canada <confirmation@aircanada.ca>
Sent: Sunday, June 12, 2016 9:40 AM
To: Verna Yiu
Subject: Air Canada - 13-Jun: Calgary - Edmonton (booking ref: [REDACTED])

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****



Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment-card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Opens in New Window

Access your personalized Air Canada travel information

[View your planner >](#)

Booking Information

Booking Reference: [REDACTED]

Customer Care
Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Dr Verna Yiu

Online Services

Manage my booking online (view/change my booking; select seats*)

[Select Seats](#)

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.
Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8142 ¹	Calgary (YYC) Mon 13-Jun 2016 11:55	Edmonton, Edmonton Int'l (YEG) Mon 13-Jun 2016 12:45	0	0hr50	DH4	Flex Opens in New Window, G	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Dr Verna Yiu : Adult (16+), Ticket Number: [REDACTED]

Air Canada -
Aeroplan : [REDACTED]

Meal Preference : None

Payment Card: [REDACTED]

Special Needs: None

Seat Selection: None

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	122.00
Surcharges	12.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	8.56
Air Travellers Security Charge (ATSC)	7.12
Total before options (per passenger)	179.68
Number of passengers	x 1

Total with options	179.68
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$179.68

Payment Information

Amount paid: \$179.68

The following amount (tax inclusive) will appear on your credit card or debit card statement:

Air Canada: \$179.68 (Air Transp. Charges-- per ticket)

Ticket number(s):

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - Flex

- **Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
 - **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
 - **Same-day standby** is available: on flights between Toronto and Montreal or Ottawa, on flights between Calgary, Edmonton and Vancouver, as well as on flights between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) or Newark (EWR) airports (connecting flights excluded).
 - Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
 - Tickets are **non-refundable and non-transferable**.
 - **Cancellations** can be made up to 45 minutes prior to departure.
 - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
 - Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Air Canada will provide a full refund without penalty when you cancel a **new ticket** (i.e. when a new booking is made and you are assigned a booking reference) within 24 hours of purchase.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)

Please read important information and notices regarding Air Canada's general conditions of carriage.



eTicket Receipt

Prepared For
YIUVERNA MS [ADT]

RESERVATION CODE	[REDACTED]
ISSUE DATE	12Jun16
TICKET NUMBER	[REDACTED]
ISSUING AIRLINE	WESTJET
ISSUING AGENT	WestJet/SSW

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
13Jun16	WESTJET WS 238	EDMONTON INTL AB, CANADA Time 6:45am	CALGARY INTL AB, CANADA Time 7:35am	Fare Family Econo Seat Number 02D - (CONFIRMED) Baggage Allowance NIL Booking Status OK TO FLY Fare Basis GA Not Valid Before 13JUN16 Not Valid After 13JUN16

Allowances

<p>Baggage Allowance YEG to YYC - 0 Pieces WESTJET Prices of additional baggage pieces: 1. 25.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters 2. 35.00 CAD up to 50 pounds/23 kilograms and up to 62 linear inches/158 linear centimeters ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY DEPENDING ON FLYER-SPECIFIC FACTORS (E.G. FREQUENT FLYER STATUS/MILITARY/ CREDIT CARD/FORM OF PAYMENT/EARLY PURCHASE OVER INTERNET, ETC. Carry On Allowances YEG to YYC - 1 Piece (WS - WESTJET) Carry On Charges YEG to YYC - (WS - WESTJET) - Carry-on fees unknown - contact carrier</p>
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Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD : [REDACTED]
Fare Calculation Line	YEA WS YYC91.00CAD91.00END
Fare	CAD 91.00
Taxes/Fees/Carrier-Imposed Charges	CAD 7.12 CA1 (AIR TRAVELLERS SECURITY CHARGE)

	CAD 7.01 XG (GOODS AND SERVICES TAX (GST))
	CAD 30.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))
	CAD 12.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
Total Fare	CAD 147.13

Other Charges

SEAT ASSIGNMENT # [REDACTED] (YEG-YYC / QTY 1)	CAD 5.00
Taxes	CAD 0.25
Form of Payment	CREDIT CARD - MASTERCARD [REDACTED]
Total	CAD 5.25
Total Fare and Other Charges	CAD 152.38

