

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research, Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of August 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)
Aug-15	P-Card	Meetings		53		305	358			
Aug-15	Expense Claim	Meetings				12	12		126	
Total			\$ -	\$ 53	\$ -	\$ 317	\$ 370	\$ -	\$ 126	\$ -
Total for the Month			\$ 496							
Maximum daily single meal expense claimed in the month			\$	53	2 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

TODD, KATHRYN <u>Cardholder's Name</u>	VICE PRESIDENT <u>Cardholder's Position/Title</u>	Billing Reporting Period: <u>20/08/2015</u>
RESEARCH, INNOVATION & <u>Cardholder's Dept</u>	SEVENTH STREET PLAZA <u>Cardholder's Site/Location</u>	Total Statement Amount: <u>\$358.35</u>
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA <u>Cardholder's e-mail address</u>		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
20/07/2015	397138911	MPARK00020372U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking - Data Analytics Platform Meeting at AIHS
28/07/2015	398425057	ATS GROUP, LIMOUSINES AND TAXICABS	169.92	CAD	169.92	8.08	.00	Cab - Home to YEG & Return - Federal Minister Announcement in YYC
30/07/2015	398234333	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	48.50	CAD	48.50	2.31	.00	Cab - YYC to ABCH Alberta Children's Hosp, Federal Minister Announcement
30/07/2015	398425058	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	42.80	CAD	42.80	2.04	.00	Cab - ACH Alberta Children's Hosp to YYC - Federal Announcement
10/08/2015	399351657	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	53.13	CAD	53.13	2.53	.00	Lunch meeting with Dr. Xin-Min Li from UofA
11/08/2015	399351658	C209 DIAMOND PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking - Meeting with Tim Murphy AIHS
14/08/2015	399661540	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95	.00	Parking - AACHT Meeting

TICKET VOID IF RE-SOLD

**DATA/ANALYTICS
PLATFORM MEETING
AT AIHS**

IMPERIAL PARKING
PHONE: 780-420-1976
Hourly Parker
Meter: LOT 372
042495
Time: 12:52P JUL 20

Price: \$12.00
Card: XXXXXXXXXX
Exp.: XXXXXXXXXX
Expires: XXXXXXXXXX

**2:52PM MON
JUL 20 15**

GST NO 887315638RT0001
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

Home to YEG & Return
ATS GROUP
4608 161 ST NW T809S7A59
EDMONTON, AB
T6E-5G9

REF ID: 05417833

Purchase

Invoice # XXXXXXXXXX
Amount: \$ **144.00**
Tip: \$ **25.92**
Total: \$ **169.92**

Seq #: XXXXXXXXXX
Appr Code: XXXXXXXXXX
Exp Date: 01/02/27

4-010
1A AF 0A 16 B8
00 00

B 5-

**YYC to ACH - Federal
Announcement**
ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/07/20
PICK-UP TIME: 07:00
DROP-OFF TIME: 08:20
TRIP ID: XXXXXXXXXX
LOCATION: 870000 4502410310
CARD NUMBER: 837
CARD TYPE: 390413 MC
CARD: XXXXXXXXXX
PIRY: XXXXXXXXXX
TH: XXXXXXXXXX

FARE (\$): 4
TAX (\$): 1
SUB (\$): 1

TIP (\$): **7.00**

TOTAL (\$): **48.50**

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

Admin Support

Cardholder Designate Position/Title

Aug 25/15

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

Aug 21/2015

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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.
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- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Vickie Kaminski

Name of Approver

[Signature]

Signature of Approver

President & CEO

Approver Position/Title

Sept 28, 2015

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:

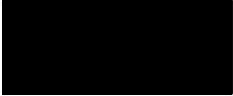
Reference #: _____

Reviewed by: _____

Date: _____

Mig & Tim
Murphy
RECEIPT AIHS.

License Plate Number



Expiration Date/Time

11:59 PM
AUG 11, 2015

Purchase Date/Time: 05:07pm Aug 11, 2015

Total Parking: \$11.43

Total GST: \$0.57

Total Due: \$12.00

Total Paid: \$12.00

Ticket #

S/N #: 02001340001

Setting: C209

Mach Name: C209B

Rate: \$12 UNTIL 12AM
Payment Type: Card

MasterCard

Auth

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

TIP \$ 6.00
TOTAL \$ 42.80

FAIR 36.80
EXT 08.00
SUB 36.80

DAI
PIC-UP TIME:
DROP-OFF TIME:
TRIP ID:
LOCATION: 073088-45024193707
CAR NUMBER: 4981
DRIVER: 550956
CARD TYPE: MC
CARD:
EXP: [REDACTED]
AUTH: [REDACTED]

ACH to YHC Federal Government
37-41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

4

ATC HT MH
AIB PLAL
GST: 887315638PT001
RECEIPT C177

IN: 14.08.15 08:18
PAY: 14 15:11:40
AMOUNT \$ 20.00

TRANSACTION
RECORD

Card # [REDACTED]
Card Entry: [REDACTED]
Account: MASTERCARD
Trans: PURCHASE
Amount: \$20.00

Auth # 164000

Sequence [REDACTED]

To ID [REDACTED]

Date: 11/08/15
Time: 11:39:26

APPROVED

ASKI
ACCU
CARDHOLDER
ISSUER
WITH

Application Label:

