

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of December 2015

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings			(30)	25	(5)			
Dec-15	Expense Claim	Meetings		51		243	294			
Dec-15	Direct Billing	Meetings	1,448				1,448			
<b>Total</b>			\$ 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.



**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

 22 December 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

 23 December 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

 Dec 29/15  
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: \_\_\_\_\_

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd Fl 02/12/15 16:14  
Receipt [REDACTED]

Short-term parking tkt

HL - No. [REDACTED]

02/12/15 05:27

03/12/15 05:26

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

MC [REDACTED] \$25.00

MERC

Auth: [REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

December 2, 2015

Parking @ Edmonton airport  
while flying to Calgary to  
attend full day PPET meeting

1855508 - 1/1

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

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, DAVID	VP & Medical Director Northern Alberta	Edmonton	293.25

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 attend PPEC meeting in Calgary		Mileage	19.19	Seventh Street Plaza	Edmonton International Airport		1			38
2/11/2015	To attend Zone Leadership meeting		Mileage	19.19	Seventh Street Plaza	Edmonton International Airport		1			38
5/6/2015	To attend PPEC meeting in Calgary		Mileage	19.19	Seventh Street Plaza	Edmonton International Airport		1			38
7/29/2015	To attend Zone Leadership meeting		Mileage	19.19	Seventh Street Plaza	Edmonton International Airport		1			38
9/10/2015	To attend Hip & Knee learning collaborative and ED monitoring Stakeholder meetings		Mileage	19.19	Seventh Street Plaza	Edmonton International Airport		1			38
10/7/2015	To attend PPEC meeting in Calgary		Mileage	19.19	SSP	EIA		1			38
10/8/2015	Travel to/from Renaissance edmonton airport hotel for CMPA - Perspectives on Disruptive Behaviour Conference		Mileage	19.19	SSP	EIA		1			38
10/29/2015	Travel to Calgary for Foundation Leadership Forum Networking Event in Calgary		Mileage	88.98	SSP	123 Freeport Boulevard NE, Calgary		1			176.2
12/2/2015	To take flight to attend PPEC meeting in Calgary		Mileage	19.19	SSP	EIA		1			38
12/16/2015	Meetings in Calgary & Red Deer (Primary Health Care)		Meals Per Diem	50.75			2 Days B/F, 1 Day Lunch & Dinner	2			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
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: YES

<b>Name :</b> David Mador	<b>Reporting Period for the Month of :</b> Dec-15
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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	-
<b>Total Paid in the Month</b>					<b>\$ 1,447.39</b>

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: October 21, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR DAVID MADOR  
AC [REDACTED]

Friday, November 6, 2015

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 06Nov15  
AIR CANADA E  
SEAT 6C - MADOR/DAVID DR  
TICKET NUMBER [REDACTED]

Flight: 8131 Q CLASS  
06:20 AM Equipment: D8 (300 SERIES)  
07:14 AM

Mile(s) Flown: 163

### Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 06Nov15  
AIR CANADA E  
SEAT 6D - MADOR/DAVID DR  
TICKET NUMBER [REDACTED]

Flight: 8140 G CLASS  
02:25 PM Equipment: DH4  
03:19 PM

Mile(s) Flown: 163

### Cost:

AIR CANADA WT [REDACTED]	[REDACTED]	300.21
	Tax:	74.96
	<b>Ticket Total:</b>	<b>375.17</b>



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

Invoice Number: [REDACTED]  
Date: October 21, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	375.17
<b>Less Credit Card Payments:</b>	375.17
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.

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: November 24, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

DR DAVID MADOR  
AC [REDACTED]

Wednesday, December 2, 2015

### Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 02Dec15

Flight: 8131 M CLASS  
06:20 AM Equipment: D8 (300 SERIES)  
07:19 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5F

### Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 02Dec15

Flight: 8156 M CLASS  
03:25 PM Equipment: DH4  
04:17 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 7F

## Cost:

AIR CANADA WE [REDACTED] [REDACTED] 100.00

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

Invoice Number: [REDACTED]  
Date: November 24, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	100.00
<b>Less Credit Card Payments:</b>	100.00
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
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Branch:

Agent:

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

1/3

## INVOICE

### For

DR DAVID MADOR

AC

Sunday, December 6, 2015

### Air

AIR CANADA

From: EDMONTON INTL AB

To: TORONTO PEARSON

Stops: 0 Arrival: 06Dec15

SEAT 21D - MADOR/DAVID REVIN DR  
TICKET NUMBER

Flight: 126 V CLASS  
11:25 AM Equipment: A320  
05:04 PM

Mile(s) Flown: 1671

### Air

AIR CANADA

From: TORONTO PEARSON

To: ORLANDO FL

Stops: 0 Arrival: 06Dec15

AIR CANADA R  
SEAT 15C - MADOR/DAVID REVIN DR  
TICKET NUMBER

Flight: 1866 V CLASS  
06:55 PM Equipment: A319  
09:55 PM

Mile(s) Flown: 1036

Wednesday, December 9, 2015

### Air

AIR CANADA

From: ORLANDO FL

To: DENVER INTL CO

Stops: 0 Arrival: 09Dec15

UNITED AIRLI

Flight: 5199 G CLASS  
03:48 PM Equipment: B737-800  
05:50 PM

Mile(s) Flown: 1547

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

Invoice Number: [REDACTED]  
Date: October 21, 2015  
Page: 2/3  
Our Reference: [REDACTED]

# INVOICE

Wednesday, December 9, 2015

TICKET NUMBER [REDACTED]

## Air

AIR CANADA  
From: DENVER INTL CO  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 09Dec15  
UNITED EXPRE  
TICKET NUMBER [REDACTED]

Flight: 4697 G CLASS  
07:55 PM Equipment: E70  
11:00 PM

Mile(s) Flown: 1029

## Cost:

AIR CANADA WEB [REDACTED]	849.77
GST:	<del>0.52</del>
Tax:	122.45
Ticket Total:	972.74

## Total:

Grand Total:	972.74
Less Credit Card Payments:	<del>972.74</del> <b>\$972.22</b>
Total GST/HST:	<del>0.52</del>
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  
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
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