

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of February 2015

Source		Travel (1)							Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Month-Year	Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	(2)	(3)	(4)	
Feb-15	P-Card	Meetings				75	75				
Total			\$ -	\$ -	\$ -	\$ 75	\$ 75	\$ -	\$ -	\$ -	

**Total for
the Month** \$ 75

Maximum daily single meal expense claimed in the month \$ -
 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

TODD, KATHRYN Cardholder's Name	VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$75.00
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card	[REDACTED]

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/01/2015	378180156	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	① 45.00	CAD	45.00	2.15	.00	Parking - All Day SPOR Steering Committee Meeting - Downtown Edm
28/01/2015	378460094	MACEWAN PARKING SERVIC, COLLEGES, UNIVERSITIES, PROFESSIONAL	② 10.00	CAD	10.00	.48		Parking - Meeting with AB Health Re: HTA Process
04/02/2015	379269653	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	③ 20.00	CAD	20.00	.96	.00	Parking - AACT Meeting - Co-Chair with AH

① ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 26.01.15 08:06
PAY: 26.01.15 16:31
AMOUNT: \$ 45.00

SPOR Steering Committee
All DAY.

----- TRANSACTION RECORD -----
Card #: [REDACTED]
Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$45.00 ✓
Auth # [REDACTED]
Sequence # [REDACTED]
Term ID: 002
Date: 15/01/26
Time: 16:30:59

Meeting with AH re HTA process

② RECEIPT
MacEwan University
Alberta College 3
Thank you
License Plate Number [REDACTED]
Expiration Date/Time [REDACTED]
**04:38 PM
JAN 28, 2015**
Purchase Date/Time: 02:38pm Jan 28, 2015
Total Due: \$10.00 ✓ Rate: \$10 for 2hrs or less
Payment Type: Card
Ticket # [REDACTED]
S/N #: 500013240864
Setting: Alberta College 3
Mach Name: Alberta College 3

AACT Meeting Co-Chair w AH

③ ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 04.02.15 08:24
PAY: 04.02.15 12:09
AMOUNT: \$ 20.00

----- TRANSACTION RECORD -----
Card # [REDACTED]
Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$20.00
Auth [REDACTED]
Sequence #: 000013
Term ID: 002
Date: 15/02/04
Time: 12:08:46

APPROVED


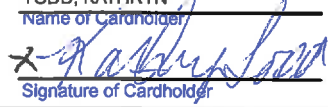


BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER

APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN

Application Label:
MasterCard
TVR: 0000008000
AID: A0000000041010
TSI: E800

Parking Services
GST #R107448219
Ph# 780-497-5875

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>YVONNE ARNOLD</u> <small>Name of Cardholder Designate</small>	<u>EXEC ADMIN ASSIST</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>Mar 9/15</u> <small>Date of Signature</small>	
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>TODD, KATHRYN</u> <small>Name of Cardholder</small>	<u>VICE PRESIDENT</u> <small>Cardholder Position/Title</small>	
 <small>Signature of Cardholder</small>	<u>March 13/2015</u> <small>Date of Signature</small>	
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. 		
<u>Susan Best</u> <small>Name of Approver Designate</small>	<u>Exec. Assistant</u> <small>Approver Designate Position/Title</small>	
 <small>Signature of Approver Designate</small>	<small>Date of Signature</small>	
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>Deborah Rhodes</u> <small>Name of Approver</small>	<u>VP Corp Serv. & CFO</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>March 17/15</u> <small>Date of Signature</small>	
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: 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: _____