

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research, Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings				70	70			
Jul-15	Direct Billing	Meetings	383				383			
Total			\$ 383	\$ -	\$ -	\$ 70	\$ 453	\$ -	\$ -	\$ -

Total for the Month \$ 453

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:	20/07/2015
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$70.00
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
23/06/2015	894463987	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking - AAGHT Meeting with AB Health downtown
25/06/2015	894777158	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	45.00	CAD	45.00	2.14	.00	Parking - Meetings with AH AAGHT & SPARC Meetings
26/06/2015	894777157	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking - HRIC Meeting - ATB Place

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ATB PLACE
GST:887315638RT001
RECEIPT C1
IN: 23.06.15 15:24
PAY: 23.06.15 16:56
AMOUNT: \$ 10.00

TRANSACTION RECORD
Card #: [REDACTED]
Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$10.00
Auth # [REDACTED]
Sequence [REDACTED]
Term ID: 002
Date:15/06/23
Time:16:55:48

ATB PLACE
GST:887315638RT001
RECEIPT C1
IN: 25.06.15 08:26
PAY: 25.06.15 16:31
AMOUNT: \$ 45.00

TRANSACTION RECORD
Card #: [REDACTED]
Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$45.00
Auth [REDACTED]
Sequence [REDACTED]
Term ID: 002
Date:15/06/25
Time:16:30:55

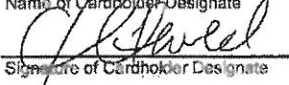

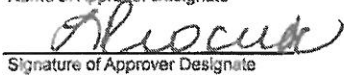

ATB PLACE
GST:887315638RT001
RECEIPT C1
IN: 26.06.15 08:27
PAY: 26.06.15 10:56
AMOUNT: \$ 15.00

TRANSACTION RECORD
Card #: [REDACTED]
Card Entry:CHIP/MAG
Account:MASTERCARD
Trans:PURCHASE
Amount:\$15.00
Auth [REDACTED]
Sequence # [REDACTED]
Term ID: 002
Date:15/06/26
Time:10:55:16

APPROVED
BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER
Application Label: MasterCard
LVR: 0000008000
AID: 40000000041010
ISI: E800
IC: 0101000000092536

APPROVED
BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER
Application Label: MasterCard
LVR: 0000008000
AID: A0000000041010
ISI: E800
IC: FBAE93C4C1A8786U

APPROVED
*** CUSTOMER COPY ***
Thank you for visiting

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 ARNOUD</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>EXEC ADMIN ASSIST</u> <small>Cardholder Designate Position/Title</small> <u>July 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>  <small>Signature of Cardholder</small>	<u>VICE PRESIDENT</u> <small>Cardholder Position/Title</small> <u>July 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>Lorinda Prociuk</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small>	<u>Executive Associate</u> <small>Approver Designate Position/Title</small> <u>07/28/15</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>Vickie Kaminski</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>President + CEO</u> <small>Approver Position/Title</small> <u>2015-JUL-20</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: _____

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 : Jul-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-07-2015	Direct Billing	Airline Ticket	Return Flight from YEG to YYC for Federal Minister Funding Announcement	Marlin Travel	382.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 382.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:
Agent:

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

Invoice Number:
Date: July 27, 2015
Page: 1/2
Our Reference:

INVOICE

For
DR KATHRYN TODD

Tuesday, July 28, 2015

← Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 28Jul15
Seat(s): 09F
AIR CANADA E

Flight: 8133 V CLASS
07:00 AM Equipment: CRJ JET
07:50 AM

Mile(s) Flown: 163

← Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Jul15
WESTJET ENCO

Flight: 3243 Q CLASS
03:10 PM Equipment: DH4
03:59 PM

Mile(s) Flown: 163

Cost:

TKT- E-TKT

154.00

Tax: 37.48

Ticket Total: 191.48

TKT- E-TKT

142.00

Tax: 49.48

Ticket Total: 191.48

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

Invoice Number: [REDACTED]
Date: July 27, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	382.96
Less Credit Card Payments:	382.96
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.