

AHS Board and Executive Expense Report

Name Dr. David Mador
Title VP & Medical Director Northern Alberta
Location Edmonton
 Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings				109	109			
Jun-16	Expense Claim	Meetings				64	64			
Jun-16	Direct Billing	Meetings	200				200			
Total			\$ 200	\$ -	\$ -	\$ 173	\$ 373	\$ -	\$ -	\$ -

Total for the Month \$ 373

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.

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

MADOR, DAVID Cardholder's Name	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period: 20/06/2016
EXECUTIVE Cardholder's Dept	SEVENTH STREET PLAZA-NORTH Cardholder's Site/Location	Total Statement Amount: \$109.30
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
08/06/2016	432292596	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	44.28	CAD	44.28	2.11		taxi from Calgary airport to University of Calgary to attend Executive Education ALP #4 presentations
08/06/2016	432292597	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	40.02	CAD	40.02	1.91		taxi from University of Calgary to Calgary airport for return flight to Edmonton - DM in Calgary attending Exec Ed ALP 4
08/06/2016	432292598	EDMONTON INTERNATION. AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19		parking at Edmonton airport to take flight from YEG to Calgary to attend Exec Ed ALP 4 Presentations.

①
②
③



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

 JUNE 17, 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

 VP & MEDICAL DIRECTOR

Cardholder Position/Title

Signature of Cardholder

 June 17, 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.
- 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.

 Dr. Verran

Name of Approver

 President + CEO

Approver Position/Title

Signature of Approver

 June 22/16

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: _____

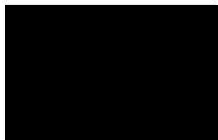
DAVID MADOR
JUNE 2016
PEARL

2

1

3

CHECKER/YELLOW CAB
316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2



Sale

Location Label: MasterCard



TERCARD Entry Method: Chip

Amount: \$ 34.80
Tip: \$ 5.22

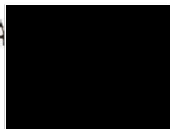
Total: CAD\$ 40.02

2016/06/08

14:03:46



Approved: Online
PIN Ref #:



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

POF 1st Fl 08/06/16 16:17
Receipt 086316

Short-term parking tkt
HL - No. 016761
08/06/16 06:06
09/06/16 06:05
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC \$25.00

Sub Total \$23.81
Tax 5% \$1.19

013459C7 - 1/1

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID: 4189233
TID: DE189233
Batch #: 246 SEQ: 246001001003
06/08/16 08:51:11

MASTERCARD

AMOUNT \$38.50
TIP \$5.78
TOTAL \$44.28

00 - APPROVED - 001

MasterCard
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THANK YOU
CUSTOMER COPY

June 8/16

Parking at YEG
airport for flight
to/from Edmonton/
Calgary to attend
Exec Ed Presentations

Justification: cost
effective, taxi to/from
~\$100 (\$50 x 2)

June 8/16

taxi from Airport (YYC)
to UofC to attend
Executive Education All Presentations

June 8/16
taxi from UofC
to Airport (YYC)
(Exec Ed)

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MADOR, DAVID	VP & Medical Director Northern Alberta	Edmonton	63.86

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/26/2016	Attend Quality in AHS - Purposeful Design		Mileage-Local-Home Zone	31.93				1			61.40
5/27/2016	to attend Quality in AHS - Purposeful Design		Mileage-Local-Home Zone	31.93				1			61.40
Approver(s) for the claim		Approval Status	Approval Date								
YIU, VERNA		Approve	28-Jun-16								

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**

Name :	David Mador	Reporting Period for the Month of :	Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-May-2016	Direct Billing	Airline Ticket	Flight to/from Edmonton/Calgary to attend Executive Education- Executive Leadership Cohort 4 ALP Presentations (flight credit used)	Marlin Travel	200.00
	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	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					\$ 200.00

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: May 31, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR DAVID MADOR

Wednesday, June 8, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 08Jun16

Flight: 8133 G CLASS
07:10 AM **Equipment:** D8 (300 SERIES)
08:05 AM

Mile(s) Flown: 163

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

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 08Jun16

Flight: 8150 G CLASS
03:25 PM **Equipment:** DH4
04:15 PM

Mile(s) Flown: 163

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

Cost:
AIR CANADA WEB [REDACTED] [REDACTED] 200.00

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

Invoice Number: [REDACTED]
Date: May 31, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	200.00
Less Credit Card Payments:	200.00
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.