

AHS Board and Executive Expense Report

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

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings				223	223			
Oct-16	Expense Claim	Meetings		83		150	233			
Oct-16	Direct Billing	Meetings	806				806			
Total			\$ 806	\$ 83	\$ -	\$ 373	\$ 1,262	\$ -	\$ -	\$ -

Total for the Month \$ 1,262

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.


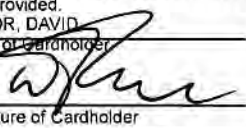
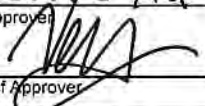
5) Remuneration, Allowances Reported in the Financial Statements

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

Instruction:	
<ul style="list-style-type: none"> • 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	VP & MEDICAL DIRECTOR
Cardholder's Name	Cardholder's Position/Title
EXECUTIVE	SEVENTH STREET PLAZA-NORTH
Cardholder's Dept	Cardholder's Site/Location
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA	
Cardholder's e-mail address	
Billing Reporting Period:	20/10/2016
Total Statement Amount:	\$222.89
Last 6 digits of the P-Card #:	██████████

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2016	██████████	PETROCAN, GAS / SERVICE STATIONS	37.64	CAD	37.64	.00		fuel for rental car on Peace River site tour ✓
20/09/2016	██████████	NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	183.50	CAD	183.50	8.74		Rental car for Peace River site tour with Execs ✓

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2016	██████████	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	1.75	CAD	1.75	.08	.00	YEG airport parking for trip to Peace River for Exec site tour ✓

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Elizabeth Grierson</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>18-OCT-2016</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>MADOR, DAVID</u> Name of Cardholder	<u>VP & MEDICAL DIRECTOR</u> Cardholder Position/Title	
 Signature of Cardholder	<u>19-OCT-2016</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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. 		
<u>Dr. Vernya Yiu</u> Name of Approver	<u>President + CEO</u> Approver Position/Title	
 Signature of Approver	<u>Oct 20, 2016</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: _____

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PETRO-CANADA
9901 78TH STREET
PEACE RIVER
Alberta T8S 1Y4

GST: 838442929 (780) 624-1909
2016-09-19 16:21
TERMINAL: [REDACTED] OPER: A
PAYPOINT: [REDACTED]

FUEL	(L)	(\$/L)	(\$)
Pump 7			
Regular	38.444	0.979	37.64*
Total Owed			37.64

TOTAL PAID
CREDIT CARD \$ 37.64

*TAXES INCL. #TAXES EXCL.
GST TOTAL \$ 1.79

MASTERCARD [REDACTED] C
INV. [REDACTED] AUTH. [REDACTED]
Purchase
[REDACTED]
MasterCard
[REDACTED]

VERIFIED BY PIN

OO APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records
CUSTOMER COPY

Survey! Earn Points
& chance to win gas
petro-canada.ca/hero

*Fuel for rental
car: Peace River Site
Tour*



RA # [REDACTED]

Bill Ref# [REDACTED]

Renter Name DAVID MADOR

EST/HST R103630562

Rental Location
PEACE RIVER ARPT
MELS U-DRIVE (1978) LTD
PEACE RIVER AIRPORT, BOX 5135
PEACE RIVER AB T8S1S7

19-SEP-2016 08:40 AM

ALBERTA HEALTH SERVICES
Contract ID

Return Location
PEACE RIVER ARPT

19-SEP-2016 05:00 PM

Vehicle # [REDACTED]
Model YUKON
Class Driven FFAR
Class Charge MVAR
License# [REDACTED]
State/Province ALBERTA
M/Kms Driven 286
M/Kms Out 18944
M/Kms In 19230

Phone (780)624 2809	Charges	No	Unit	Price/Unit	Amount
	TIME & DISTANCE	1	Days	88.18	88.18 *
	EXTRA MILES/KM - TIME & DISTANCE	286	M/Kms	0.38	108.68 *
	DISCOUNT - TIME & DIST 15.00%			196.86	-29.53 *
	CONCESSION RECOUP FEE 8.53 PCT			169.08	14.42 *
	[REDACTED] RECOUPMENT 1.75/DAY	1	Days	1.75	1.75 *

Rate Info

Messages

* Taxable Items
Subject to Audit

Total Charges CAD 183.50

Payments

Master Card	[REDACTED]		
AUTH:	[REDACTED]	19-SEP-2016	153.35
Master Card	[REDACTED]		
AUTH:	[REDACTED]	20-SEP-2016	30.15

Payment -183.50

Customer Service Number 1-800-468-3334

Amount Due CAD 0.00

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Attestation for Lost Receipts

On my P-card report for Sept. 21 – Oct. 20, 2016, I have one charge for which I am missing the receipt. This expense has not been claimed previously, and the charge was incurred in relation to AHS business. The receipt is for parking, so it is not available for reprinting.

