

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of January 2016

### 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)
Jan-16	P-Card	Meetings			165		165	1,960		
<b>Total</b>			\$ -	\$ -	\$ 165	\$ -	\$ 165	\$ 1,960	\$ -	\$ -

**Total for the Month** \$ 2,125

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 154  
 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:**

- 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 &amp; MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>EXECUTIVE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA-NORTH</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$2,124.96</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
17/12/2015	413599434	DELTA CALGARY SOUTH, DELTA HOTELS	164.96	CAD	164.96	.00	.00	hotel stay in Calgary to meet with Primary Health Care leaders
18/12/2015	413599433	COLLEGE OF PHYSICIANS, ORGANIZATIONS, MEMBERSHIP	1,960.00	CAD	1,960.00	93.33		annual registration to the College of Physicians and Surgeons of Alberta
23/12/2015	413811849	CITYAGE MEDIA INC, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	414.75	CAD	414.75	19.75	.00	Registration to Conference for March 4, 2016
14/01/2016	415529220	CITYAGE MEDIA INC, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	-414.75	CAD	-414.75	-19.75		refund from company hosting a 1-day conference, the date was change which no longer worked within DMs calendar

Signatures		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p>_____ Name of Cardholder Designate</p> <p>_____ Signature of Cardholder Designate</p>	<p style="text-align: center;"><i>EA</i> _____ Cardholder Designate Position/Title</p> <p style="text-align: center;"><i>19 January 2016</i> _____ Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><i>MADOR, DAVID</i> _____ Name of Cardholder</p> <p><i>[Signature]</i> _____ Signature of Cardholder</p>	<p><i>VP &amp; MEDICAL DIRECTOR</i> _____ Cardholder Position/Title</p> <p><i>Jan 22 / 16</i> _____ Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><i>Verna Yiu</i> _____ Name of Approver</p> <p><i>Jan 27 2016</i> _____ Signature of Approver</p>	<p><i>Interim President + CEO</i> _____ Approver Position/Title</p> <p><i>[Signature]</i> _____ Date of Signature</p>	
<p><b>Submit approved statement with attachments to Accounts Payable:</b></p>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p><b>Accounts Payable only:</b></p>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>



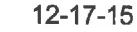
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**DELTA**  
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5  
Telephone: 403-278-5050 Fax: 403-225-5834

Dr David Mador

Room:   
Folio:   
Cashier:   
Arrival: 12-16-15  
Departure: 12-17-15

Date	Description	Additional Information	Charges	Credits
12-16-15	Room Charge		154.00	
12-16-15	DMF		4.62	
12-16-15	Tourism Levy		6.34	
12-17-15	Master Card			164.96

GST Summary	
Registration No: <b>895126332</b>	
Room	0.00
F&B	0.00
Other	10.96
<b>Total</b>	<b>10.96</b>

Total	164.96	164.96
Balance Due	0.00	CDN

*Hotel stay (1 night)  
while in Calgary to meet  
w/ Zone Primary Health  
Care staff*

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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College of  
Physicians  
& Surgeons  
of Alberta

2700 - 10020 100 Street NW  
Edmonton, AB, Canada T5J 0N3

# MEMBERSHIP RECEIPT

DR. DAVID R. MADOR



Page: 1 of 1

Receipt Number: [Redacted]

Date Paid: 21-Dec-2015

Registration #: [Redacted]

Invoice	Description	Balance Owing	Paid
20178782	2016 General Register Annual Practice Permit	\$1,960.00	\$1,960.00

**Total Fees Paid:** \$1,960.00

**Outstanding Balance:** \$0.00

*yearly membership dues*