

AHS Board and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-16	P-Card	Meetings			303	227	530	1,960		
Total			\$ -	\$ -	\$ 303	\$ 227	\$ 530	\$ 1,960	\$ -	\$ -

Total for the Month \$ 2,490

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.


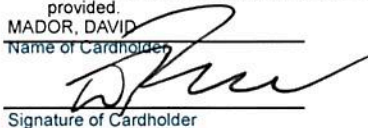

Instruction:

- 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 & MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2016</u>
<u>EXECUTIVE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA-NORTH</u> Cardholder's Site/Location	Total Statement Amount: <u>\$2,490.20</u>
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/10/2016		ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	76.76	CAD	76.76	3.66		taxi from YYC to Delta South for PMD Interviews ✓ ①
20/10/2016		CHECKER CABS LTD., LIMOUSINES AND TAXICABS	54.51	CAD	54.51	2.60		taxi from Southport to YYC following PMD Interviews ✓ ②
20/10/2016		EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	YYEG airport parking for trip to YYC for PMD Interviews ✓ ③
20/10/2016		DELTA CALGARY SOUTH, DELTA HOTELS	163.54	CAD	163.54	.00	.00	Stay in YYC for PMD Interviews beginning 8AM ✓ ④
22/10/2016		EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	6.00	CAD	6.00	.29		Parking for 2016 Annual Fall Forum @ Westin Hotel ✓ ⑤
25/10/2016		EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	50.00	CAD	50.00	2.38	.00	YYEG airport parking for trip to YYC for Quality Summit (2 days) ✓ ⑥
26/10/2016		HAMPTON INN AND SUITES, LODGING HOTELS, MOTELS, RESORTS	139.39	CAD	139.39	.00	.00	Stay in YYC for Quality Summit ✓ ⑦
27/10/2016		MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking for RAH Foundation Board Dinner ✓ ⑧
14/11/2016		COLLEGE OF PHYSICIANS, ORGANIZATIONS, MEMBERSHIP	1,960.00	CAD	1,960.00	93.33		CPSA Practice Permit renewal ✓ ⑨

dm

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>22-Nov-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>23-Nov-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. Verna Yiu</u> Name of Approver	<u>President + CEO</u> Approver Position/Title	
 Signature of Approver	<u>Dec 3, 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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ALLIED/ASSOCIATED CAB
307 41 AVE NE T2E2N4
CALGARY AB
21640631
GH2164063184

**** PURCHASE ****
10-19-2016 19:37:25
Acct # [REDACTED]
Exp Date **/** Card Type MC
Name: DAVID MANOR
[REDACTED] MasterCard

Trace [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RRN [REDACTED]

Purchase \$66.75
Tip \$10.01
Total \$76.76

(001) APPROVED-THANK YOU

Retain this copy for your records
Customer copy
403-299-9555
www.calgarylimo.com

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216 BURTON ST
CALGARY, AB T2A 1A2

RENTAL ID: [REDACTED]
RESIDENT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
GST ACCOUNT NO: [REDACTED]
DEPT NUMBER: [REDACTED]
PASS ID: [REDACTED]
TO: 20-2016
START: 12-52 END: 12-18
DEPART: 299.00 RATE: 1
LAST AMOUNT \$ 45.14
TAX AMOUNT \$ 2.26
TIP AMOUNT \$ 7.11
TOTAL \$ 54.51
MASTECARD SALE [REDACTED]
APPROVAL NUMBER [REDACTED]
PASSENGER COPY

THEY GO
403-299-9555
8841 THE CHECKER GROUP.COM



3

GST# R128599776

Edmonton Airports
Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 2nd Fl 20/10/16 16:27
Receipt [REDACTED]

Short-term parking tkt
DL - No. 071871
19/10/16 16:37
20/10/16 16:27
Period 1d0h0'
(Tax) \$25.00
Total \$25.00

Payment Received
MC \$25.00 ✓
Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped
Sub Total \$23.81
Tax 5% \$1.19


6800CBFD8 - 1/1


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DELTA
CALGARY SOUTH

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

Ab Health Services
Dr David Mador

Room: 
Folio:
Cashier:
Arrival: 10-19-16
Departure: 10-20-16

Date	Description	Additional Information	Charges	Credits
10-19-16	Room Charge		154.00 ✓	
10-19-16	DMF		4.02	
10-19-16	Tourism Levy		5.52	
10-20-16	Master Card			163.54 ✓

GST Summary	
Registration No: 895126332	
Room	0.00
F&B	0.00
Other	9.54
Total	9.54

Total	163.54	163.54
Balance Due	0.00	CDN

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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THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 7010k

Zone: 7010

Plate: [REDACTED]

LP - P2 South/West by Elevators

Valid through:

SATURDAY 22 OCT 16

12:08 PM

Amount Paid: \$6.00 (GST incl.)