Positive identification required for airport check in

Notice:

Travel info

QST # 1202807956TQ0001 GST # 866112535

For details about flying with Westjet, print [the important flight information package](#) or browse our travel info:

- [Baggage fees](#) (\$25-\$118 per bag; additional \$75-\$88.50 per bag for overweight or oversize)
- [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
- [Children, infants and expectant mothers](#)
- [Fare families](#) (Econo, Flex, and Plus)
- [Guests with special needs](#)
- [ID requirements](#)
- [Inflight services](#) (inflight entertainment and buy-on-board menu)
- [Seat selection](#) (Seat maps, seats in Plus)

At Westjet, getting you to your destination safely and on time are top priorities for us. To help ensure an on-time departure, we adhere to our [check-in and baggage cut-off times](#). Please make sure you're familiar with these rules, and give yourself enough time to get through security and arrive at your departure gate on time or we will deny boarding.

If you fail to show for the first flight segment of a round trip or multi-segment reservation, all remaining flights segments, including return flights, will automatically be cancelled and the total fare paid will be forfeited without compensation. To change or cancel your reservation, you can [manage your booking online](#) or call 1-888-937-8538 (1-888-WESTJET).

Travelling with one of our airline partners? Be sure to familiarize yourself with the fees for your journey by visiting our [airline partners](#) page. Fees are collected on a one-way basis by the airline operating the first flight for each direction of your journey.

Carbonzero and Westjet have teamed up to provide you the opportunity to help reduce the effects of climate

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 : Jul-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Jul-2016	Direct Billing	Airline Ticket	Travel to Calgary (return): Attend/speaker at Calgary ZMAC and other meetings	Marlin Travel	413.40
28-Jul-2016	Direct Billing	Airline Ticket	Travel to Calgary (return): Board site tours and Board meetings on July 28/29 in Calgary	Marlin Travel	372.38
	Direct Billing				
	Direct Billing	Choose from Drop-down List			-
	Direct Billing	Choose from Drop-down List			-
Total Paid in the Month					\$ 785.78

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

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

Invoice Number: [REDACTED]
Date: July 6, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU
 AC [REDACTED]

Friday, July 8, 2016

 **Air**

WESTJET AIRLINES **Flight:** 3251 Q CLASS
From: EDMONTON INTL AB 10:30 AM **Equipment:** DH4
To: CALGARY AB 11:25 AM **Mile(s) Flown:** 163
Stops: 0 **Arrival:** 08Jul16
 WESTJET ENCO

 **Air**

AIR CANADA **Flight:** 8152 Q CLASS
From: CALGARY AB 04:45 PM **Equipment:** D8 (300 SERIES)
To: EDMONTON INTL AB 05:38 PM **Mile(s) Flown:** 163
Stops: 0 **Arrival:** 08Jul16
Seat(s): 02C
 AIR CANADA E

Cost:

TKT- [REDACTED]	E-TKT	[REDACTED]	144.44
		Tax:	49.48
		Ticket Total:	193.92
TKT- [REDACTED]	E-TKT	[REDACTED]	182.00
		Tax:	37.48
		Ticket Total:	219.48

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

Invoice Number: [REDACTED]
Date: July 6, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	413.40
Less Credit Card Payments:	413.40
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 2ECO
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: N61107
Agent: BREANN KELLY Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: July 20, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU
AC [REDACTED]

Thursday, July 28, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8133 W CLASS
To: CALGARY AB 07:10 AM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 28Jul16 08:05 AM Mile(s) Flown: 163
AIR CANADA E
YIU/VERNA DR - SEAT 2C
AIR CANADA TICKET NUMBER - [REDACTED]

Friday, July 29, 2016

 Air

AIR CANADA
From: CALGARY AB Flight: 8150 W CLASS
To: EDMONTON INTL AB 03:25 PM Equipment: DH4
Stops: 0 Arrival: 29Jul16 04:15 PM Mile(s) Flown: 163
AIR CANADA E
YIU/VERNA DR - SEAT 2C
AIR CANADA TICKET NUMBER - [REDACTED]

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	297.42
	Tax:	74.96
	Ticket Total:	372.38

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

Invoice Number: [REDACTED]
Date: July 20, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	372.38
Less Credit Card Payments:	372.38
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
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