

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title VP & Medical Director Northern Alberta
Location Edmonton
 Expenses submitted during the month of May 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)
May-15	P-Card	Meetings	423			25	448			
Total			\$ 423	\$ -	\$ -	\$ 25	\$ 448	\$ -	\$ -	\$ -

Total for the Month \$ 448

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> Cardholder's Name	<u>VP & MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/05/2015</u>
<u>EDMONTON ZONE & NORTHERN</u> Cardholder's Dept	<u>UNIVERSITY OF ALBERTA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$447.96</u>
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # <u>[REDACTED]</u>	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/04/2015	388501760	AIR CAN [REDACTED], AIR CANADA	382.96	CAD	✓ 382.96	.00	.00	Flight to/from Edmonton/Calgary to attend Provincial Practitioner Executive Committee meeting ①
04/05/2015	389193066	AIR CAN [REDACTED], AIR CANADA	60.00	CAD	✓ 60.00	.00	.00	Revised flight times to/from Calgary/Edmonton from PPEC meeting due to another urgent meeting to follow ②
06/05/2015	389543018	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.16	.00	Parking at YEG airport for PPEC meeting ③

✓ p18

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

Exec Assistant

Cardholder Designate Position/Title

Signature of Cardholder Designate

21 May 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

VP & MEDICAL DIRECTOR

Cardholder Position/Title

Signature of Cardholder

21 May 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.

Juan Best

Name of Approver Designate

Exec. Assistant

Approver Designate Position/Title

Juan Best

Signature of Approver Designate

May 27/15

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

JP Corp Services + CFO

Approver Position/Title

Deborah Rhodes

Signature of Approver

May 28/15

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

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

① Flight to/from EDMONTON/CALGARY
to attend Provincial Practitioner
Executive Committee mtg

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: April 28, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR DAVID MADOR
AC [REDACTED]

Wednesday, May 6, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 06May15
Seat(s): 02A
AIR CANADA E

Flight: 8133 W CLASS
07:00 AM Equipment: CRJ JET
07:48 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 06May15
Seat(s): 07A
AIR CANADA E

Flight: 8150 W CLASS
04:00 PM Equipment: DH4
04:50 PM

Mile(s) Flown: 163

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 06May15
Seat(s): 06C
AIR CANADA E

Flight: 8172 V CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:22 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: April 28, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Wednesday, May 6, 2015

Cost:		
TKT- [REDACTED]	E-TKT	288.00
	Tax:	74.96
	Ticket Total:	362.96
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.

(2)

change to return time from
Calgary to Edmonton to attend
urgent meeting following PPEC

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: May 6, 2015
Page: 12
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR DAVID MADOR
AC [REDACTED]

Wednesday, May 6, 2015

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From: EDMONTON INTL AB
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Stops: 0 Arrival: 06May15
Seat(s): 02A
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Flight: 8133 W CLASS
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To: EDMONTON INTL AB
Stops: 0 Arrival: 06May15
Seat(s): 06C
AIR CANADA E

Flight: 8172 V CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:22 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT EXCHANGED

[REDACTED] 60.00

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

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

INVOICE

Total:

Grand Total:	60.00
Less Credit Card Payments:	60.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	362.96
Total Charges Previous Invoices:	362.96
Total Balance Due:	0.00

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ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
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24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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GST# R128599776
 Edmonton Airports
 Can-T5J 2T2 Edmonton
 TAX CodeCA5%
 PO# 2nd Fl 06/05/15 18:2
 Receipt [REDACTED]
 Short-term parking tkt
 PL - No. 013868
 06/05/15 06:05
 07/05/15 06:04
 Period 1d0h0'
 (Tax) \$25.0
 Total \$25.0
 Payment Received [REDACTED] \$25.0
 [REDACTED]
 Per [REDACTED] 0013
 Put [REDACTED]
 Type: Swiped
 Sub Total \$23.8
 Tax 5% \$1.1

③ Parking @ airport
 to attend PPEC mtg
 in Calgary

