

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title VP & Medical Director Northern Alberta
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings	363			25	388	422		
Total			\$ 363	\$ -	\$ -	\$ 25	\$ 388	\$ 422	\$ -	\$ -

Total for the Month \$ 810

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:	20/09/2015
Cardholder's Name	Cardholder's Position/Title		
EXECUTIVE	SEVENTH STREET PLAZA-NORTH	Total Statement Amount:	\$810.03
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
01/09/2015	401851551	AIR CAN ██████████ AIR CANADA	363.08	CAD	363.08	.00	.00	Flight to Calgary to attend Hip & Knee Learning Collaborative and ED Monitoring Stakeholder meetings
02/09/2015	401651551	EB 7TH CANADIAN QUALI, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	421.95	CAD	421.95	20.09		Registration fee to attend the Quality Congress conference
10/09/2015	402497954	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Parking at Edmonton airport to fly to Calgary to attend Hip & Knee Learning Collaborative and ED Monitoring Stakeholder (HQCA)

①
②
③

Handwritten signature

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.

Julie Shermanchuk
Name of Cardholder Designate

Executive Associate
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Sept 28, 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

[Signature]
Signature of Cardholder

VP & MEDICAL DIRECTOR

Cardholder Position/Title

1 October 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]
Signature of Approver

Oct 5, 2015
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:

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

Flight to Calgary to attend Hip/Knee Learning Collaborative and Ed Monitoring Stakeholder meetings (7)

Invoice Number: [REDACTED]
Date: September 2, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR DAVID MADOR
AC [REDACTED]

Thursday, September 10, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 10Sep15

Flight: 8226 V CLASS
08:30 AM Equipment: CRJ JET
09:19 AM

Mile(s) Flown: 163

AIR CANADA E
SEAT 9D - MADOR/DAVID DR
TICKET NUMBER [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10Sep15

Flight: 8154 V CLASS
05:00 PM Equipment: D8 (300 SERIES)
05:52 PM




Mile(s) Flown: 163

AIR CANADA E
SEAT 6C - MADOR/DAVID DR
TICKET NUMBER [REDACTED]
AIR CANADA CONFIRMATION [REDACTED]

Cost:

AIR CANADA WEL [REDACTED]	[REDACTED]	288.12
	Tax:	74.96
	Ticket Total:	363.08

Receipt for Conference
Registration ②

 451660095570921112001	Event 7th Canadian Quality Congress, September 28-29, 2015. Edmonton, AB		 7th Canadian Quality Congress <small>Congrès canadien pour la qualité</small>
	Date+Time Monday, 28 September 2015 at 8:00 AM - Tuesday, 29 September 2015 at 4:30 PM (MDT)	Location Lister Center, University of Alberta, Edmonton 11613 - 87 Ave; NW, Edmonton, Alberta T6G 2H6 - CANADA Edmonton, AB T6G 2H6 Canada	Name David Mador
	Order Info Order [REDACTED]. Ordered by David Mador on 1 September 2015 12:37 PM		Payment Status Eventbrite Completed
	Type One day (any day) Conference - Standard \$421.95		

Thank you for registering! Don't forget to circle the date for the
8th Canadian Quality Congress, September 2016.



451660095570921112001

Eventbrite

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3

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd FL 10/09/15 17:59
Receipt

Short-term parking tkt

HL - No. [REDACTED]

10/09/15 07:41

11/09/15 07:40

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

MC [REDACTED] \$25.00

Merc [REDACTED]

Auth [REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

81080649 - 1/1
67908070

September 10, 2015

Parking @ Edmonton air port while
took flight to Calgary to attend
Hip & Knew Collaborative and ED
Monitoring Stakeholder mtgs

* cost effective, taxi fare can
cost up to \$25 one way