

AHS Board and Executive Expense Report

NameDr. David MadorTitleVP & Medical Director Northern AlbertaLocationEdmontonExpenses submitted during the month of December 2015

							Tr	avel (1)						
МММ-ҮҮ	Source Document	Purpose	Ai	irfare	ľ	Meals	Acco	mmodation)ther ravel	otal avel	Professiona Developmer (2)		Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15 Dec-15 Dec-15	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings		1,448		51		(30)	25 243	(5) 294 1,448				
Total			\$	1,448	\$	51	\$	(30)	\$ 268	\$ 1,737	\$	_	\$ -	\$
Total for														

the Month \$ 1,737

Maximum daily single meal expense claimed in the month	\$ 21
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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Instruction:

	ed receipts and supporting documents in the same signatures required where indicated below		
MADOR, DAVID	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period:	20/12/2015
EXECUTIVE Cardholder's Dept	SEVENTH STREET PLAZA-NORTH Cardholder's Site/Location	Total Statement Amount:	(\$4.98)
DAVID.MADOR@ALBERTAHEA Cardholder's e-mail address	LTHSERVICES.CA	Last 6 digits of the P-Card #	¢

Statement of	of Transacti	ons						1.1P
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Ĭ	Description
	411821215	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19		parking at Edmonton airport to attend PPEC meeting in Calgary
09/12/2015	412426600	GAYLORD PALMS HOTEL FL, GAYLORD PLAMS	-22.60	USD	-29.98	.00		partial reimbursement from cancellation of rooms



/		
Signatures		
Cardholder Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconc Program User Guide and Training. I have alloca		In accordance to AHS Corporate Policies.
Name of Cardioter Designate	EAC Cardholder Designate Position/Title 23 December c	-
Signature of Cardholder Designate	Date of Signature	2010
 I attest the expenses enclosed in this claim are in computance with I attest the expenses enclosed in this claim are in claimed by me or on my behalf from Alberta Heat charged is attached. 	Ivel, Hospitality and Working Session Expense Policy (112 such policy. for valid business purposes for Alberta Health Services and alth Services or any other Organization. A personal cheque we been incurred by using a cost effective method, otherwith VP & MEDICAL DIRECTOR Cardholder Position/Title 23 Du Cumber	d that this claim has not been previously for any personal expenses inadvertently se rationale and supporting analysis is
Signature of Cardholder	Date of Signature	2015
attest the expenses enclosed in this claim are f	vel, Hospitality and Working Session Expense Policy (112; such policy.	débeéébie eleire bee not been sou de st
 claimed by the claimant or on their behair from A charged has been obtained. I attest that expenses submitted in this claim has provided. 	ve been incurred by using a cost effective method, otherwis	nal cheque for personal expenses inadvertently
Name of Approver Designate	Approver Designate Position/Title	-
Signature of Approver Designate	Date or Signature	
 I attest the expenses enclosed in this claim are find claimed by the claimant or on their behalf from A charged has been obtained. 	vel, Hospitality and Working Session Expense Policy (1122 such policy. or valid business purposes for Alberta Health Services and Iberta Health Services or any other Organization. A persor re been Incurred by using a cost effective method, otherwis	t that this claim has not been previously nal cheque for personal expenses inadvertently
Name of Approver Victic Carrend: Signature of Approver	Approver Position/Title Dec 29/15 Date of Signature	
Submit approved statement with attachments to Acc		
Attach: Original (or scanned) itemized receipts with docume where required Signed Cardholder Statement Report (or copies of of And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Service" Return, refund and/or credit receipts 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
 Disputes letter Business reasons for travel require detailed descrip meal), why travel was necessary and detailed expla Accounts Payable only: 	tions – include where travelled to, who attended (if instantion of reason.	
Reference #	Reviewed by:	Date:

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton Tax CodeCA5%
POF 2nd Fl 02/12/15 16:14 Receipt
Short-term parking tkt HL - No. 02/12/15 05:27 03/12/15 05:26 Period 1d0h0' (Tax) \$25.00
Total \$25.00
Payment Received MC \$25.00 Merc Auth:
Type: Swiped
Sub Total \$23.81 Tax 5% \$1.19

CST# 0130500776

December 2.2015

Parking @ Edmonton airport While Mying to Calgary to attend full day PPET meeting

From: Sent: To: Subject: Marriott Customer Care Gaylord <Customer.Care.Gaylord@marriott.com> Wednesday, December 23, 2015 7:48 AM

Hello David Mador,

Thank you for contacting Gaylord Hotels. We appreciate the opportunity to provide you with information.

