

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-16	P-Card	Meetings				32	32	26		
Jul-16	Expense Claim	Meetings					-		49	
Jul-16	Direct Billing	Meetings	374				374			
Total			\$ 374	\$ -	\$ -	\$ 32	\$ 406	\$ 26	\$ 49	\$ -

Total for the Month \$ 481

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	VICE PRESIDENT	Billing Reporting Period: 20/07/2016
Cardholder's Name	Cardholder's Position/Title	
RESEARCH, INNOVATION &	SEVENTH STREET PLAZA	Total Statement Amount: \$57.75
Cardholder's Dept	Cardholder's Site/Location	
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/06/2016	433540857	MPARI AUTOMOBILE PARKING LOTS AND GARAGES	16.50	CAD	16.50	.79	.00	Parking for IHE Dinner Meeting ✓
11/07/2016	435596421	INSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	26.25	CAD	26.25	1.25	.00	Healthy Policy Speaker Series_Omar shrak_Matrix Hotel ✓

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/06/2016	434444128	MPARI AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking - AACHT meeting at ATB Place - Machine did not dispense ticket ✓

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 ADM W. Cook
Cardholder Designate Position/Title

July 25/16
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

July 26/2016
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

Signature of Approver Designate

Approver Designate Position/Title

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.

Dr. Verna Yiu
Name of Approver

[Signature]
Signature of Approver

President + CEO
Approver Position/Title

Aug 3/16
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: _____

①

06:00 AM
JUN 22, 2016

RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT
MP 6 AM Card

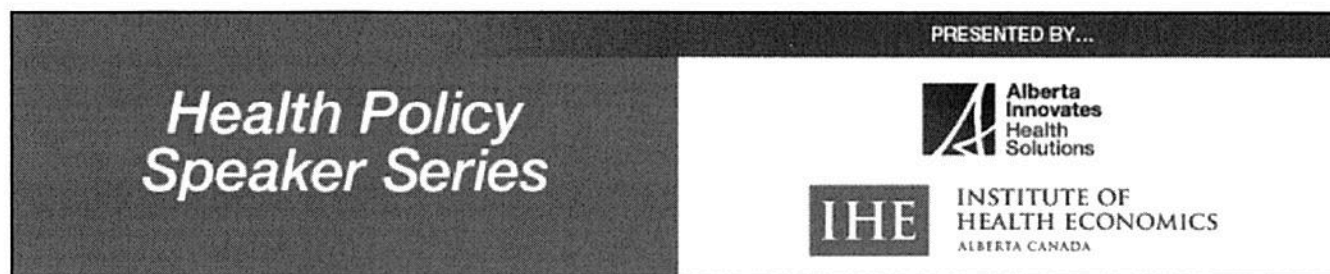
Auth #:

*RECEIPT

MasterCard

Auth #:

(2)

**Receipt****Reference Number** [REDACTED]**Date Registered** July 11, 2016**Statement Date** July 11, 2016**Event** Health Policy Speaker Series (HPSS) -July 19, 2016**Event Details** The Matrix Hotel (Quartz Ballroom)
10135 100 Street NW
Edmonton AB T5J 3N8**Event Date** July 19, 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** Research, Innovation & Analytics AHS**Name** Kathryn Todd**Address Line 1** 14th Fl., North Tower, 10030 - 107 Street**City** Edmonton**State/Province** AB**Billing Zip/Postal Code** T5J 3E4**Country** Canada**Email Address** kathryn.todd@ahs.ca

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

Cancellation Policy

Pcard Attestation

3

One parking receipt for \$15 on June 29, 2016 was not dispensed from the parking lot machine.

This expense was incurred for AHS business and was not previously claimed.

(AACHT meeting @ AH)

Cardholder:

X Kathryn Todd
Kathryn Todd, VP Research, Innovation and Analytics

July 29/2016
Date

Approved:

Verna Yiu
Verna Yiu, President & CEO

aug 3/16
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:	13-Jul-16	To	13-Jul-16
Travel Period from:	13-Jul-16	To	13-Jul-16 (if applicable)
Out-of-Province Travel			

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

SECTION E: FINANCE CODING & TOTAL CLAIM

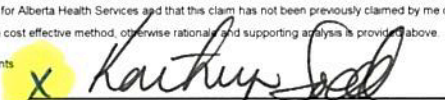
CAPITAL PROJECT CODING ONLY →		Project Number	Project Task Number	
		Expenditure Organization	Expenditure Type	
		<u>101 . 0006 . 71840400017</u>		

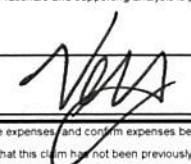
Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense		
2A	101	0006	71840400017	\$48.95						Total Section B	\$48.95
2B	101	0006	71840400017							Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$48.95 ✓
				\$48.95	**User to enter Coding & \$ Amounts						

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
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.

Employee Signature:  Date: Aug 02/2016

Approved By (PRINT ONLY): Verna Yiu DOFA Level: [REDACTED] Position #: [REDACTED] Phone #: [REDACTED]
 Signature:  Title: President + CEO Date: Aug 5, 2016

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

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71840400017Emp # (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 = Interl)
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	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					
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	
16-Jul-16	Hosting - Lunch Meeting with CEO of Alberta Cancer Foundation	AB - Local	Meeting	Yes				\$48.95 ✓				
SUBTOTALS								\$48.95				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)

Mileage \$

Travel \$ Subtotal \$48.95

Auto fills on page 1 - TOTAL TRAVEL \$ \$48.95

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)

Lunch Mtg w CEO of
AB Cancer Foundation



9940 106 Street
Edmonton, AB
780-429-2828

www.themarc.ca
GST#807555859

8 ALLIE

Check: 1645

Guests: 2

Table: 30-1

07/13/2016 12:25PM

1	MUSHROOMS ON TOAST	18.00
1	PRAWN SALAD	17.00
1	CAPPUCINNO	4.50

Subtotal	39.50
G.S.T.	1.98

Total Due \$41.48

PLEASE PAY SERVER
Thank You

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

CARD [REDACTED]
CARD TYPE VISA
DATE 2016/07/13
TIME 8143 13:18:21
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$41.48
TIP \$7.47 ✓
TOTAL

\$48.95

VISA CREDIT
A0000000031010
2A7BFF422584D222
0080008000-E800
18C02AC98435A3C2
0080008000-F800

APPROVED

[REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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 : July-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Feb-16	Direct Billing	Airline Ticket	Airline Ticket to Calgary to Attend the AHS Board Meeting	Marlin Travel	373.81
	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					\$ 373.81

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: BREANN KELLY Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: July 22, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS KATHRYN TODD

Thursday, July 28, 2016

Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 **Arrival:** 28Jul16

WESTJET ENCO

Flight: 3215 **M CLASS**
09:25 PM **Equipment:** DH4
10:15 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT [REDACTED]	132.89
	Tax: 49.48
	Ticket Total: 182.37
AIR CANADA WEB [REDACTED]	148.71
	Tax: 37.48
	Ticket Total: 186.19
WESTJET WEB [REDACTED]	5.25

Total:

Grand Total:	373.81
Less Credit Card Payments:	373.81
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

FOR YOUR RECORDS.

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

Invoice Number: [REDACTED]
Date: July 22, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.