

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title VP & Medical Director Northern Alberta
Location Edmonton
 Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings	192			139	331			
Total			\$ 192	\$ -	\$ -	\$ 139	\$ 331	\$ -	\$ -	\$ -

Total for the Month \$ 331

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:			
<ul style="list-style-type: none"> 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	VP & MEDICAL DIRECTOR	Billing Reporting Period:	20/06/2015
Cardholder's Name	Cardholder's Position/Title		
EDMONTON ZONE & NORTHERN	UNIVERSITY OF ALBERTA	Total Statement Amount:	\$330.53
Cardholder's Dept	Cardholder's Site/Location		
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/05/2015	391475010	AIR CAN 0148917186529, AIR CANADA	191.48	CAD	191.48	.00	.00	One way flight to Calgary to attend HQCA meeting
02/06/2015	391993771	EXPLORE ROCKIES TOURS, TOURIST ATTRACTIONS AND EXHIBITS	59.85	CAD	59.85	2.85	.00	transportation to Canmore (home) after HQCA meeting that was held in Calgary
04/06/2015	392516360	SQ *1315863 ALBERTA LT, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	79.20	CAD	79.20	3.77	.00	Taxi to YEG airport for flight to Calgary to attend HQCA meeting

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.

[Signature]
 Name of Cardholder Designate

E Assistant
 Cardholder Designate Position/Title

19 June 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]
 Signature of Cardholder

19 June 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

Exec. Assistant
 Approver Designate Position/Title

[Signature]
 Signature of Approver Designate

June 22/15
 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

VP Corp Services + CFO
 Approver Position/Title

[Signature]
 Signature of Approver

June 22/15
 Date of Signature

Submit approved statement with attachments to Accounts Payable:

<p>Attach:</p> <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) <p>And where applicable:</p> <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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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①
one way
flight to
Calgary to
attend
HACA 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: May 26, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR DAVID MADOR
AC [REDACTED]

Thursday, June 4, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Jun15
Seat(s): 02A
AIR CANADA E

Flight: 8226 V CLASS
08:30 AM Equipment: CRJ JET
09:18 AM

Mile(s) Flown: 163

Cost:
TKT [REDACTED] E-TKT [REDACTED] 154.00

Tax: 37.48

Ticket Total: 191.48 ✓

Total:

Grand Total: 191.48

Less Credit Card Payments: 191.48

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

②
one way trip
to Canmore
(Home) from
Calgary -
Athabasca
HCA/AMT

Debbie Fornal

From: Explore Rockies <sightseeing@brewster.ca>
Sent: Monday, June 01, 2015 9:38 AM
To: David Mador
Subject: Explore Rockies Confirmation and Receipt



1 800 760 6934

Having problems viewing this email? [View it online here](#)

**Thank you for making us a part of your Canadian Rockies experience.
Your confirmation details are below.**

Confirmation Number: [REDACTED] Amount Paid: **\$59.85** ✓
Paid By: Card [REDACTED]

Booking Details

First Name: **David** Affiliate #: _____
Last Name: **Mador** Ordered By: _____
Email: david.mador@albertahealthservices.ca Customer Ref: _____
Phone: [REDACTED] Promo Code: _____
Country: **CAN** Booked By: **online**
Purchase Date: **Jun 01, 2015**

Date	Tour Name	Adults	Children	Total
04 Jun 2015	Calgary Apt to Canmore ~ 3:30pm (2015)	1 @ \$57.00	0 @ \$28.50	\$57.00
Operated By Brewster Banff Airport Express				
PICKUP TIME: 03:30 PM - Calgary International Airport ** Check in at Brewster desk on Arrivals Level between gates B and C.				
Special Notes:				

All prices in Canadian dollars

<u>Contact Customer Care</u>	Tour Services	\$	57.00
	GST	\$	2.85
<u>Modify/Cancel Booking Online</u>	Total Amount Paid	\$	<u>59.85</u>

Pickups: You must be at your pickup location at least 10 minutes prior to departure as the motorcoach will depart promptly at the scheduled time.

Changes or fully refundable cancellations for Explore Rockies Tours and Brewster Banff Airport Express can be made up to 90 minutes prior to the start of the tour at ExploreRockies.com. All other excursions and activities are subject to individual product cancellations and policies noted in the confirmation. For more information, or to change or cancel a booking please contact Explore Rockies at sightseeing@brewster.ca or by calling 1-800-760-6934.

This booking is subject to the [Terms and Conditions](#) at explore.brewster.ca.

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③
taxi to YYZ
airport to fly
to Calgary to
attend HESA
mtg

Debbie Fornal

Subject: FW: Receipt from 1315863 ALBERTA Ltd. Corporate Transport

From: David Mador [mailto: [REDACTED]]
Sent: Thursday, June 04, 2015 9:55 AM
To: Debbie Fornal
Subject: Fwd: Receipt from 1315863 ALBERTA Ltd. Corporate Transport

----- Forwarded message -----

From: 1315863 ALBERTA Ltd. Corporate Transport via Square <receipts@messaging.squareup.com>
Date: Thursday, June 4, 2015
Subject: Receipt from 1315863 ALBERTA Ltd. Corporate Transport
To: [REDACTED]



\$79.20

Custom Amount	\$66.00
Subtotal	\$66.00
Tip	\$13.20
Total	\$79.20 ✓