1. Transaction date Sept. 19, 2016 Edmonton Airport Parking - \$1.75. This is a parking charge for a flight to Peace River and High Prairie for an executive site tour.

Signed,



October 18, 2016

David Mador
Vice President and Medical Director, Northern Alberta



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
MADOR, DAVID	VP & Medical Director Northern Alberta	Edmonton	\$ 233.30									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/19/2016	Peace River and High Prairie Site Tour	AB - Local	Parking - Lot or Parkade	\$ 12.08			Exec flight centre parking for trip to Peace River	1				
9/19/2016	to airport and back, for Peace River and High Prairie Site Tour		Mileage-Local-Home Zone	\$ 29.80			Peace River and High Prairie Site Tour	1			59	
9/19/2016	7:00 AM meeting prior to flight to Peace River	AB - Local	Meals Per Diem	\$ 9.20			7:00 AM meeting prior to flight to Peace River Bfast \$ 9.20	1				
9/30/2016	Driving to attend 2016 Foundations Leadership Forum		Mileage-Local-Home Zone	\$ 9.09			2016 Foundations Leadership Forum	1			18	
10/19/2016	Senior Leaders Meeting, followed by flight to Calgary		Mileage-Local-Home Zone	\$ 29.80			Senior Leaders Meeting	1			59	
10/19/2016	In YYC for Pharmacy Services PMD Interviews	AB - Other Zones	Meals Per Diem	\$ 32.35			Dinner following Sr. Leaders Meeting and before 6:00 PM flight Lunch mid-day between meetings while in YYC Lunch \$11.60 Dinner \$20.75	2				
10/24/2016	Travel from Airport to Quality Summit site	AB - Other Zones	Taxi	\$ 39.68			Quality Summit 2016	1				
10/24/2016	To/From YEG airport for flight to YYC for Quality Summit		Mileage-Local-Home Zone	\$ 29.80			Quality Summit 2016	1			59	
10/24/2016	In YCC for Quality Summit 2016	AB - Other Zones	Meals Per Diem	\$ 41.50			Dinner before Quality Summit Evening Reception Dinner before flight at 6:30 PM landing 7:30 PM Dinner - 2 * 20.75 = \$41.50	2				
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		20-Dec-16								

EXECFLIGHT CTR FUELQPE
3684 53 AVE EAST
EDMONTON AB

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1216

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/09/19
TIME 4209 07:32:02
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$12.08

VISA
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

SALE

MID: [REDACTED] REF#: [REDACTED]
TID: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
10/24/16 18:10:18
CVC: Y

APPR CODE: 005184
VISA

[REDACTED]
AMOUNT \$34.50
TIP \$6.18
TOTAL \$39.68

00 - APPROVED - 001

VISA
[REDACTED]

THANK YOU

CUSTOMER COPY

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 : Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Oct-2016	Direct Billing	Airline Ticket	Flight from YEG to YYC return, for Pharmacy PMD Interviews	Marlin Travel	400.11
24-Oct-2016	Direct Billing	Airline Ticket	Flight from YEG to YYC return, for Quality Summit 2016	Marlin Travel	405.81
	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					\$ 805.92



Trip Statement

ALBERTA HEALTH SERVICES
 "SUITE 800, NORTH TOWER"
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 19 Oct 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: TIFFANY ASKE
 File Locator: [REDACTED]

PASSENGERS: DR DAVID MADOR

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	325.15	0.00	\$0.00	74.96	0.00	400.11 CAD
Total:	325.15	0.00	0.00	74.96	0.00	400.11 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/18/2016	[REDACTED]	[REDACTED]	400.11 CAD
				Total Payment:	400.11 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 19 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TIFFANY ASKE

File Locator: [REDACTED]

MY ITINERARY

Passengers DAVID MADOR	Citizenship Not Specified	Required Travel Documents Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada

