

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research Innovation & Analytics
Location Edmonton

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings				40	40			
Total			\$ -	\$ -	\$ -	\$ 40	\$ 40	\$ -	\$ -	\$ -

Total for the Month \$ 40

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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:			
<ul style="list-style-type: none"> • 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>	<u>VICE PRESIDENT</u>	Billing Reporting Period:	<u>20/12/2015</u>
<u>RESEARCH, INNOVATION &</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$40.00</u>
<u>KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/12/2015	412652014	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Parking - AACT Meeting at ATB Place
14/12/2015	412957453	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking - CAM Meeting ATB Place

AACHT MTG.

ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 11.12.15 11:27
PAY: 11.12.15 15:59
AMOUNT: \$ 25.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]

Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$25.00

Auth #: [REDACTED]
Sequence #: 000199
Term ID: 002
Date: 15/12/11
Time: 15:59:00

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard
TVR: 0000008000
AID: A0000000041010
TS1: F800
TC: F3593C2B01176375

*** CUSTOMER

CAM MEETING

ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 14.12.15 13:07
PAY: 14.12.15 15:09
AMOUNT: \$ 15.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]

Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$15.00

Auth #: [REDACTED]
Sequence #: 000035
Term ID: 002
Date: 15/12/14
Time: 15:08:43

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>YVONNE ARNOLD</u> Name of Cardholder Designate</p> <p><u><i>Yvonne Arnold</i></u> Signature of Cardholder Designate</p>	<p><u>Exec COOR.</u> Cardholder Designate Position/Title</p> <p><u>Dec 22/15.</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>TODD, KATHRYN</u> Name of Cardholder</p> <p><u><i>Todd Kathryn</i></u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT</u> Cardholder Position/Title</p> <p><u>Dec 22/2015</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Vickie Kaminski</u> Name of Approver</p> <p><u><i>Vickie Kaminski</i></u> Signature of Approver</p>	<p><u>President + CEO</u> Approver Position/Title</p> <p><u>Dec 29/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____