

## Official Administrator and Executive Expense Report

**Name** Dr. Kathryn Todd  
**Title** VP Research, Innovation & Analytics  
**Location** Edmonton  
 Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings					-		171	
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 171	\$ -

**Total for the Month** \$ 171

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

<b>TODD, KATHRYN</b> <u>Cardholder's Name</u>	<b>VICE PRESIDENT</b> <u>Cardholder's Position/Title</u>	<b>Billing Reporting Period:</b> <u>20/10/2015</u>
<b>RESEARCH, INNOVATION &amp;</b> <u>Cardholder's Dept</u>	<b>SEVENTH STREET PLAZA</b> <u>Cardholder's Site/Location</u>	<b>Total Statement Amount:</b> <u>\$170.87</u>
<b>KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA</b> <u>Cardholder's e-mail address</u>	<b>Last 6 digits of the P-Card #:</b> <u>[REDACTED]</u>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/09/2015	403567394	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	170.87	CAD	170.87	7.08		Research Dinner Meeting

THE MARC RESTAURANT  
GROUP LTD.,  
9940 106 ST NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/09/21  
TIME 0007 19:05:25  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$148.50  
TIP \$22.25  
TOTAL **\$170.87**

MasterCard  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**APPROVED**

WITH [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



9940 106 Street  
Edmonton, AB  
780-429-2828

[www.themarc.ca](http://www.themarc.ca)  
GST#807555859

105 LU LU

Check [REDACTED] Guests: 4  
Table [REDACTED]  
09/21/2015 05:41PM

3	ARCTIC CHAR	78.00
1	WEN	29.00
1	ASPARAGUS SALAD	15.00
1	CHOCOLATE	9.00
1	CAPPUCINNO	4.50
2	COFFEE	6.00
Subtotal		141.50
G.S.T.		7.08
<b>Total Due</b>		<b>\$148.58</b>

**\*\*PLEASE PAY SERVER\*\***  
Thank You

*P. Valentine  
L. Babuk  
E. McAuley  
K. Todd*

**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

Exec COO

Cardholder Designate Position/Title

Oct 23/15

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

Oct 23/15

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.
- 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.

Vivkie Kaminski

Name of Approver

[Signature]

Signature of Approver

President & CEO

Approver Position/Title

Nov 4/15

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: \_\_\_\_\_

## 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 Kathryn ended up hosting dinner for the Research heads that came together for a meeting over dinner.			
Name of Event Research Collaboration Meeting		Date of Request (yyyy-Mon-dd) 2015-Oct-26	
Event Lead (Name, Position, Department) Kathryn Todd			
Location of Venue The Marc			
Event Date(s) Sept 21/15			
Number of Attendees	4		
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Proposed Budget	Venue cost		
	Meals \$ 170.87		
	Non - Alcoholic Beverages		
	Other Specify nature of expense		
	GST (if applicable)		
	Total planned event budget \$ \$ 170.87		
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 000000000000	
101	0006	71840400017	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Deborah Rhodes	Position Title NPCorp Serv + CFO	DOFA Level [Redacted]
	Signature Deborah Rhodes		Date Oct-26/15