

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title VP & Medical Director Northern Alberta
Location Edmonton
 Expenses submitted during the month of August 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)
Aug-15	P-Card	Meetings				161	161			32
Total			\$ -	\$ -	\$ -	\$ 161	\$ 161	\$ -	\$ -	\$ 32

Total for the Month \$ 193

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	VP & MEDICAL DIRECTOR	Billing Reporting Period: 20/08/2015
Cardholder's Name	Cardholder's Position/Title	
EXECUTIVE	SEVENTH STREET PLAZA-NORTH	Total Statement Amount: \$192.89
Cardholder's Dept	Cardholder's Site/Location	
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card # [REDACTED]
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/07/2015	398054535	STORE [REDACTED], MISCELLANEOUS FOOD STORES	31.49	CAD	31.49	1.50		purchase of charger for iPhone (AHS issue) to keep in touch with emails and office while in Calgary for all day ZEL meeting
29/07/2015	398234382	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	00	Parking at EIA to take flight to/from Calgary to attend ZEL meeting
29/07/2015	398234383	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	70.40	CAD	70.40	3.35		taxi from Calgary airport to Southport Towers to attend ZEL meeting
30/07/2015	398234384	SKONTO LTD, LIMOUSINES AND TAXICABS	66.00	CAD	66.00	3.14		airport shuttle to travel from Southport Tower to airport while in Calgary to attend ZEL 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.

Name of Cardholder Designate

EAC
Cardholder Designate Position/Title

Signature of Cardholder Designate

18 August 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

25 August 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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

Vickie Kaminski

Name of Approver

President & CEO

Approver Position/Title

Signature of Approver

Sept 8/15
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:

ALLIED LTD ASSOCIATED
307 41 AVENUE NE T2E2N4
CALGARY AB
21640631

PURCHASE

2015 08:30:21

Card Type

DAVID MADOR

MasterCard

FV2164063145

3175

103021 RNN 001001

\$64.00

\$6.40

\$70.40

APPROVED-THANK YOU

in this copy for your records

Customer copy

403 299 9505

①
TRAVEL 29 JUL 2015
TAXI FROM AIRPORT (CALGARY) TO SOUTHPORT TOWER
TO ATTEND ZEL Mtg

CALGARY SHUTTLE SERVICE

24/7 DOOR TO DOOR CITYWIDE SERVICE • OUT OF TOWN SERVICE • BUSINESS TRANSPORTATION

Toll free: 1-877-247-7770

Call to Reserve

403-568-1599

www.calgaryshuttleservice.com • mail@calgaryshuttleservice.com

②

01/18

David Mador

07/29/15

DATE

DEPT

CLEAR-COMME

TAKEN IMPORTÉ

DELIVERED LIVRE

DESCRIPTION

AMOUNT - MONTANT

60.00

SALES DRAFT / FACTURE

TAX TAXE

TIP POURBOIRE

6.00

CARDHOLDER'S SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TO THE HONOR OF THE CHARGE CARD PRESENTED HEREWITH THE AMOUNT STATED HEREIN IN ACCORDANCE WITH THE AGREEMENT WITH THE CARDHOLDER.

LE DÉTENTEUR DE LA CARTE MENTIONNÉE CI-DESSUS PAIERA À L'ÉMETTEUR DE LA CARTE LE MONTANT CI-DESSUS CONFORMÉMENT AUX CONDITIONS DE LA CONVENTION ENTRE L'ÉMETTEUR ET LE DÉTENTEUR DE LA CARTE.

VISA

DISCOVER

TOTAL

CDN

66.00

CUSTOMER COPY / COPIE DU CLIENT

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd Fl 29/07/15 18:10
Receipt

Short-term parking tkt

HL - No.

29/07/15 06:14

30/07/15 06:13

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

MC \$25.00

Merch:

Auth:

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

③
TAXI/SHUTTLE FROM SOUTHPORT
(CALGARY) TO AIRPORT
- RETURN FLIGHT FROM YEC TO YEG
TO ATTEND ZEL Mtg

PARKING AT EIA WHILE TOOK FLIGHTS
TO/FROM EDMONTON/CALGARY TO ATTEND
ZEL Mtg

S7434

STURE CRU 15 - EDMONTON INTL AIRPORT
260, 1000 Airport Rd
Edmonton Int'l Airport, AB T9E 0V3
Contact Email: tmccullagh@1strna.com

Terminal: S7434-001
Date: 07/29/2015
Time: 06:30
Transaction: [REDACTED]
Receipt #: [REDACTED]
GST #: 61177177 R10001 Associate: [REDACTED]

Comments:

TEN/UPC	QTY	Unit \$	EXT. \$
ANEX USA WALL CHARG CHRG/SYN LGHTNG CONNECTR			
[REDACTED]	1	29.99	29.99 G

SUBTOTAL: 29.99
GST (%)5.000 1.50
TOTAL TAX: 1.50
TOTAL: 31.49
✓ Paid:
Card payment
Credit 31.49

Total Savings: 0.00

Owned and Operated by
LS travel retail North America.
Returns or exchanges with receipt &
within 14 days in unopened packaging.

TRANSACTION RECORD

CUSTOMER COPY

TEN

**

1 s 31.49

CHIP

E 07/29/2015 TIME 06:31:15

D 001

ISO 00

RE

A0000000041010

0000008000

terCard

Approved

ENTERING A VERIFIED PIN, CARDHOLDER

ES TO PAY ISSUER SUCH TOTAL IN

ORDANCE WITH ISSUER'S AGREEMENT WITH

HOLDER

④ purchase of charger
for 1 Phone (AHS issue)
while enroute to Calgary
for ZEE mtg, all day
event - kept in touch
via office and emails
throughout the day