

### **AHS Board and Executive Expense Report**

Name Dr. David Mador

Title VP & Medical Director Northern Alberta

**Location** Edmonton

Expenses submitted during the month of May 2017

-						Travel (1)							
MMM-YY	Source Document	Purpose	Airfare	Me	als	Accommodation	Oth Trav		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Othe (4)	
May-17 May-17	P-Card Expense Claim	Meetings Meetings			72	632		102 30	734 102	895			40
Total			\$ -	. \$	72	\$ 632	\$	132	\$ 836	\$ 895	\$ -	\$	40

Total for

the Month \$ 1,771

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 269 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.

# **AHS Public Disclosure P-Card**

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
MADOR, DAVID	VP & Medical Director Northern Alberta	Edmonton	\$ 1,629.39									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
4/27/2017	shuttle from Vanco to hotel	uver airport	ВС	Taxi	\$ 7.75	Vancouver Airport	Hyatt Regency Hotel		1			
4/28/2017	annual fee for mem	bership	AB - Local	Membership Dues	\$ 895.00				1			
4/29/2017	Canadian Conferen Physician Leadershi		ВС	Accommodations	\$ 632.14			Staying at conference hotel to avoid taxi use - rates lower than competitors in the area (downtown Vancouver)	2			
4/30/2017	Canadian Conference Physician Leadershi		AB - Local	Parking - Lot or Parkade	\$ 94.50			airport parking for trip to Vancouver for CSPL conference	3			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	29-May-17

GST# R128599776

**Edmonton Airports** 

Can-T5J 2T2 Edmonton Tax Code CA5%

POF 2nd F1 30/04/17 18:35 Receipt

Short-term parking tkt DL - No. 012419 27/04/17 16:24 30/04/17 18:35 Period 3d2h30' (Tax) \$94.50

Total \$94.50

Payment Received

\$94.50

Type: Swiped

Sub Total \$90.00 \$4.50 TransLink 980-CANADA LINE VVR-Airport Stn TVM73113 Thu 27 Apr 17 06:43PM

Payment Type: MASTER CARD

1. 0 - 15,

Purchase:

1 Zone Ticket with YVR

Product Price: **\$** 7.75

Compass licket #:

Credit Card #:

Auth Ref # Receipt #:

<u>Card Entru-</u>

Chip

Retain for your records. View TransLink Policies at www.translink.ca

Thank You!



## Statement of Account / État de compte 2017-2018

Date: 03-MAY-2017

### ACCOUNT INFORMATION / RENSEIGNEMENTS SUR LE COMPTE

Name / Nom:

Dr. David Revin Mador, FRCSC

Status / Catégorie:

Active

ID No./No d'identification : 

Invoice / Facture

<u>Date</u>

<u>Details / Détails</u>

Amount Due / Total Dû

06-MAR-2017

Invoice

Membership dues for period ending/

Cotisation pour la période finissant:

31-MAR-2018

Active/Actif 2017/2018

895.00

895.00

01-MAY-2017

Payment

-895.00

0.00

Total Amount Due / Montant total dû:	CAD	\$0.00
Pay immediately if payment is + 60 days past due/Un paiement est dû immédiatement pour toute		
balance + 60 jours		

A late fee of 1.25% per month will apply to overdue accounts / Des frais de retard de 1,25 % par mois seront imputés aux comptes en souffrance

Current	1-30 days	31-60 days	61-90 days	+ 90 days
0.00	0.00	0.00	0.00	0.00

royalcollege.ca/ collegeroyal.ca

Thank you for your payment! Please retain this document as your receipt.

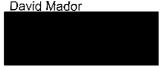
Nous vous remercions pour votre paiement! Veuillez conserver ce document comme reçu.



Hyatt Regency Vancouver 655 Burrard Street Vancouver, BC V6C 2R7 604 683 1234 604 689 3707

### INVOICE

Payee David Mador



Confirmation No. Group Name Booking No.

Room No. Arrival

04-27-17

Departure

04-29-17

Page No.

1 of 1 Folio Window 1

Folio No.

Date	Description	Charges	Credits
04 <b>-</b> 27-17	Group Room	269.00	
04-27-17	Room P.S.T	21.80	
04-27-17	Room G.S.T.	13.62	
04-27-17	Destination Mktg Fee	3.48	
04-27-17	MRDT 3%	8.17	
04 <b>-</b> 28-17	Group Room	269.00	
04-28-17	Room P.S.T	21.80	
04-28-17	Room G.S.T.	13.62	
04-28-17	Destination Mktg Fee	3.48	
04-28-17	MRDT 3%	8.17	
04-29-17	Master Card		632.14
	Total	632.14	632.14

Guest Signature 0.00 Balance

Lagree that my liability for this bill is not waived and Lagree 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.

### World of Hyatt Summary

No Membership to be credited

Join World of Hyatt today and start earning points for stays, dining and more. Visit www.worldofhyatt.com

GST Summary:		
Rooms		27.24
Food & Beverage		0.00
Other		0.00
Total		27.24
Registration Number:	860549062 RT 0108	

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for your business.

For feedback and comments, please email our Quality Assurance at quality.yvrrv@hyatt.com or call us at 604-683-1234.

Lost and found inquiries Istfnd.yvrrv@hyatt.com

For inquiries concerning your bill please cal! 888-588-4384

Please remit payment to: Hyatt Regency Vancouver CANADIAN FUNDS: C/O T10378C U.S. FUNDS: C/O T10378U PO Box 4488, STN A Toronto, ON M5W 4H1

# **AHS Public Disclosure Expense Claims**

Claimant Name	Claimant Title	Claimant Location	Expense Clar Total	aim										
MADOR, DAVID	VP & Medical Director Northern Alberta	Edmonton	\$ 14	41.75										
Expense Date	Business reason		Expense Location		Expense Type	e		From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/1/2017	Accessing shipboard inter holidays to answer AHS m		Internation	al	Telephone, Lo Data	ong Distance,	\$ 39.95				1			
4/27/2017	Travel to/from airport for Vancouver for CSPL Confe				Mileage-Loca	l-Home Zone	\$ 29.80	SSP	YEG Airport		1			59
4/27/2017	CSPL Conference in Vanco	ouver	ВС		Meals Per Die	em	\$ 24.00			Dinner \$24.00	1			
4/28/2017	CSPL Conference in Vanco	ouver	ВС		Meals Per Die	em	\$ 24.00			Dinner \$24.00	1			
4/29/2017	CSPL Conference in Vanco	ouver	ВС		Meals Per Die	em	\$ 24.00			Dinner \$24.00	1			
Approver(s) fo	r the claim	Approval Sta	tus		Approval				1	1	I	1	1	

Approver(s) for the claim		Approval Date
BELANGER, FRANCOIS	Approve	29-May-17

Mador, David Revin
Club Level:
Suite:

Ship: Seabourn Quest

Voyage

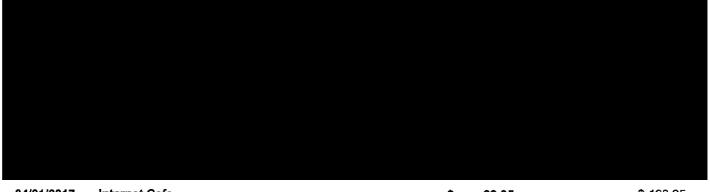
Embarkation: 3/31/2017 Disembarkation: 4/15/2017

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PRELIMINARY STATEMENT
Date Description

Charges

Credit



04/01/2017 Internet Cafe \$ 39.95 \$-198.25

Redeemable Balance USD:

\$-87.99