

## Official Administrator and Executive Expense Report

**Name** David Mador  
**Title** VP & Medical Director Northern Alberta  
**Location** Edmonton

Expenses 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	P-Card	Meetings					-	2,110		
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 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 signatures required where indicated below

<u>MADOR, DAVID</u>	<u>VP &amp; MEDICAL DIRECTOR</u>	<b>Billing Reporting Period:</b>	<u>20/01/2015</u>
<b>Cardholder's Name</b>	<b>Cardholder's Position/Title</b>		
<u>EDMONTON ZONE &amp; NORTHERN</u>	<u>UNIVERSITY OF ALBERTA</u>	<b>Total Statement Amount:</b>	<u>\$2,110.00</u>
<b>Cardholder's Dept</b>	<b>Cardholder's Site/Location</b>		
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u>		<b>Last 6 digits of the P-Card #:</b>	<span style="background-color: black; color: black;">XXXXXXXXXX</span>
<b>Cardholder's e-mail address</b>			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/12/2014	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 <span style="float: right;">①</span>
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 <span style="float: right;">②</span>

**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.


  
 Name of Cardholder Designate  
 Signature of Cardholder Designate

Exec Assistant  
 Cardholder Designate Position/Title  
21 January 2015  
 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.

MADOR, DAVID  
 Name of Cardholder  
  
 Signature of Cardholder

VP & MEDICAL DIRECTOR  
 Cardholder Position/Title  
21 JANUARY 2015  
 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.

Susan Best  
 Name of Approver Designate  
  
 Signature of Approver Designate

Exec. Assistant  
 Approver Designate Position/Title  
Jan 26, 2015  
 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.

DEBORAH RHODES  
 Name of Approver  
  
 Signature of Approver

VPCorp Services + CFO  
 Approver Position/Title  
Jan. 26/15  
 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: \_\_\_\_\_



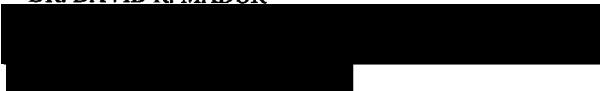
College of  
Physicians  
& Surgeons  
of Alberta

2700 - 10020 100 Street NW  
Edmonton, AB, Canada T5J 0N3

①

# MEMBERSHIP RECEIPT

DR. DAVID R. MADOR



Page: 1 of 1

Receipt Number: [Redacted]

Date Paid: 30-Dec-2014

Registration #: [Redacted]

Invoice	Description	Balance Owing	Paid
	2015 General Register Annual Practice Permit	\$1,960.00	\$1,960.00

Total Fees Paid: \$1,960.00

Outstanding Balance: \$0.00 ✓

*College of Physicians & Surgeons of Alberta  
Professional Dues for CPSA  
(Yearly)*

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**Subject:** FW: CSPE Membership Application/Renewal confirmation

**From:** [Redacted]  
**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

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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 2015/01/09  
Order Reference [Redacted]

**David Mador**

[Redacted]

[david.mador@albertahealthservices.ca](mailto:david.mador@albertahealthservices.ca)

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

**Membership Fees**

	Qty	Price	Total
<b>Membership Fees</b>			
Physician	1	\$142.86	\$142.86
<b>GST/HST — TPS/TVH: 83803 3785 RT0001 (5.0%)</b>			\$7.14
<b>Grand Total</b>			<b>\$150.00</b> ✓

Customer Support  
For further information or questions please contact [Redacted]

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8872147 Canada Inc, 1867 Alta Vista Drive, Ottawa, ON K1G 5W8