

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title President & Chief Executive Officer
Location Edmonton

Expenses submitted during the month of August 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)
Aug-16	P-Cards	Meetings				112	112			
Aug-16	Direct Billing	Meetings	1,452				1,452			
Total			\$ 1,452	\$ -	\$ -	\$ 112	\$ 1,564	\$ -	\$ -	\$ -

Total for the Month \$ 1,564

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:

- 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	PRESIDENT AND CEO Cardholder's Position/Title	Billing Reporting Period:	20/08/2016
OFFICE OF THE PRESIDENT AND Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$111.53
VERNA.YIU@AHS.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	Frelgh	Description
① 28/07/2016	██████████	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	57.53	CAD	✓ 57.53	2.74		Taxi: Calgary airport to Southport Tower; attend Board Site tours; Board meetings
② 29/07/2016	██████████	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	54.00	CAD	✓ 54.00	2.57	.00	Short Term Parking: ETA - travel to Calgary to attend Board site tours; Board meetings



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 Maione</u> Name of Cardholder Designate Signature of Cardholder Designate	<u>Exec Admin Coord.</u> Cardholder Designate Position/Title <u>Aug 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. 		
<u>YIU, VERNA</u> Name of Cardholder Signature of Cardholder	<u>PRESIDENT AND CEO</u> Cardholder Position/Title <u>Aug 29, 2016</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 Signature of Approver Designate	<u>VP Corp Services & CFO</u> Approver Designate Position/Title <u>August 30/2016</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>Linda Hughes</u> Name of Approver Signature of Approver	<u>Board Chair</u> Approver Position/Title <u>Sept 12, 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

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

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch # [REDACTED] SEQ: [REDACTED]
07/28/16 08:55:42
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$52.30
TIP \$5.23
TOTAL \$57.53 ✓

00 - APPROVED - 001

MasterCard

AID: [REDACTED]
TVR: [REDACTED]
TSI: [REDACTED]

THANK YOU

CUSTOMER COPY

Taxi: Calgary airport
to Southport Tower: attend
Board site tours; Board
Mtg's

②

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st E1 29/07/16 16:11
Receipt [REDACTED]

Nested Parking
Short-term parking tkt
DL/EP - No. [REDACTED]
28/07/16 06:07
29/07/16 16:11
Period 2d0h1'
(Tax) \$54.00

Total \$54.00

Payment Received
MC [REDACTED] \$54.00 ✓

Merch: [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$51.43
Tax 5% \$2.57

0000AZ4C

Short term parking:
EIA - travel to Calgary;
attend Board site tours;
Board Mtg's

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 : Aug-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Aug-2016	Direct Billing	Airline Ticket	Airfare: Flight Edmonton to Calgary (return) on Sept 6 - Attend Exec Leadership Team meeting	Marlin Travel	371.61
11-Jul-2016	Direct Billing	Airline Ticket	Airfare: Edmonton to Peace River (return) on Sept 19: Tour High Prairie and Peace River. Rationale for airfare overage (\$68.93): Northern Air is the only carrier to Peace River. No other option for flights	Marlin Travel	683.93
11-Aug-2016	Direct Billing	Airline Ticket	Airfare: Edmonton to Calgary (return) on Sept 28 - attend Board meetings	Marlin Travel	396.31
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 1,451.85

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

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

Invoice Number: [REDACTED]
Date: August 19, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU
AC [REDACTED]

Tuesday, September 6, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 06Sep16
AIR CANADA E
SEAT 3C - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 8133 G CLASS
07:10 AM **Equipment:** D8 (300 SERIES)
08:05 AM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 06Sep16
AIR CANADA E
SEAT 6D - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 8152 Q CLASS
04:45 PM **Equipment:** D8 (300 SERIES)
05:39 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	296.65
	Tax:	74.96
	Ticket Total:	371.61

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

Invoice Number: [REDACTED]
Date: August 19, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	371.61
Less Credit Card Payments:	371.61
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: N61107
Agent: TIFFANY ASKE 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 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Monday, September 19, 2016