Start Time: 10/22/2016 8:09 AM

Trn: [REDACTED]

Auth No [REDACTED]

Receipt No [REDACTED]

THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 2nd Fl 25/10/16 19:24
Receipt [REDACTED]

Short-term parking tkt
DL - No. 083166
24/10/16 16:10
25/10/16 19:24
Period 2d0h0'
(Tax) \$50.00

Total \$50.00

Payment Received
MC [REDACTED]

\$50.00 ✓

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$47.62
Tax 5% \$2.38

03701852 - 1/1



Hampton Inn & Suites by Hilton - Calgary University N.W.

2231 Banff Trail NW • Calgary, AB T2M 4L2
Phone (403) 289-9800 • Fax (403) 289-9200
www.hamptoncalgary.com

7

MADOR, DAVID

name
address

room number: [REDACTED]
arrival date: 10/24/2016 6:12:00 PM
departure date: 10/25/2016
adult/child: 1/0
room rate: 127.88

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan: T1X
HH #
AL:
Car:

Confirmation Number: [REDACTED]

10/25/2016

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have accepted delivery of the National Post. If refused, a \$1.00 (Mon-Fri) & \$2.00 (Sat) credit will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

signature:

date	reference	description		amount	
10/24/2016	[REDACTED]	GUEST ROOM		\$127.88 ✓	
10/24/2016	[REDACTED]	ROOM TAX		\$5.12	
10/24/2016	[REDACTED]	GST 129123600 RT 0004		\$6.39	
10/25/2016	[REDACTED]	MC [REDACTED]		(\$139.39) ✓	
		BALANCE		\$0.00	
Total Invoice Amount		\$127.88	\$11.51		

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no. [REDACTED]	date of charge 10/25/2016	folio/check no. [REDACTED]
card member name MADOR, DAVID	authorization [REDACTED]	initial
establishment no. and location	establishment agrees to transmit to card holder for payment	
	purchases & services	
	taxes	
tips & misc.		
signature of card member X	total amount	-139.39



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ATB PLACE
GST:887315638RT001
RECEIPT C1

IN: 27.10.16 17:35
PAY: 27.10.16 20:44
AMOUNT: \$ 15.00 ✓

----- TRANSACTION
RECORD -----

Card # [REDACTED]
Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$15.00
Auth # [REDACTED]
Sequence # [REDACTED]
Term ID: 002
Date:16/10/27
Time:20:43:11

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard
[REDACTED]

*** CUSTOMER
COPY ***

Thank you for
Visiting!

Elizabeth Grierson

From: David Mador [REDACTED]
Sent: Monday, November 14, 2016 10:35 AM
To: Elizabeth Grierson
Subject: Fwd: Transaction Receipt - Do Not Reply

----- Forwarded message -----
From: COLLEGE OF PHYSICIANS <esp_receipt@moneris.com>
Date: Mon, Nov 14, 2016 at 8:02 AM
Subject: Transaction Receipt - Do Not Reply
To: [REDACTED]

COLLEGE OF PHYSICIANS

2700
Edmonton AB
T5J 0N3
T: (780) 423-4764
<http://www.cpsa.ab.ca>

TRANSACTION APPROVED - THANK YOU

PAYMENT DETAILS

TYPE PURCHASE

DATE 2016-11-14 08:02:03

ORDER ID [REDACTED]

AMOUNT(CAD) \$1960.00 ✓

CARDHOLDER David Mador

CARD NUM [REDACTED]

ACCOUNT MC

REF NUM [REDACTED]

AUTH CODE [REDACTED]

REFUND POLICY Contact the CPSA for further information.

CUSTOMER DETAILS

CUST ID [REDACTED]

EMAIL [REDACTED]