

AHS Board and Executive Expense Report

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

Expenses submitted during the month of April 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)
Apr-16	P-Card	Meetings				24	24	26		40
Apr-16	Direct Billing	Meetings	195				195			
Total			\$ 195	\$ -	\$ -	\$ 24	\$ 219	\$ 26	\$ -	\$ 40

Total for the Month \$ 285

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

<u>TODD, KATHRYN</u> Cardholder's Name	<u>VICE PRESIDENT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2016</u>
<u>RESEARCH, INNOVATION &</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$90.25</u>
<u>KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	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
① 05/04/2016	424863859	M.E.H.I.A., OTHER SERVICES (NOT ELSEWHERE CLASSIFIED)	40.00	CAD	40.00	1.90		AHIA Breakfast Meeting Wed Apr 6 2016 - Mayfair Golf & Country Club ✓
② 11/04/2016	425388186	INSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	26.26	CAD	26.26	1.25	.00	Healthy Policy Speaker Series_Sir Paul Nurse_Matrix Hotel ✓
③ 11/04/2016	425388187	ADV PARKING00800004U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14	.00	Parking - Child & Youth Mental Health Partnership Meeting ✓

Signatures		
<p>Cardholder Designate (If Applicable)</p> <p>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 ARVID</u> Name of Cardholder Designate</p> <p><u><i>Yvonne Arnold</i></u> Signature of Cardholder Designate</p>	<p><u>EXEC ADMIN COOR</u> Cardholder Designate Position/Title</p> <p><u>Apr 26/16</u> Date of Signature</p>	
<p>Cardholder</p> <p>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>Kathryn Todd</i></u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT</u> Cardholder Position/Title</p> <p><u>May 16/16</u> Date of Signature</p>	
<p>Approver Designate (If Applicable)</p> <p>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</p> <p>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>Dr. Vernay Yu</u> Name of Approver</p> <p><u><i>[Signature]</i></u> Signature of Approver</p>	<p><u>Interim Incident CEO</u> Approver Position/Title</p> <p><u>May 9/16</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<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>	
<p>Accounts Payable only:</p>		
Reference #: _____	Reviewed by: _____	Date: _____



Alberta Health Industry Association

Box 3345, Fort Saskatchewan, AB T8L 2T3
Phone: (780) 997-0051 Fax: (780) 997-0052
E-mail: ahia@shaw.ca Web Site: www.ahia.ca

BREAKFAST MEETING NOTICE

Wednesday, April 6, 2016

7:00 – 9:00 am

Royal Mayfair Golf and Country Club, 9450 Groat Rd., Edmonton, AB T6G 2T5

①

"A Hospital's Innovation Journey"

Isabel Henderson, Senior Operating Officer
Alberta Health Services, Glenrose Rehabilitation Hospital

The Glenrose Rehabilitation Hospital, Canada's largest freestanding tertiary rehabilitation hospital, serves patients of all ages who require complex rehabilitation to enable them to participate in life to the fullest. The Glenrose was awarded a national 3M Team Quality Award in 2012 and physicians and staff have been recognized nationally and internationally for their pioneering achievements. This talk will overview the hospital's innovation journey, not only in the context of new tools and technology, but also related to new ideas and service delivery models.

Isabel Henderson has over 25 years of diversified experience in the health care industry as a senior executive, educator and consultant. She is a graduate of both Mount Allison University and the University of Toronto. She is an Adjunct Assistant Professor within the Faculty of Rehabilitation Medicine, University of Alberta and a member of the Honorary Editorial Board of the Journal of Healthcare Leadership and is an Accreditation Canada surveyor. As Senior Operating Officer, Isabel provides leadership for the overall strategic and operational planning and management of the Hospital with overall accountability for ensuring accessible services to more than 20,000 active patients annually through the efforts of 1500 physicians and staff, over 400 active volunteers, ~1000 students and over 100 researchers. In 2012 she was recognized by the Canadian College of Health Leaders with the Innovation Award for Health Care Leadership sponsored by Medtronic.

Program

7 am – Coffee & Networking, 7:30 am – Breakfast, 8:00 am – Speaker, 8:45 – Questions, 9:00 – Adjournment
Please register by Tuesday, April 5, 2016 by returning the form below with payment to the AHIA Office.

BREAKFAST MEETING – Wednesday, April 6, 2016

NAME: Kathryn Todd
 COMPANY: AHS
 ADDRESS: [REDACTED] POSTAL CODE: [REDACTED]
 AMOUNT PAID: \$40 PHONE: [REDACTED] FAX: [REDACTED]
 EMAIL ADDRESS: kathryn.todd@ahs.ca

PLEASE SELECT:
Breakfast Meeting – Members - \$30.00 ___ Non-Members - \$40.00 ___

Please make cheques payable to AHIA: Cheque Number: [REDACTED]
 Visa ___ MasterCard X ___ Amex ___ Card # [REDACTED]
 Name As It Appears on Card (Please Print) Kathryn Todd
 Authorized Signature [Signature]

Please send completed form with payment to:
Box 3345, Fort Saskatchewan, AB T8L 2T3

E-mail: ahia@shaw.ca
PH: (780) 997-0051 Fax: (780) 997-0052

Please note that because attendance numbers have to be provided in advance, AHIA must invoice anyone who registers but does not attend. Dress Requirement: Business casual (no jeans of any color).