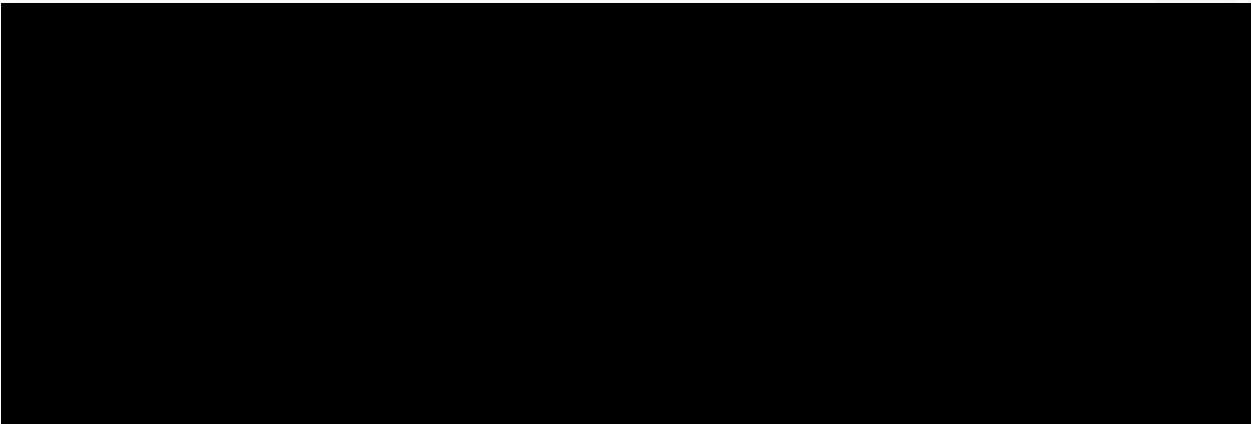


AIR

Passengers: DAVID MADOR

Booking Date: 18 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08153	EDMONTON INTL 19 Oct 16 6:00PM		CALGARY INTL 19 Oct 16 6:56PM	Q		



AIR

Passengers: DAVID MADOR

Booking Date: 18 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08150	CALGARY INTL 20 Oct 16 3:25PM		EDMONTON INTL 20 Oct 16 4:15PM	V		



Trip Statement

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 07 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

File Locator: [REDACTED]

INSURANCE

PASSENGERS: DAVID MADOR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	330.85	0.00	\$0.00	74.96	0.00	405.81 CAD
Total:	330.85	0.00	0.00	74.96	0.00	405.81 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/07/2016			0.00 CAD
		10/07/2016		[REDACTED]	405.81 CAD
				Total Payment:	405.81 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/traveldoc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. ***** **PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

GOVERNMENT CENTRE
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tel : 780 425 8611

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 07 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

File Locator: [REDACTED]

MY ITINERARY

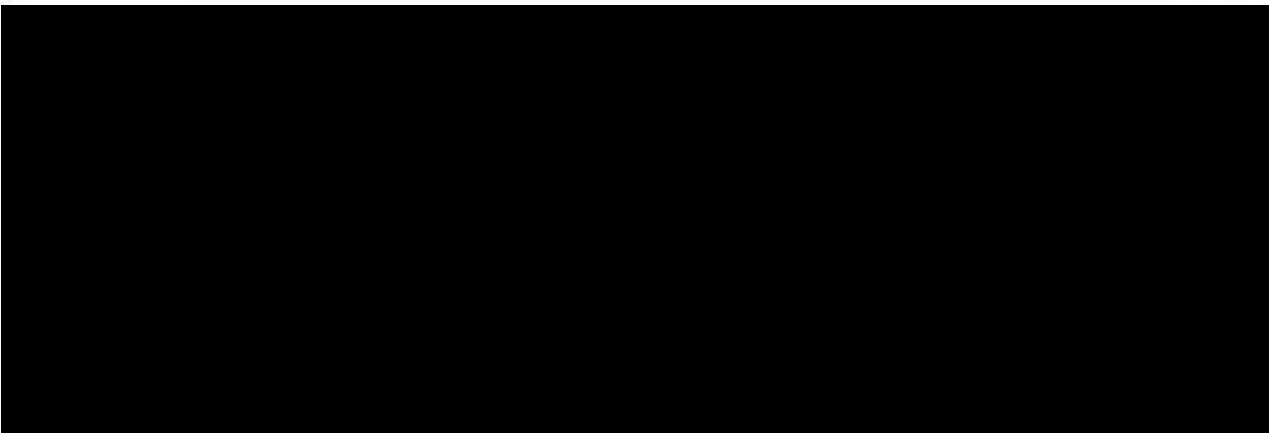
Passengers: DAVID MADOR Citizenship: Not Specified Required Travel Documents: Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



Passengers: DAVID MADOR Booking Date: 07 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 24 Oct 16 4:50PM		CALGARY INTL 24 Oct 16 5:42PM	G		



Passengers: DAVID MADOR Booking Date: 07 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 25 Oct 16 6:20PM		EDMONTON INTL 25 Oct 16 7:10PM	H		