 **Air**

OTHER TRAVEL **Flight:** 102 ECONOMY CLASS
From: EDMONTON INTL AB 07:40 AM
To: PEACE RIVER 08:40 AM
Stops: 0 **Arrival:** 19Sep16
NORTHERN AIR CONFIRMATION [REDACTED]

 **Air**

OTHER TRAVEL **Flight:** 105 ECONOMY CLASS
From: PEACE RIVER 05:00 PM
To: EDMONTON INTL AB 06:00 PM
Stops: 0 **Arrival:** 19Sep16
NORTHERN AIR CONFIRMATION [REDACTED]

Cost:
NORTHERN AIR [REDACTED] 683.93

Total:

Grand Total: 683.93
Less Credit Card Payments: 683.93
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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

Invoice Number: [REDACTED]
Date: July 11, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: August 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU
AC [REDACTED]

Wednesday, September 28, 2016

 **Air**

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 **Arrival:** 28Sep16

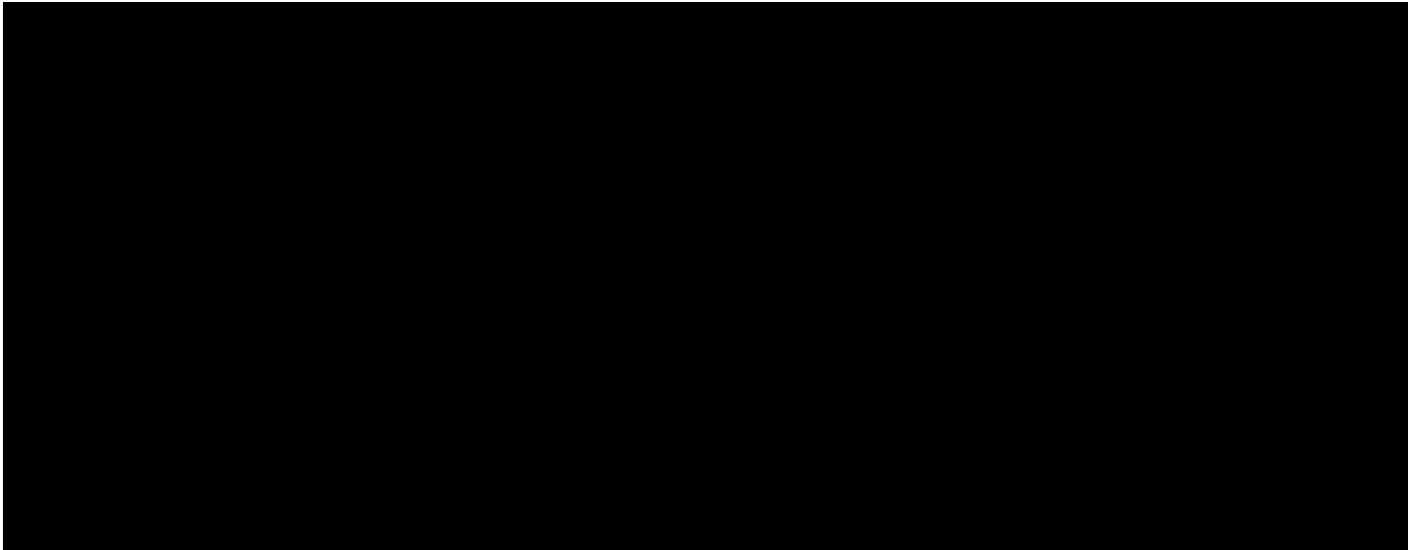
AIR CANADA E

SEAT 2D - YIU/VERNA DR

TICKET NUMBER [REDACTED]

Flight: 8133 **G CLASS**
07:10 AM **Equipment:** D8 (300 SERIES)
08:05 AM

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]
Date: August 11, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Friday, September 30, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 30Sep16
AIR CANADA E
SEAT 3C - YIU/VERNA DR
TICKET NUMBER [REDACTED]

Flight: 8152 H CLASS
04:45 PM Equipment: D8 (300 SERIES)
05:39 PM

Mile(s) Flown: 163

Cost:		
AIR CANADA WEE [REDACTED]	[REDACTED]	321.35
	Tax:	74.96
Total:	Ticket Total:	396.31
	Grand Total:	396.31
	Less Credit Card Payments:	396.31
	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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