

Official Administrator and Executive Expense Report

NameDavid MadorTitleVP & Medical Director Northern AlbertaLocationEdmontonExpenses submitted during the month of January 2015

| | | | | | Travel (1) | | | | | |
|------------------------|--------------------|---------|---------|-------|---------------|-----------------|-----------------|------------------------------------|--|--------------|
| Date | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Jan-15 | 5 P-Card Mee | etings | | | | | - | 2,110 | | |
| Total | | | \$- | \$ - | \$ - | \$- | \$- | \$ 2,110 | \$- | \$ |
| Total for the Month | \$ 2,110 | | | | | | | | | |

| 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.

Car allowance 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 signate | ures required where indicated below | | | | | | | |
| MADOR, DAVID | VP & MEDICAL DIRECTOR | | | | | | | |
| Cardholder's Name | Cardholder's Position/Title | Billing Reporting Period: | 20/01/2015 | | | | | |
| EDMONTON ZONE & NORTHERN | UNIVERSITY OF ALBERTA | | | | | | | |
| Cardholder's Dept | Cardholder's Site/Location | Total Statement Amount: | \$2,110.00 | | | | | |
| DAVID.MADOR@ALBERTAHEALTHSE | RVICES.CA | | - <u>-</u> | | | | | |
| Cardholder's e-mail address | | Last 6 digits of the P-Card # | | | | | | |
| | | | | | | | | |

| Statement of Transaction Date | | Merchant Name & Description | Trans Original Amount | | Trans Amount | GST | Freigt | Description |
|-------------------------------|-----------|--|--------------------------|-----|--------------|-------|--------|--|
| | 375582492 | COLLEGE OF PHYS, COLLEGES, UNIVERSITIES, PROFESSIONAL | 1,960.00 | CAD | 1,960.00 | 93.33 | | College of Physicians and Surgeons of Alberta - 2015 Professional Dues |
| 09/01/2015 | 376540121 | CMA, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED | 150.00 | CAD | 150.00 | 7.14 | | Canadian Society of Physician Executives (CPSE) annual membership |



Signatures

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| Cardholder Designate (if Applicable) | | |
|--|--|---|
| By signing this statement | | |
| I hereby certify that I have reviewed and reconci Decrementation of the second reviewed and reconcil | led this statement in BMO Online to the best of my ability i | n accordance to AHS Corporate Policies. |
| Program User Guide and Training. I have allocation | ted the transaction(s) to the proper cost centre. | |
| | Even Arricha | + |
| | <u> </u> | <u>/</u> |
| Name of Carcholden Designate | Cardholder Designate Position/Title | |
| X | 21 1001400 201 | |
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| Signature of Cardholder Designate | Date of Signature | |
| Cardholder | | |
| By signing this statement | | |
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| I attest the expenses enclosed in this claim are f | or valid business purposes for Alberta Health Services and | that this claim has not been previously |
| charged is attached. | Ith Services or any other Organization. A personal cheque | for any personal expenses inadvertently |
| | e been incurred by using a cost effective method, otherwi | |
| provided. | e been incurred by using a cost enective method, otherwis | se rationale and supporting analysis is |
| MADOR, DAVID | VP & MEDICAL DIRECTOR | |
| Name or Cardholder | Cardholder Position/Title | |
| ST V/A | | |
| WELL | 21 JANUARU 201 | 6 |
| Signature of Cardholder | Date of Signature | |
| | | |
| Approver Designate (if Applicable) | | |
| By signing this statement | | |
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| expenses being claimed are in compliance with | such policy. | |
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| claimed by the claimant or on their behalf from A | Iberta Health Services or any other Organization. A persor | al cheque for personal expenses inadvertently |
| charged has been obtained. | | |
| I attest that expenses submitted in this claim have provided | e been incurred by using a cost effective method, otherwise | se rationale and supporting analysis is |
| provided. | E Dark | |
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2700 - 10020 100 Street NW Edmonton, AB, Canada T5J 0N3

MEMBERSHIP RECEIPT

| DR. DAVID R | . MADOR | Page: Receipt Number: Date Paid: Registration #: | 1 of 1 30-Dec-2014 |
|-------------|--|---|-----------------------|
| Invoice | Description | Balance Owing | Paid |
| | 2015 General Register Annual Practice Permit | \$1,960.00 | \$1,960.00 |

Total Fees Paid:\$1,960.00Outstanding Balance:\$0.00

Cellege BPhysiacuns & Sungeons & Alberta Professional Dues For CPSA (Yearly)

Subject:

FW: CSPE Membership Application/Renewal confirmation

From:

Sent: Friday, January 09, 2015 9:38 AM To: David Mador Subject: CSPE Membership Application/Renewal confirmation

Canadian Society of Physician Executives 2015 Membership Application/Renewal

Below is your official receipt and your membership will be good until December 31, 2015. Thank you for joining the CSPE.

Membership Application/Renewal

Order Date Order Reference



David Mador

david.mador@albertahealthservices.ca

I do not want to receive information about CMA leader events and services

| Qty | Price | Total | |
|------------|-------------------|------------|---|
| | | | |
| 1 | \$142.86 | \$142.86 | |
| H: 83803 3 | 785 RT0001 (5.0%) | \$7.14 | 1 |
| | | \$150.00 | |
| | 1 | 1 \$142.86 | 1 \$142.86 \$142.86 H: 83803 3785 RT0001 (5.0%) \$7.14 |

Customer Support For further information or questions please contact

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