

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of February 2015

Travel (1)										
Month-year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-15	P-Card	Meetings	363			50	413	68		
Feb-15	Direct Billing	Meetings	363				363			
Total			\$ 726	\$ -	\$ -	\$ 50	\$ 776	\$ 68	\$ -	\$ -

Total for the Month \$ 844

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

MADOR, DAVID Cardholder's Name	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
EDMONTON ZONE & NORTHERN Cardholder's Dept	UNIVERSITY OF ALBERTA Cardholder's Site/Location	Total Statement Amount:	\$481.21
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 8 digits of the P-Card #:	[REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/01/2015	377687406	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	88.25	CAD	88.25	.00	.00	ticket to attend ICD - Leadership Transition: A New Strategic forum (meal and conference)
28/01/2015	378676673	AIR CAN [REDACTED] AIR CANADA	362.98	CAD	362.98	.00	.00	flight to Calgary to attend Provincial Practitioner Executive Committee (PPEC) in Calgary
04/02/2015	379486483	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	parking at airport for flight taken to Calgary (and back) to attend Provincial Practitioner Executive Committee (PPEC) meeting

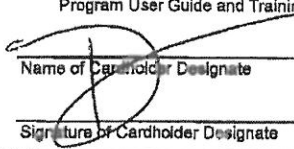
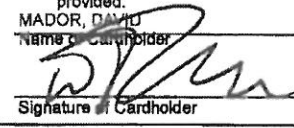

1 ✓
2 ✓
3 ✓

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/02/2015	380256425	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	parking at airport to fly to Calgary for a Zone Leadership Working Session

4 ✓

all transactions attached

Signatories		
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. 		
Name of Cardholder Designate 	Cardholder Designate Position/Title EA	Date of Signature 13 FEBRUARY 2015
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. 		
Name of Cardholder MADOR, DAVID 	Cardholder Position/Title VP & MEDICAL DIRECTOR	Date of Signature 20 FEBRUARY 2015
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. 		
Name of Approver Designate	Approver Designate Position/Title	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. 		
Name of Approver DEBORAH RHODES 	Approver Position/Title CFO	Date of Signature March 9/15
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

Debbie Fornal

From: [REDACTED]
Sent: Wednesday, January 21, 2015 7:40 AM
To: Debbie Fornal
Subject: Order Confirmation

Institute of Corporate Directors

2701-250 Yonge Street, Toronto, ON M5B 2L7

Order Number [REDACTED]
Order Date 1/21/2015
Order Total 68.25
Payment Method Master Card [REDACTED]
Name on Card David Mador [REDACTED]

Qty	Item	Price Total
1	Leadership Transition - A New Strategic Competency - Dr David Mador When: 2/6/2015 - 2/6/2015 Where: Glenrose Room The Royal Glenora Club 11160 River Valley Road Northwest Edmonton, AB	65.00 65.00
	Item Total	65.00
	Shipping	0.00
	Handling	0.00
	GST	3.25
	Transaction Grand Total	68.25

GST# 12179 8201

QST# 12048 55478

*DETAILS ON
FORUM BREAKFAST/
SESSION ATTACHED*



Institute of Corporate Directors
Institut des administrateurs de sociétés
Edmonton Chapter

Leadership Transition - A New Strategic Competency

Institute of Corporate Directors, Edmonton Chapter

Breakfast Forum – February 6, 2015

Has your board experienced a leadership change of your CEO or key executive? Did your new leader "hit the ground running" or did it take some time for the board or its committees to determine how successful the transition was? Whether you are welcoming a new executive or retiring one, or both, leadership transition is a developing strategic competency for the board, organizations, and executives.

- What's the role of the board and board chair during arrivals and departures of executives?
- How do board members and executives work together to increase transition success and speed of integration?
- What should the board and CEO do to prepare for unexpected and planned leadership change?

Moderator

Jane Halford, FCA, ICD.D

Jane Halford brings her prior executive and board experience as co-founder of BOLT Transition. She is currently a board member of Farm Credit Canada, the University of Alberta, Citadel Theatre, and the United Way of the Alberta Capital Region.