ALBERTA HEALTH INDUSTRY ASSOCIATION

RECEIPT

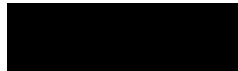
"A Hospital's Journey"

RECEIVED FROM: *Kathryn Todd*

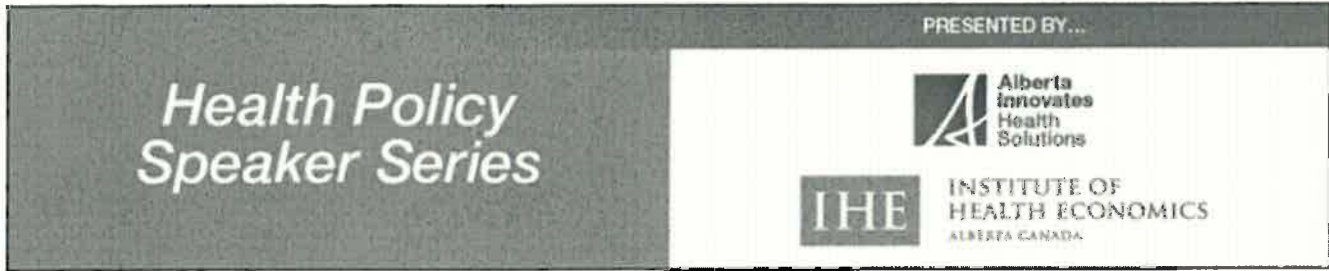
DATE OF EVENT: *April 6, 2016*

AMOUNT: \$ 40.00

Authorization



A. J. Olthoff



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Receipt

Reference Number [REDACTED]
Date Registered April 11, 2016
Statement Date April 11, 2016

Event Health Policy Speaker Series (HPSS) - May 5th, Sir Paul Nurse
Event Details The Matrix Hotel (Quartz Ballroom)
 10135 100 Street NW
 Edmonton AB T5J 3N8
Event Date May 5, 2016

The following individuals are registered

Name	Category	Total
Kathryn Todd	General Registration	\$CAD25.00
	Sales Tax	\$CAD1.25
	Total	\$CAD26.25

Billed To

Billing Company Alberta Health Services
Name Kathryn Todd
Address Line 1 [REDACTED]
City [REDACTED]
State/Province [REDACTED]
Billing Zip/Postal Code [REDACTED]
Country Canada
Email Address kathryn.todd@ahs.ca

Date	Transaction Type	
April 11, 2016	Transaction Amount	\$CAD26.25
April 11, 2016	Online Credit Card Payment [REDACTED]	\$CAD-26.25
	Balance	\$CAD0.00

Cancellation Policy

Tickets are non-refundable. If you are unable to attend, you can transfer your registration to someone else from your organization who has not previously registered. This must be confirmed by email to the Conference organizer at hprice@ihe.ca (Subject: Transfer Request) The email must include both your registration information and the name and contact information of the person who will attend in your place.

3

*Child + Youth Mental Health
Partnership Meeting*

Welcome to Lot 493

BELL TOWER PARKADE

MANAGED BY

IMPARK

RECEIPT C1

ENTRY TIME:

04/11/16 08:52

EXIT TIME:

04/11/16 12:40

PARK-DUR.: HRS:MIN

0:03:48

AMOUNT:

\$ 24.00

KIND OF PAYMENT:

MASTERCARD



REP. 1
GST No. 897315638RT
0006

THANK YOU FOR
PARKING WITH US

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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 : Apr-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Apr-16	Direct Billing	Airline Ticket	Meeting with CEO & Calgary resident Alixe Howlett	Marlin Travel	194.57
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 194.57

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

Branch: [REDACTED]
 Agent: [REDACTED]

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

Invoice Number: [REDACTED]
 Date: April 27, 2016
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For [REDACTED]

KATHRYN TODD

Friday, April 29, 2016

 Air

WESTJET AIRLINES
 From: EDMONTON INTL AB
 To: CALGARY AB
 Stops: 0 Arrival: 29Apr16

Flight: 238 Q CLASS
 06:25 AM Equipment: 73W
 07:16 AM

Mile(s) Flown: 163

Cost: [REDACTED]

TKT	[REDACTED] E-TKT		139.84
		Tax:	49.48
		Ticket Total:	189.32
T	[REDACTED]		5.25

Total:		Grand Total:	194.57
		Less Credit Card Payments:	194.57
		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.....