

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of December 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)
Dec-16	P-Card	Meetings				5	5			
Dec-16	Expense Claim	Meetings		13		38	51			
<b>Total</b>			\$ -	\$ 13	\$ -	\$ 43	\$ 56	\$ -	\$ -	\$ -

**Total for the Month** \$ 56

Maximum daily single meal expense claimed in the month \$ 13  
 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:**

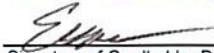
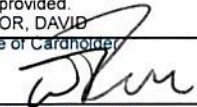

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

MADOR, DAVID Cardholder's Name	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period: 20/12/2016
EXECUTIVE Cardholder's Dept	SEVENTH STREET PLAZA-NORTH Cardholder's Site/Location	Total Statement Amount: \$5.00
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
01/12/2016	[REDACTED]	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	5.00	CAD	5.00	24	00	Parking for CPSA and AMA Holiday Reception ✓



Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <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>		
<u>Elizabeth Grierson</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>21-Dec-2016</u> Date of Signature	
<b>Cardholder</b> By signing this statement <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>		
<u>MADOR, DAVID</u> Name of Cardholder	<u>VP &amp; MEDICAL DIRECTOR</u> Cardholder Position/Title	
 Signature of Cardholder	<u>21-Dec-2016</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <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>		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of Signature	
<b>Approver</b> By signing this statement <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>		
<u>Dr. Verna Yiu</u> Name of Approver	<u>President + CEO</u> Approver Position/Title	
 Signature of Approver	<u>Dec 27 /16</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <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)</li> </ul> And where applicable: <ul style="list-style-type: none"> <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>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

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ATB FLAG  
GST 88731563800001  
RECEIPT C1

IN: 01.12.16 17:31  
PAY: 01.12.16 18:13  
AMOUNT: \$ 5.00

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

Card # [REDACTED]

Card Entry:CHIP  
Account:MASTERCARD  
Trans:PURCHASE  
Amount:\$5.00

Auth # [REDACTED]  
Sequence #: [REDACTED]

Term ID: 002

Date:16/12/01

Time:18:12:53

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 \*\*\*

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Thank you for  
visiting!

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MADOR, DAVID	VP & Medical Director Northern Alberta	Edmonton	\$ 51.38

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/1/2016	Attending Women's Health Stakeholder Committee meeting		Mileage-Local-Home Zone	\$ 38.38			Attending Women's Health Stakeholder Committee meeting	1			76
12/9/2016	Travel to Westlock w' President for Site Visit	AB - Other Zones	Meals Per Diem	\$ 13.00			Travel from 10:30 - 5:30 for Westlock visit with VYiu and Dgordon Lunch \$13.00	1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	19-Jan-17