The original advance deposit taken for the reservation at the Gaylord Palms was \$280.24 and the correct amount should have been \$257.64 the difference was refunded to your credit card in the amount of \$22.60. I am sorry for any inconvenience this may have caused you.

If we can be of further assistance, we invite you to reply to this email.

Thank you for choosing Gaylord Hotels.

Thank You, Diana Sums Gaylord Guest Experience Supervisor Star

This communication contains information from Marriott International, Inc. that may be confidential. Except for personal use by the intended recipient, or as expressly authorized by the sender, any person who receives this information is prohibited from disclosing, copying, distributing, and/or using it. If you have received this communication in error, please immediately delete it and all copies, and promptly notify the sender. Nothing in this communication is intended to operate as an electronic signature under applicable law.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
MADOR,	VP & Medical Director	Edmonton	293.25
DAVID	Northern Alberta		

Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/4/2015	Travel to/from airport to at	tend PPEC		Mileage	19.19	Seventh	Edmonton		1			38
	meeting in Calgary					Street Plaza	International Airport					
2/11/2015	To attend Zone Leadership	meeting		Mileage	19.19	Seventh	Edmonton		1			38
						Street Plaza	International Airport					
5/6/2015	To attend PPEC meeting in (Calgary		Mileage	19.19	Seventh	Edmonton		1			38
						Street Plaza	International Airport					
7/29/2015	To attend Zone Leadership	meeting		Mileage	19.19	Seventh	Edmonton		1			38
						Street Plaza	International Airport					
9/10/2015	To attend Hip & Knee learni	ng		Mileage	19.19	Seventh	Edmonton		1			38
	collaborative and ED monito	oring				Street Plaza	International Airport					
	Stakeholder meetings											
10/7/2015	To attend PPEC meeting in (Calgary		Mileage	19.19	SSP	EIA		1			38
10/8/2015	Travel to/from Renaissance	edmonton		Mileage	19.19	SSP	EIA		1			38
	airport hotel for CMPA - Per	spectives										
	on Disruptive Behaviour Co	nference										
10/29/2015	Travel to Calgary for Founda	ation		Mileage	88.98	SSP	123 Freeport		1			176.2
	Leadership Forum Networki Calgary	ng Event in					Boulvevard NE, Calgary					
12/2/2015	To take flight to attend PPE Calgary	C meeting in		Mileage	19.19	SSP	EIA		1			38
12/16/2015	Meetings in Calgary & Red [Deer		Meals Per	50.75			2 Days B/F,1 Day	2			
	(Primary Health Care)			Diem				Lunch & Dinner				
Approver(s) for	the claim	Approval Status		Approval Date		L	1	1	1			1
	KAMINSKI, VICTORIA		Approve	31-Dec-15								



Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor
- (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period:

lame : David Mador	Reporting Period for the Month of : Dec-15
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YES

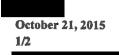
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense Name of Vendor		Amount Paid
6-Nov-2015	Direct Billing	Airline Ticket	Travel to Calgary to attend 2015 Accelerating Primary Care Conference .Flight was cancelled, Credit on file with Marlin Travel	Marlin Travel	375.17
2-Dec-2015	Direct Billing	Airline Ticket	Flight to Calgary to attend Provincial practitioner Executive committee (PPEC) meeting used flight credit	Marlin Travel	100.00
6-Dec-2015	Direct Billing	Airline Ticket	Travel to Ontario Florida USA to attend for the Institue for HealthCare improvement 27 th Annual National Forum on Quality improvement on HelathCare/Flight was cancelled ,credit on file with Marlin travel	Marlin Travel	972.22
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					

