

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	
		2
Signature of Cardholder Designate	Date of Signature	
Cardholder		
By signing this statement		
	vol. Hoopitality and Medvine Coopies European Deliau (440)	
expenses being claimed are in compliance with	vel, Hospitality and Working Session Expense Policy (112)	2)" of Alberta Health Services and confirm
 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	
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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.	
 I attest the expenses enclosed in this claim are f 	or valid business purposes for Alberta Health Services and	I that this claim has not been previously
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
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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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