Panelists

Michael Hoffort, P.Ag. - President and Chief Executive Officer

Michael Hoffort joined Farm Credit Canada in 1988 and has served FCC in various positions of increasing responsibility, including the key role of Relationship Manager where he directly served FCC's customers. He went on to engineer the growth and modernization of FCC's Customer Service Centre. He gained extensive experience in operations, including holding the positions of Vice-President of Partners and Channels and Vice-President of Prairie Operations. In these roles, he led significant portfolio growth across multiple lines of business, while maintaining a strong focus on both the customer and employee experience. As Chief Risk Officer, Michael was accountable for leading the new Enhanced Risk Management Program to align FCC's risk management practices with those of federally-regulated financial institutions in Canada. In July of 2014, Michael was appointed to the position of President and Chief Executive Officer. Michael holds a Bachelor of Science Degree in

Date

Friday, February 06, 2015

Time

Breakfast: 7:00 a.m.

Session: 7:15 - 8:45 a.m.

Location

Glenrose Room
The Royal Glenora Club
11160 River Valley Road
Edmonton, AB

Cost

Members: \$65.00

Non-Members: \$95.00

Registration

To register for this event, [please click here.](#)

Contact

Lori Trudgeon
[Redacted]

CEU's

This event is worth 2 continuing education credits

2

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
DATE: 28JAN15
PAGE: 1

FOR: DR DAVID MADOR
AC [REDACTED]
PERSONAL

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8133 W	GK 04FEB	7:00A	7:53A		
		DH4						
		AIR CANADA E AIR CANADA CONFIRMATION [REDACTED]						
		TICKET NUMBER [REDACTED]						
CALGARY	EDMONTON INTL	AIR CANADA	8150 W	GK 04FEB	3:30P	4:25P		
		DH4						
		AIR CANADA E AIR CANADA CONFIRMATION [REDACTED]						
		TICKET NUMBER [REDACTED]						

----- C O S T -----

AIR CANADA	TKT NO	ACO	[REDACTED]	(INCL 74.96 TAX)	362.96
***	SUB-TOTAL EXCLUDING GST/HST & APT				362.96
***	TOTAL CHARGES THIS INVOICE ***				362.96
	PAYMENT BY	[REDACTED]	TKT	[REDACTED]	362.96
***	BALANCE DUE THIS INVOICE ****				0.00
	BALANCE DUE TO DATE				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.

CONTINUED ON NEXT PAGE

ST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%
OF 2nd Fl 04/02/15 16:3
Receipt [REDACTED]
Short-term parking tkt
PL - No. [REDACTED]
4/02/15 06:00
5/02/15 06:05
Period 1d0h0'
(Tax) \$25.00
Total \$25.00
Payment Received
[REDACTED] \$25.00
Type: Swiped
Sub Total \$23.8
Tax 5% \$1.1

February 4/15
\$25.00

David Mador - Parking @ airport to travel
to Calgary for a Provincial Practitioner
Executive Committee (PPEC)

cost effective: travel to/from airport
would be \$50+ each way

(w)

Written Attestation for Lost Receipt

Date of Receipt: Wednesday, February 11, 2015

Description: Parking Stub from YEG Airport

Amount: \$25.00

- The receipt was not issued at the parking lot dispensary
- The expense was incurred and related to AHS business (Zone Leadership Working Session in Calgary)
- The expense has not been previously claimed



Employee Signature

Date Signed: 25 FEBRUARY 2015

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Dr David Mador	Reporting Period for the Month of: February 2015
-----------------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-02-11	Direct Billing	Transportation	Flight from Edmonton/Calgary (return) for Provincial Leadership	Marlin Travel	362.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					362.96



MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: February 6, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR DAVID MADOR
AC [REDACTED]

Wednesday, February 11, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 11Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8F

Flight: 8133 W CLASS
07:00 AM Equipment: DH4
07:53 AM

Mile(s) Flown: 153

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 11Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9F

Flight: 8148 W CLASS
01:30 PM Equipment: D8 (300 SERIES)
02:25 PM

Mile(s) Flown: 153

Cost:
AIR CANADA WEB [REDACTED]

[REDACTED] 288.00
Tax: 74.96
Ticket Total: 362.96

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

Invoice Number: [REDACTED]
Date: February 6, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
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.