

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings	354			25	379	478		
Total			\$ 354	\$ -	\$ -	\$ 25	\$ 379	\$ 478	\$ -	\$ -

Total for the Month \$ 857

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>20/10/2015</u>
<u>EXECUTIVE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA-NORTH</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$856.53</u>
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>██████████</u>


Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/10/2015	404809190	ALBERTA MEDICAL ASSOCI, ORGANIZATIONS, MEMBERSHIP	838.95	CAD	838.95	39.95		Payment to AMA for 2 day ACPP conference on Nov 6 & 7, 2015
01/10/2015	405171580	AIR CAN ██████████ AIR CANADA	353.78	CAD	353.78	.00	.00	round trip flight Edmonton/Calgary to attend all day PPEC meeting in Calgary
07/10/2015	405643140	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	parking at Edmonton airport while took flight to/from Calgary to attend an all day PPEC meeting (in Calgary)
08/10/2015	405643139	ALBERTA MEDICAL ASSOCI, ORGANIZATIONS, MEMBERSHIP	-361.20	CAD	-361.20	-17.20		reimbursement from AMA for ACPP conference - DM only attending 1 of the 2 day conference

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

 Signature of Cardholder Designate

EAC

 Cardholder Designate Position/Title
 15 October 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 of Cardholder

VP & MEDICAL DIRECTOR

 Cardholder Position/Title
 20 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

 Signature of Approver Designate

 Approver Designate Position/Title

 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


 Signature of Approver

President & CEO

 Approver Position/Title
 Oct 28, 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: _____

ACPP conference registration
+ refund
Page 1 of 2
see other side } 1
1a



2015 Accelerating Primary Care Conference
C/O Primary Care Networks Program Management Office
12315 Stony Plain Road NW
Edmonton AB T5N 3Y8
Phone: 780-488-4350
Toll free: 1-866-714-5724
Fax: 780-482-5445

Receipt

Receipt Number: [Redacted]

Registration ID: [Redacted]

Registration Date: 10/1/2015

Receipt Date: 10/1/2015

Issued By: PCN PMO/AMA
GST# 122083538 RT0001

Event: 2015 Accelerating Primary Care Conference

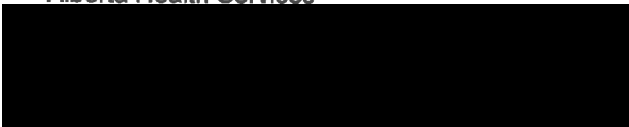
Date/Time: Friday, November 06, 2015 7:30 AM - Saturday, November 07, 2015 4:00 PM (Mountain Time)

Registrants

Name	Registration ID	Company/Organization	Registrant Type
Dr. David Mador	[Redacted]	Alberta Health Services	Single Day Registration - November 6, 2015

Billing Information

David Mador
Alberta Health Services



david.mador@albertahealthservices.ca

Fees

Fee	Quantity	Unit Price	Amount
November 6 Registration Fee	1	CDN\$455.00	CDN\$455.00
Subtotal:			CDN\$455.00

Fee	Quantity	Unit Price	Amount
GST:			CDN\$22.75
Total:			CDN\$477.75

Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	10/1/2015	CDN\$838.95	CDN\$838.95
Online Credit Card Payment [Redacted] Details	10/1/2015	-CDN\$838.95	CDN\$0.00
Adjustment Due to Changes in Fees	10/8/2015	-CDN\$361.20	-CDN\$361.20
Online Credit Card Refund [Redacted] Details	10/8/2015	CDN\$361.20	CDN\$0.00
Current Balance:			CDN\$0.00

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1a

Payment Method

Payment Method: Credit Card (MasterCard)

The online credit card payment for this event will be listed on your credit card statement with the name **AMA PCN PMO**.

Refund Information

Cancellations must be made in writing to Hailey Riendeau at Hailey.Riendeau@pcnpmo.ca. Cancellations made before Friday, October 23 will be charged a cancellation fee of \$125.00. Cancellations after this date will not be refunded.

- [Event Home](#)
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round trip flight from Edmonton
to Calgary to attend PPEC mtg 2
Oct 7/15

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

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

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

INVOICE

For

DR DAVID MADOR
AC [REDACTED]

Wednesday, October 7, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 07Oct15
AIR CANADA E
SEAT 9A - MADOR/DAVID DR
TICKET NUMBER [REDACTED]

Flight: 8133 W CLASS
07:00 AM Equipment: DH4
07:50 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 07Oct15
AIR CANADA E
SEAT 7F - MADOR/DAVID DR
TICKET NUMBER [REDACTED]

Flight: 8150 W CLASS
04:00 PM Equipment: DH4
04:49 PM

Mile(s) Flown: 163

Cost:

AIR CANADA	[REDACTED]	[REDACTED]	278.82
		Tax:	74.96
		Ticket Total:	353.78

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

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

INVOICE

Total:

Grand Total:	353.78
Less Credit Card Payments:	353.78
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.

GST# R128599776
 Edmonton Airports
 Can-T5J 2T2 Edmonton
 Tax CodeCA5%

POF 2nd F1 07/10/15 16:57
 Receipt [REDACTED]

Short-term parking tkt
 HL - No. [REDACTED]
 07/10/15 06:13
 08/10/15 06:12
 Period 1d0h0
 (Tax) \$25.00

 Total \$25.00

Payment Received
 MC \$25.00
 [REDACTED]
 Mer [REDACTED]
 Auth [REDACTED]
 Type: Swiped

Sub Total \$23.81
 Tax 5% \$1.19

01C18023 - 1/1

Oct 7/15
 Parking @ Edmonton
 airport while took
 round trip flight to
 Calgary to attend
 PPEC Mtg