

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of March 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)
Mar-16	P-Card	Meetings			206	25	231			
Mar-16	Direct Billing	Meetings	726				726			
<b>Total</b>			\$ 726	\$ -	\$ 206	\$ 25	\$ 957	\$ -	\$ -	\$ -

**Total for the Month** \$ 957

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>MADOR, DAVID</u>	<u>VP &amp; MEDICAL DIRECTOR</u>	<b>Billing Reporting Period:</b>	<u>20/03/2016</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>EXECUTIVE</u>	<u>SEVENTH STREET PLAZA-NORTH</u>	<b>Total Statement Amount:</b>	<u>\$25.00</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u>		<b>Last 6 digits of the P-Card #</b>	<u>[REDACTED]</u>
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
16/03/2016	422836899	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	parking at airport to take flight to Ft McMurray to meet with the operational team and medical staff ✓

**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-1 have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate

Signature of Cardholder Designate

 EAC  
Cardholder Designate Position/Title

 28 March 2016  
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

 Mar 30 / 2016  
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.
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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.
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 Dr. Derrin Hill  
Name of Approver

Signature of Approver

 Interim President & CEO  
Approver Position/Title

 April 6 / 16  
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 1st Fl 16/03/16 15:27  
Receipt [REDACTED]

Short-term parking tkt  
DL - No. 002598  
15/03/16 16:44  
16/03/16 16:43  
Period 1d0h0'  
(Tax) \$25.00

Total \$25.00

Payment Received  
MC \$25.00  
[REDACTED]

Auth  
Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

02055F4C - 1/1

March 15-16, 2016  
Parking @ airport to take flight  
to/from Edmonton/Ft McMurray  
to attend mtgs and tours of the  
facility.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>GORDON, DEB</u>	<u>VICE PRESIDENT &amp; CHIEF</u>	Billing Reporting Period:	<u>20/03/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<del>\$412.02</del> <span style="border: 1px solid red; padding: 2px;"><b>\$206.01</b></span>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<span style="background-color: black; color: black;">XXXXXXXXXX</span>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
16/03/2016	422836537	RADISSON HOTEL & SUITE, RADISSON	206.01	CAD	206.01	9.81		Hotel in Fort McMurray for Site Tours and Meetings with Ops Leaders - Deb Gordon
16/03/2016	422836537	RADISSON HOTEL & SUITE, RADISSON	<del>206.01</del>	CAD	<del>206.01</del>	9.81		Hotel in Fort McMurray for Site Tours and Meetings with Ops Leaders - David Mador (Deb paid as his PCard was not working)

**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.

Kim Belose  
Name of Cardholder Designate

[Signature]  
Signature of Cardholder Designate

Exec Admin Coord.  
Cardholder Designate Position/Title

29 MAR 2016  
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.

GORDON, DEB  
Name of Cardholder

[Signature]  
Signature of Cardholder

VICE PRESIDENT & CHIEF HEALTH OPERATIONS OFFICER,  
NORTHERN, AB  
Cardholder Position/Title

2016-MAR-30  
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.
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\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**

By signing this statement

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- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Verna Yiu  
Name of Approver

[Signature]  
Signature of Approver

President & CEO (Acting)  
Approver Position/Title

April 6/16  
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: \_\_\_\_\_



Ms. Deborah Gordon  
Canada

Room No. : [REDACTED]  
Arrival : 03/15/16  
Departure : 03/16/16  
Page No. : 1 of 1  
Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
Cashier No. : [REDACTED]

**INVOICE**

Membership No. :  
A/R Number :  
Group Code :  
Company Name : Alberta Health Services

03/16/16 05:27:11 AM MST

Date	Text	Charges	Credits
[REDACTED]			
03/15/16	Room Charge	189.00	
03/15/16	5% GST	9.45	
03/15/16	4% TOURISM LEVY	7.56	
03/16/16	Mastercard		412.02
Room GST	18.90		
Net Amount	378.00 CAD		
<b>Total</b>		<b>412.02</b>	<b>412.02</b>
<b>Balance</b>			<b>0.00</b>
			<b>\$206.01</b>

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**Thank You For Staying With Us**

Independently owned by Temple Real Estate Investment Trust & managed by Atlicic Hotels Inc.

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

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

*\* Deb Gordon paid as David Mador's PCard was not working properly at the time*

GST # 84970 2444 RT0020

Radisson Hotel & Suites Fort McMurray  
435 Gregoire Drive  
Fort McMurray, Alberta T9H 4K7  
Telephone: (780) 743-2400 Fax: (780) 743-2448  
Email: info@radissonfortmcmurray.com

*Hotel stay for site tours + meetings with operational leaders in Fort McMurray.*

## 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> Mar-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-Mar-2016	Direct Billing	Airline Ticket	Canadian Conference on Physician Leadership (May 12- May 14, 2016)	Marlin Travel	666.39
3-Mar-2016	Direct Billing	Airline Ticket	Meeting with operational team and medical staff (Mar 12/16) credit used	Marlin Travel	59.30
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 725.69</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: March 15, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR DAVID MADOR  
AC [REDACTED]

Thursday, May 12, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: TORONTO PEARSON  
Stops: 0 Arrival: 12 May 16  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 20F

Flight: 172 L CLASS  
01:55 PM Equipment: A320  
07:35 PM

Mile(s) Flown: 1671

Saturday, May 14, 2016

 Air

AIR CANADA  
From: TORONTO PEARSON  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 14 May 16  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 19F

Flight: 177 G CLASS  
04:55 PM Equipment: A320  
07:04 PM

Mile(s) Flown: 1671

### Cost:

AIR CANADA W [REDACTED]	[REDACTED]	575.43
	Tax:	69.96
	Ticket Total:	645.39

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

Invoice Number: [REDACTED]  
Date: March 15, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>	
AIR CANADA [REDACTED]	20.00
	Tax: 1.00
	<b>Ticket Total: 21.00</b>
<b>Total:</b>	
	Grand Total: 666.39
	Less Credit Card Payments: 666.39
	Credit / Balance Due To This Invoice: 0.00
	<b>Total Balance Due: 0.00</b>

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:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

March 3, 2016

1/2

## INVOICE

**For**

DR DAVID MADOR

AC

Tuesday, March 15, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 Arrival: 15Mar16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 10F

Flight: 8388 G CLASS  
06:10 PM Equipment: DH4  
07:15 PM

Mile(s) Flown: 240

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

Invoice Number: [REDACTED]  
Date: March 3, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Wednesday, March 16, 2016

 Air

AIR CANADA Flight: 8385 G CLASS  
From: FT MCMURRAY 01:50 PM Equipment: DH4  
To: EDMONTON INTL AB 02:54 PM Mile(s) Flown: 240  
Stops: 0 Arrival: 16Mar16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9A

Cost:	
AIR CANADA WEB [REDACTED]	50.00
AIR CANADA WEB [REDACTED]	9.30
<b>Total:</b>	
<b>Grand Total:</b>	59.30
<b>Less Credit Card Payments:</b>	59.30
<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.