

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research, Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of April 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				
Apr-15	P-Card	Meetings				112	112				
Total			\$ -	\$ -	\$ -	\$ 112	\$ 112	\$ -	\$ -	\$ -	

Total for the Month \$ 112

Maximum daily single meal expense claimed in the mon \$ -
 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: 20/04/2015
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$112.00
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
16/03/2015	384582757	ATS GROUP, LIMOUSINES AND TAXICABS	75.00	CAD	75.00	3.57		Cab from UoA to YEG for Mutual Interest between Univ/AIHS/AHS Dinner Meeting in Calgary
30/03/2015	385436291	IMPARK00020372U, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00			SPOR Joint Mgmt & Steering Committee Mtg - AIHS office
16/04/2015	387169184	ADV PARKING0000004U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00			MEDEC/SCN Planning Session - AIHS Office

CAB FROM UoA TO YEG
MUTUAL INTERESTS MTG.

ATS GROUP
4608 101 ST NW 788989T809
EDMONTON, AB
T6E-5G9

ID: 05672219

Purchase

①

MasterCard Entry Method: C
Invoice [REDACTED]
Amount: \$ 65.00
Tip: \$ 10.00
Total: \$ 75.00

2015/03/16

Seq #:

Appr Code

Resp Code: 01/027

MasterCard
ARNUM000041010
05 01 84 25 F4 08 98 91
00 00 00 00 00
E8 F5 9C 5C 94 C6

APPROVED
Thank You

Customer Care

impark
SPOR Joint Mgmt + STEERING Com
IMPERIAL PARKING
PHONE: 780-420-1976
All Day Parking
Meter: 0.72
5946
Time: 8:00A MAR 30
\$19.00
6:00PM MON
MAR 30, 15
SS1 NO 887015638R10001
INS RULES ON BACK

MEDEC/SCN PLANNING SESSION

WELCOME TO LOT 4
BELL TOWER PARKADE
MANAGED BY
ADVANCED PARKING
RECEIPT 01

AIHS OFFICE

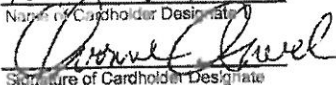
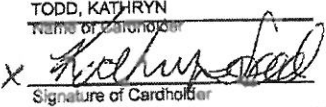
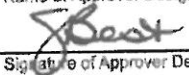
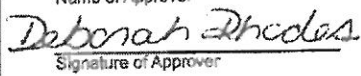
③

ENTRY TIME: 04/16/15 10:29
EXIT TIME: 04/16/15 13:20
PARK-DUR.: HRS:MIN
0:02:51

AMOUNT: \$ 18.00

KIND OF PAYMENT:
MASTERCARD

201
AUTH. [REDACTED]
REF. [REDACTED]
GST No. 122014491RT
THANK YOU FOR
PARKING WITH US

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>  <small>Signature of Cardholder Designate</small>	<u>Exec Admin</u> <small>Cardholder Designate Position/Title</small> <u>Apr 23/15</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> x  <small>Signature of Cardholder</small>	<u>VICE PRESIDENT</u> <small>Cardholder Position/Title</small> <u>April 24/2015</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>Jusan Best</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small>	<u>Exec. Assistant</u> <small>Approver Designate Position/Title</small> <u>April 29/15</u> <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>  <small>Signature of Approver</small>	<u>VP Corporate Services & CFO</u> <small>Approver Position/Title</small> <u>April 30/15</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: <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: _____