

Official Administrator and Executive Expense Report

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

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-15	P-Card	Meetings				408	408			
Jun-15	Direct Billing	Meetings	346				346			
Total			\$ 346	\$ -	\$ -	\$ 408	\$ 754	\$ -	\$ -	\$ -

Total for the Month \$ 754

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

<u>TODD, KATHRYN</u> Cardholder's Name	<u>VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2015</u>
<u>RESEARCH, INNOVATION &</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$408.40</u>
<u>KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/05/2015	391235515	ATS GROUP, LIMOUSINES AND TAXICABS	72.00	CAD	① ✓ 72.00	3.43		Mar 16/15 cab home from YEG - Machine was broken, just paid May 23rd/15
26/05/2015	391330694	ADV PARKING00600004U, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	② ✓ 23.00	1.10	.00	Parking - IHE Meeting & Board Dinner
12/06/2015	393471855	ATS GROUP, LIMOUSINES AND TAXICABS	165.60	CAD	③ ✓ 165.60	7.89		Cab - Office to YEG to Home - Face to Face Meeting in Calgary with Staff & HR
17/06/2015	394043415	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	71.00	CAD	④ ✓ 71.00	3.38	.00	Cab - YYC to SPT for Face to Face meeting with Staff & HR
17/06/2015	394043416	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	61.80	CAD	⑤ ✓ 61.80	2.94	.00	Cab from SPT to YYC - Face to Face meeting with Staff & HR

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/05/2015	391689457	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	✓ 15.00	.71	.00	Parking - SPOR Steering Committee Meeting

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 ARNOCO
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

Exec Admin Assis
Cardholder Designate Position/Title

June 24/15
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

June 29/2015
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

Exec. Assistant
Approver Designate Position/Title

June 30/15
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

June 30/15
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
Yvonne
Taxi from airport to home.
The machine was broken on original trip - I just paid Friday.

THE meeting and board dinner
WELCOME TO LOT4
BELL TOWER PARKADE ②
MANAGED BY
ADVANCED PARKING
RECEIPT C1

ENTRY TIME: 05/26/15 14:40
EXIT TIME: 05/26/15 21:40
PARK-DUR.: HRS:MIN 0:07:00

AMOUNT: \$ 23.00 ✓

KIND OF PAYMENT: MASTERCARD

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

MASTERCARD Entry Method: C
Amount: \$ 65.00
Tip: \$ 7.00
Total: \$ 72.00 ✓

2015/05/23 19:25:21
Seq #: [REDACTED]
Appr Code: [REDACTED]
Resp Code: 01/027
MasterCard [REDACTED]

APPROVED
Thank You
HK + Staff Mtg in Calgary
ATS GROUP
1 ST NW 7809897099
EDMONTON, AB
T5E-5G9

HR + Staff Mtg in Calgary
ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

HR + Staff Mtg in Calgary
ASSOCIATED CAB ALTA LTD Calgary
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

④
DATE: 2015/06/12
PICK-UP TIME: 08:15
DROP-OFF TIME: 08:45
TRIP ID: 0
LOCATION: 07 000-45024103707
CAR NUMBER: 0031
DRIVER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

⑤
DATE: 2015/06/12
PICK-UP TIME: 10:47
DROP-OFF TIME: 11:11
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
DRIVER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: 131129

FARE (\$) 61.00
EXTRA (\$) 0.00
TOTAL (\$) 61.00 ✓

FARE (\$) 53.80
EXTRA (\$) 0.00
TOTAL (\$) 53.80 ✓

TIP (\$) 10.00 ✓

TIP (\$) 8.00 ✓

TOTAL (\$) 71.00 ✓

TOTAL (\$) 61.80 ✓

SIGNATURE

SIGNATURE

Term ID: 05417833
Purchase ③

MASTERCARD Entry Method: C
Invoice #: [REDACTED]
Amount: \$ 144.00
Tip: \$ 21.60
Total: \$ 165.60 ✓

2015/06/12 15:01:23
Seq #: [REDACTED]
Appr Code: [REDACTED]
Resp Code: 01/027
MasterCard [REDACTED]

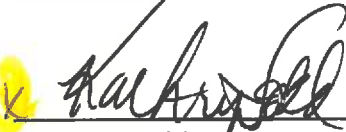
APPROVED
Thank You

Pcard Attestation

The one parking receipt for \$15 on May 29, 2015 was not dispensed from the parking lot machine. ✓

This expense was incurred for AHS business and was not previously claimed.

Cardholder:




Kathryn Todd, VP Research, Innovation and Analytics

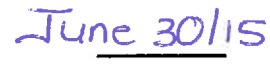


Date

Approved:



VP Corporate Services and Chief Financial Officer



Date

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: *Yes*

Name : Kathryn Todd	Reporting Period for the Month of : June, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-Jun-15	Direct Billing	Airline Ticket	HR Meeting with Staff Member - Face to Face	Marlin Travel	345.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 345.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CASANDRA WAGNER Tel: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: June 8, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KATHRYN TODD
[REDACTED]

Friday, June 12, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 12Jun15
AIR CANADA E

Flight: 8133 G CLASS
07:00 AM Equipment: CRJ JET
07:48 AM

Mile(s) Flown: 163

 **Air**

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 12Jun15
WESTJET ENCO

Flight: 3396 M CLASS
01:00 PM Equipment: DH4
01:53 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED]	E-TKT	[REDACTED]	144.00
		Tax:	37.48
		Ticket Total:	181.48
TKT- [REDACTED]	E-TKT	[REDACTED]	115.00
		Tax:	49.48
		Ticket Total:	164.48

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: June 8, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	345.96
Less Credit Card Payments:	345.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.