

AHS Board and Executive Expense Report

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

Expenses submitted during the month of February 2016

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)
Feb-16	P-Card	Meetings				10	10			
Feb-16	Expense Claim	Meetings			323		323			
Total			\$ -	\$ -	\$ 323	\$ 10	\$ 333	\$ -	\$ -	\$ -

Total for the Month \$ 333

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:

- 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: 20/02/2016
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount: \$10.00
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
09/02/2016	418567646	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking - Meeting at DM's office ATB Place

ATB PLACE
GST: 887315638RT001
RECEIPT C1

IN: 09.02.16 08:37
PAY: 09.02.16 10:19
AMOUNT: \$ 10.00




----- TRANSACTION
RECORD -----
Card #: [REDACTED]
Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$10.00
Auth: [REDACTED]
Sequence #: 000007
Term ID: 002
Date: 16/02/09
Time: 10:18:55

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: E800
TC: F27FD3440C042800

*** CUSTOMER
COPY ***

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 Arjoco</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>Exec Coor</u> <small>Cardholder Designate Position/Title</small> <u>Mar 9/16</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. 		
TODD, KATHRYN <small>Name of Cardholder</small> X  <small>Signature of Cardholder</small>	<u>VICE PRESIDENT</u> <small>Cardholder Position/Title</small> <u>March 11/2016</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. 		
_____ <small>Name of Approver Designate</small>	_____ <small>Approver Designate Position/Title</small>	
_____ <small>Signature of Approver Designate</small>	_____ <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>Dr. Verma</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>Interim President / CEO</u> <small>Approver Position/Title</small> <u>Mar 14/16</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: _____

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 17-Feb-16 To Feb 19 2016
 Travel Period from: 17-Feb-16 To Feb 19 2016 (if applicable)
 Out-of-Province Travel

Name: Kathryn Todd Position (Title): Vice President
 Location: 14fl., N Tower SSP Dept: Research, Innovaton & F DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization 101 . 0006 . 71840400017 Project Task Number 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	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71840400017	323.19 \$436.49						323.19	323.19	
2B	101	0006	71840400017	323.29								
2C												
2D				323.29								
				323.19 \$436.49	**User to enter Coding & \$ Amounts					TOTAL CLAIM	\$436.49	323.19
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D							323.29

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: Kathryn Todd Date: June 03/2016

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): Verna Yiu DOFA Level: [Redacted] Position #: [Redacted] Phone #: Ext:
 Signature: [Signature] Title: CEO / President Date: June 13/16

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:
 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 forward 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

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71840400017 Emp # (E-People) [REDACTED] 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!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	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							
Feb 18/16	Montreal - Presentation on Knowledge to the University of Montreal <i>- meals removed. Cfa</i>	QC	Meeting	Yes											
SUBTOTALS										\$436.49 <i>323.29</i>					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

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

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

Mileage \$ _____

Travel \$ Subtotal \$436.49

Auto fills on page 1 - TOTAL TRAVEL \$ 436.49

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)

323.29
Cfa

CLAIM COVERED
BY UNIVERSITY.

Demande de remboursement - Frais de déplacements Colloque Jean-Yves-Rivard 18 février 2016

Demandeur :	Kathryn Todd
Date:	19-Feb-16
Matricule :	n/a
Événement:	Colloque Jean-Yves-Rivard
Projet numéro :	

Jour/Mois	Détails	Montants (indiquez si Dollar Canadien \$ ou autres)								
		Taxi	Autobus	Train	Avion	Stationnements	Coucher	Repas	Autres	TOTAL
Feb 19/16	Hotel - Le St.James	874.80 \$								874.80 \$
										0.00 \$
										0.00 \$
										0.00 \$
										0.00 \$
										0.00 \$
										0.00 \$

→ NOTE ONLY \$438.31 is covered by UNIV. (for Room)
~~323.19~~ - \$323.29
 ↳ THE BALANCE \$438.31 WILL BE EXPENSED BY AHS.

→ 438.31
 MB

March 11/2016
 Date

x Kathryn Todd
 Signature

Grand total : 

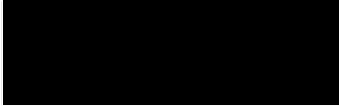
*Billet d'avion: Les pièces justificatives exigées sont une copie de l'original du billet d'avion accompagnée de la facture originale de l'agence de voyage. Pour les billets d'avion électroniques achetés directement de la compagnie aérienne, les pièces exigées sont le billet d'avion électronique signé par le requérant ainsi que les cartes d'embarquements (départ et retour) avec la preuve du paiement. Pour le remboursement de frais de repas (si entendu avant le voyage) les factures détaillées originales sont requises en plus du bordereau de paiement.

MB



5

Dr Todd Kathryn



Room Number : [REDACTED]
 Folio Number : [REDACTED]
 Cashier Number : [REDACTED]
 Page Number : 1 of 1
 Arrival Date : 17-FEB-2016
 Departure Date : 19-FEB-2016
 Confirmation No. : [REDACTED]
 Invoice No. : [REDACTED]
 LCM Member :

INFORMATION INVOICE

Date	Description	Additional Information	Charges	Credits
02-17-16	Room Service	[REDACTED] CHECK# [REDACTED]	38.87	<i>removed</i>
02-17-16	Guest Room Charge		320.00	
02-17-16	Lodging Tax		11.20	
02-17-16	Goods & Services Tax		16.56	
02-17-16	Provincial Sales Tax		33.04	
02-18-16	XO Le Restaurant	[REDACTED] CHECK# [REDACTED]	74.39	<i>removed</i>
02-18-16	Guest Room Charge		320.00	
02-18-16	Lodging Tax		11.20	
02-18-16	Goods & Services Tax		16.56	
02-18-16	Provincial Sales Tax		33.04	
02-19-16	Visa Card	[REDACTED] XX/XX		874.80

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges.

Total 874.80 874.80

Balance Due 0.00

GST Summary:

GST: 5% 33.12
 PST: 9.5 66.08
 Tax Total 121.6

GST: Registration Number: 802145599RT0001
 PST: Registration Number: 1222738586TQ0001

Signature: _____

\$874.80 - \$113.20 (meals) = \$761.60;
 \$761.60 - \$438.31 (portion covered by University) = \$323.29