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

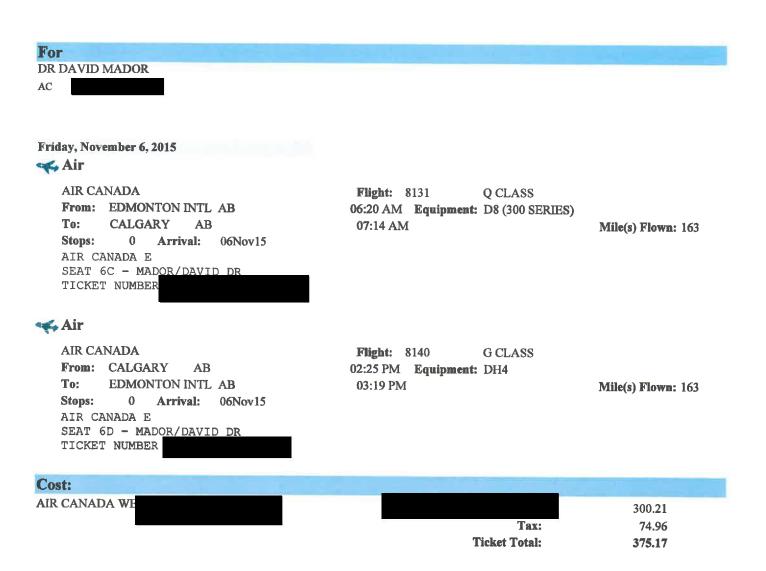
Agent:

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

Invoice Number:
Date:
Page:
Our Reference:



ΙΝΥΟΙCΕ



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference:

October 21, 2015 2/2

INVOICE

Total:

34

Grand Total:	375.17
Less Credit Card Payments:	375.17
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED:....DECLINED:...DECLINED:...DECLINED...DECLINED...DECLINED...DECLINED...DECTION OF 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. MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915 Branch: Agent:

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

Invoice Number:	
Date:	
Page:	
Our Reference:	



INVOICE



Wednesday, December 2, 2015

AIR C	ANADA		
From:	EDMO	ONTON INTI	LAB
To:	CALC	ARY AI	3
Stops:	0	Arrival:	02Dec15
AIR (CANADA	Е	
AIR (CANADA	CONFIRMA	TION
TICKE	ET NUME	BER	
SEAT	5F		

 Flight:
 8131
 M CLASS

 06:20 AM
 Equipment:
 D8 (300 SERIES)

 07:19 AM

Mile(s) Flown: 163

📢 Air

AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 02Dec15 AIR CANADA E AIR CANADA CONFIRMATION TICKET NUMBER SEAT 7F
 Flight:
 8156
 M CLASS

 03:25 PM
 Equipment:
 DH4

 04:17 PM

Mile(s) Flown: 163



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

Invoice Number:
Date:
Page:
Our Reference:

November 24, 2015 2/2

INVOICE

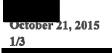
Total:

Grand Total:	100.00
Less Credit Card Payments:	100.09
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:......DECLINED:.....DECLINED:.....DECLINED:.....DECLINED:....DECLINED:....DECLINED:....DECLINED....DECLINED...DECLINE MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915 Branch:

Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference:



INVOICE



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

Invoice Number:
Date:
Page:
Our Reference:

October 21, 2015 2/3 ٩Ű

INVOICE

4697 G CLASS A Equipment: E70 M	Mile(s) Flown: 1029 849.77
°M	
	849 77
	849 77
	012111
GST:	-0.52
Tax:	122.45
Ticket Total:	972.74
Grand Total:	972.74
	972.74 \$972.22
	0.52
10181 G51/H51;	
alan as Due To This Imminer	0.00
]	Less Credit Card Payments: Total GST/HST: Balance Due To This Invoice:

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