MasterCard

TVR: 0000008000

AID: A0000000001010

TC: F66CA266297L

OMER
by ***

5



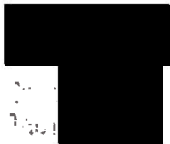
Lunch M&A V&A
Dr. Xin Min Li

(5)



9940 106 Street
Edmonton, AB
T6E 2B8

www.themarc.ca
GST#807555859



Guests: 2

08/10/2015 11:49AM

POP	3.00
FISH DE JOUR	38.00
TEA	3.00
Subtotal	44.00
G.S.T.	2.20
Total Due	\$46.20

PAY SERVER***
Thank You

15 10000 10000

EDMONTON RESTAURANT
GROUP LTD.
9940 106 ST NW
EDMONTON AB

#ID [REDACTED]
CARD TYPE [REDACTED]
E 2015/08/10
TIME 0220 13:04
ELECT NUMBER [REDACTED]

CHASE

(5)

\$0

\$53.13

MasterCard
00000000041010
FE41000D29802F1F
00000000-EB00
4055400040E44DB6

APPROVED

01-01

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your pa
- Indicate N/A in the Employee # (E-People) if your payroll
- If you are a new employee and your payroll is E-Peop

Expense Date From: 21-Jul-15 To 27-Aug-15
 Travel Period from: To (if applicable)
 Out-of-Province Travel

Name: Kathryn Todd

Title: resident, Research, Innovation and Analytics

Location: Dept: R.A.

Union: Business Phone #: 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
2A	101	0006	71840400017	\$137.58
2B				
2C				
2D				
				\$137.58

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

Total Section B	\$137.58
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$137.58

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:

Date

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):

DOFA Level

Position #

Phone

I, by signing this form, attest that I am compliant to all the above statements

Signature:

Title

Date

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

I, by signing this form, attest that I am compliant to all the above statements

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) _____

Page **2A**

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'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

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						
21-Jul-15	Parking - Meeting with Tim Murphy (AIHS)	AB - Local	Meeting	Yes							\$12.00			
05_Aug-15	APL Project Team Lunch Meeting with Kathryn	AB - Local	Meeting	Yes				\$125.58						
SUBTOTALS								\$125.58			\$12.00	Total Kms		

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 under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km **OR** rate per Union Agreement
(see Mileage details to the left)

\$0.505

Mileage \$

Travel \$ Subtotal

\$137.58

Auto fills on page 1 - TOTAL TRAVEL \$

\$137.58

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

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)

①

PARKING - AIHS MEETING
w T. MURPHY

RECEIPT

License Plate Number

Expiration Date/Time

11:59 PM
JUL 21, 2015

Purchase Date/Time: 05:06pm Jul 21, 2015

Total Parking: \$11.43

Total GST: \$0.57

Total Due: \$12.00

Total Paid: \$12.00

Ticket #

S/N #: 520013461007

Setting: C209

Mach Name: C209B

Visa

Auth #

PARKING RECEIPT

②

ALP-PROJECT TEAM

LUNCH MEETING w KATHRYN

ATTENDEES: PETER FROESE, RENE LESSARD, VIRIAJ SIMPKIN,

HOLLY KNIGHT

MARC LEONE

KATHRYN TODD

GROUP LTD.
9940 106 ST NW
EDMONTON AB

CARD TYPE VISA
DATE 2015/08/05
TIME 9648 12:45:58
RECEIPT NUMBER

PURCHASE
AMOUNT \$109.11
TAX 158 16.38 \$19.49
TOTAL

~~\$128.80~~

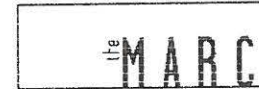
125.38

CREDIT
0000000031010
DFB68EFDA3086DE2
0080008000-E800
3D6B2107C2380B58
0080008000-F800

APPROVED

AUTH# 01-C
THANK YOU

CARDHOLDER COPY



9940 106 Street
Edmonton, AB
780-429-2828

www.themarc.ca
GST#807555859

Guests
20-1
08/05/2015 11:23AM

JUICE CRANBERRY	6.00
COFFEE	6.00
STEAK	18.00
MUSHROOMS ON TOAST	14.00
FISH DE JOUR	16.00
SOUP OF DAY	7.00
MIXED GREEN SALAD	7.00
NICOISE SALAD	14.00
SPECIAL DE JOUR	16.00

Subtotal 104.00
G.S.T. 5.20
Total Due \$109.20

PLEASE PAY SERVER
Thank You

Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request			
Describe the purpose of the working session Review Executive Education ALP Project pertaining to the LINAC MR Technology between executive sponsor and team who completed project.			
Name of Event ALP Project Team Lunch		Date of Request (yyyy-Mon-dd) 2015-Aug-05	
Event Lead (Name, Position, Department) Kathryn Todd			
Location of Venue The Marc			
Event Date(s) Aug 5, 2015			
Number of Attendees	6		
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Proposed Budget	Venue cost		
	Meals \$ 120.38		
	Non - Alcoholic Beverages		
	Other Specify nature of expense		
	GST (if applicable) \$ 5.20		
Total planned event budget \$ \$ 125.58			
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 000000000000	
101	0006	71840400017	
Authorization			
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name KATHRYN TODD	Position Title NP-RIA	DOFA Level [Redacted]
	Signature <i>Kathryn Todd</i>		Date <i>Aug 5, 2015</i>