

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of December 2014

Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-14	P-Card	Meetings		83		33	116			
Dec-14	Expense	Meetings				31	31			
Total			\$ -	\$ 83	\$ -	\$ 64	\$ 148	\$ -	\$ -	\$ -

Total for the Month \$ 148

Maximum daily single meal expense claimed in the month \$ 83 4 people
 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.

Car allowance 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>TODD, KATHRYN</u> Cardholder's Name	<u>VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/12/2014</u>
<u>RESEARCH, INNOVATION &</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$116.32</u>
<u>KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/12/2014	873110055	ADV PARKING00600004U, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	1.10	✓	Federal Advisory Panel on Healthcare Innovation Meeting - Downtown Sutton Place Hotel (i)
05/12/2014	873530687	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	83.32	CAD	83.32	3.45	✓	AMH PWS & AMH SCN Lunch Meeting (2)
11/12/2014	874128218	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	✓	Prkg - HRI Collaboratory Meeting with AH (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.

YVONNE ARNOLD
 Name of Cardholder Designate

[Signature]
 Signature of Cardholder Designate

EXEC ADMIN ASSIST
 Cardholder Designate Position/Title

Dec 23/14
 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.

TODD, KATHRYN
 Name of Cardholder

[Signature]
 Signature of Cardholder

VICE PRESIDENT
 Cardholder Position/Title

Dec 23/14
 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.

Susan Best
 Name of Approver Designate

[Signature]
 Signature of Approver Designate

Executive Assistant
 Approver Designate Position/Title

Dec 24, 2014
 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.

Deborah Rhodes
 Name of Approver

[Signature]
 Signature of Approver

VP Corp Services & CFO
 Approver Position/Title

Dec 30/14
 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: _____

①

Federal Innovation Panel

WELCOME TO LOT4
BELL TOWER PARKADE
MANAGED BY
ADVANCED PARKING
RECEIPT C2

ENTRY TIME:
12/03/14 09:14
EXIT TIME:
12/03/14 18:38
PARK-DUR.: HR8:MIN
0:09:24

AMOUNT:
\$ 23.00

KIND OF PAYMENT:
MASTERCARD

AUTH. CODE [REDACTED]
REF. [REDACTED]
GST No. 122014491RT
THANK YOU FOR
PARKING WITH US

✓



9940 106 Street
Edmonton, AB
780-429-2828
www.themarc.ca
GST#807555859

105 LU LU

Check: 1550 Guests: 4
Table: 4-1
12/05/2014 12:21PM

1	FRIES	5.00
2	FISH DE JOUR	34.00
1	STEAK	18.00
1	OMLETTE DE JOUR	12.00
Subtotal		69.00
G.S.T.		3.45
Total Due		\$72.45

PLEASE PAY SERVER**
Thank You

*DRS' TODD, YUI, CALHOUN
& MITCHELL
AMH/PWS/SCN Lunch mtg.*

②

*HRI Collaboratory
Mtg
w
AH*

GST: 887315638R1001
RECEIPT C1

IN: 11.12.14 10:09
PAY: 11.12.14 12:00
AMOUNT: \$ 10.00

③

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

Card #: [REDACTED]
Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE

Amount: \$10.00 ✓
Auth #: [REDACTED]
Sequence #: [REDACTED]
Term ID: 002
Date: 14/12/11
Time: 12:00:04

APPROVED

BY ENTERING A VERIFIED
CARDHOLDER
NUMBER
ISSUERS
WITH

THE MARC RESTAURANT
GROUP LTD.
9940 106 ST NW
EDMONTON AB

CARD [REDACTED] terCard
CARD TYPE MASTERCARD
DATE 2014/12/05 010
TIME 5299 13:06:06 I: E800
RECEIPT NUMBER E3962

PURCHASE
AMOUNT \$72.45
TIP \$10.87
TOTAL

\$83.32

MasterCard ✓

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 17-2014-12 To 17-2014-12
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Kathryn Todd Position (Title): Vice President, Research, Innovation and Analytics
 Location: SSP 14th Fl. 10030 - 107 St Dept: RIA DOFA Level: _____ (if applicable) Union: _____ Business Phone #: Feb-13 Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71840400017	\$31.26						\$31.26		
2B												
2C												
2D												
				\$31.26							TOTAL CLAIM	\$31.26

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: Kathryn Todd Date: Jan 05/2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: Deborah Rhodes Title: VP Corp. Services & CFO Date: Feb. 6/15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71840400017 **Emp # (E-People)** _____

*If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

SECTION B: TRAVEL EXPENSES **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column **Prov**) where expenses were incurred (Out of N.America = Inter!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
Dec 17/14	Mileage from Office to Edmonton Airport Hotel for the SCN Research Metics Performance Measurement Meeting	AB - Local	Meeting	Yes								61.90		

SUBTOTALS												Total Kms 61.90
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MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
	Mileage \$	\$31.26
	Travel \$ Subtotal	

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Auto fills on page 1 - TOTAL TRAVEL \$ **\$31.26**

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)