

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of September 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)
Sep-16	P-Card	Meetings			1,486	204	1,690			
Sep-16	Expense Claim	Meetings		83	854	153	1,090			
<b>Total</b>			\$ -	\$ 83	\$ 2,340	\$ 357	\$ 2,780	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,780

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 435  
 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

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period: 20/09/2016

RESEARCH, INNOVATION &

SEVENTH STREET PLAZA

Cardholder's Dept

Cardholder's Site/Location

Total Statement Amount: \$1,689.60

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
12/09/2016	[REDACTED]	IMPARK00020493U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking - HREH Steering Committee Meeting Downtown YEG
13/09/2016	[REDACTED]	BOS TAXI 0185, LIMOUSINES AND TAXICABS	28.40	USD	38.45	.00	.00	Cab - Boston Airport to Hotel
13/09/2016	[REDACTED]	ATS GROUP, LIMOUSINES AND TAXICABS	76.70	CAD	76.70	3.65		Cab - Home to YEG Airport
16/09/2016	[REDACTED]	INDEPENDENT AIRPORT & LIMOUSINES AND TAXICABS	76.70	CAD	76.70	3.65		CAB - YEG Airport to Home
17/09/2016	[REDACTED]	THE LIBERTY HOTEL, LODGING HOTELS, MOTELS, RESORTS	1,094.22	USD	1,485.75	.00	.00	Hotel - 3 nights Liberty Hotel Boston IHI Leadership Alliance Fall 2016 Meeting

① ✓  
② ✓  
③ ✓  
④ ✓  
⑤ ✓



**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 ARNO*

\_\_\_\_\_  
Name of Cardholder Designate

\_\_\_\_\_  
Cardholder Designate Position/Title

*[Signature]*  
\_\_\_\_\_  
Signature of Cardholder Designate

\_\_\_\_\_  
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

VICE PRESIDENT

\_\_\_\_\_  
Cardholder Position/Title

*[Signature]*  
\_\_\_\_\_  
Signature of Cardholder

*[Signature]*  
\_\_\_\_\_  
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.

*Dr. Verna Yiu*

\_\_\_\_\_  
Name of Approver

*President + CEO*

\_\_\_\_\_  
Approver Position/Title

*[Signature]*  
\_\_\_\_\_  
Signature of Approver

*Oct 6, 2016*  
\_\_\_\_\_  
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  
Welcome to Lot 493  
BELL TOWER PARKADE  
MANAGED BY  
IMPARK  
RECEIPT

ENTRY TIME:  
09/12/16 09:53  
EXIT TIME:  
09/12/16 11:49  
PARK-DUR.: HRS:MIN  
0:01:56

AMOUNT:  
\$ 12.00

KIND OF PAYMENT:  
MASTERCARD

REF.  
GST No.887315638RT  
0006

THANK YOU FOR  
PARKING WITH US

②  
--ORIGINAL--  
MASSIS CAB INC  
Cab # 0185  
097Y3716-TR-9370  
START END MILES  
19:21 19:33 4.3  
Fare: \$ 16.20  
Extra: \$ 0.00  
Toll: \$ 7.50  
Srch: \$ 0.00  
Tip: \$ 4.70  
TOTAL: \$ 28.40

Type: MAST  
Card:  
AUTH:

TAXI HOTLINE  
617-536-TAXI  
EMAIL: TAXI.BPD@  
CITYOFBOSTON.GOV

③  
ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB  
CARD  
CARD TYPE MASTERCARD  
DATE 2016/09/13  
TIME 0636 07:27:25  
INVOICE #  
RECEIPT NUMBER

PURCHASE  
AMOUNT \$65.00  
TIP ✓\$11.70  
TOTAL

\$76.70

MasterCard

APPROVED

AUTH#  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

④  
INDEPENDENT AIRPORT &  
10235 112 ST UNIT T5K1M7  
EDMONTON AB  
22188656  
GH2218865601

\*\*\*\* PURCHASE \*\*\*\*  
09-16-2016 21:57:02  
Acct #  
Exp Date Card Type MC  
Name: KATHRYN TODD  
MasterCard

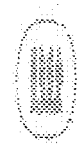
Trace #  
Inv. #  
Auth # RRN  
Purchase \$65.00  
Tip ✓\$11.70  
Total \$76.70

(001) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

5

The Liberty Hotel  
215 Charles Street  
Boston, MA 02114  
United States  
Tel: 617-224-4000 Fax: 617-224-4001



THE LUXURY COLLECTION

Kathryn Todd  
INSTITUTE FOR HEALTHCARE IMPRO

Page Number : 1 Invoice Nbr :   
Guest Number :   
Folio ID :   
Arrive Date : 13-SEP-16 19:41  
Depart Date : 16-SEP-16 09:54  
No. Of Guest : 1  
Room Number :   
Club Account :

Copy Invoice

Tax ID :  
The Liberty Hotel 04-OCT-16 21:26 JULIE

Date	Reference	Description	Charges (USD)	Credits (USD)
13-SEP-16		Room Charge	320.00	
13-SEP-16		State Tax	18.25	
13-SEP-16		City Tax	19.20	
13-SEP-16		Convention Center Tax	7.29	
14-SEP-16		Room Charge	320.00	
14-SEP-16		State Tax	18.25	
14-SEP-16		City Tax	19.20	
14-SEP-16		Convention Center Tax	7.29	
15-SEP-16		Room Charge	320.00	
15-SEP-16		State Tax	18.25	
15-SEP-16		City Tax	19.20	
15-SEP-16		Convention Center Tax	7.29	
16-SEP-16		MasterCard/Diners		-1094.22

\*\*\*For Authorization Purpose Only\*\*\*

Date	Code	Authorized
13-SEP-16		
13-SEP-16		

-1094.22 ✓

Continued on the next page

The Liberty Hotel  
215 Charles Street  
Boston, MA 02114  
United States  
Tel: 617-224-4000 Fax: 617-224-4001



Kathryn Todd  
INSTITUTE FOR HEALTHCARE IMPRO

Page Number : 2 Invoice Nbr :   
Guest Number :   
Folio ID :   
Arrive Date : 13-SEP-16 19:41  
Depart Date : 16-SEP-16 09:54  
No. Of Guest : 1  
Room Number :   
Club Account :

13-SEP-16 034036 894.22

Approve EMV Receipt for MC PIN Verified

Application Label:MasterCard

\*\* Total 1094.22 -1094.22  
\*\*\* Balance 0.00

As a Starwood Preferred Guest, you could have earned 1920 Starpoints for this visit. Please provide your member number or enroll today.

Tell us about your stay. [www.luxurycollection.com/reviews](http://www.luxurycollection.com/reviews)

Signature\_\_\_\_\_

Hotel is over the \$250/night limit  
Rationale: These meetings were recommended  
to Kathryn Todd by the CEO. The meeting  
was held at this hotel and staying there  
eliminated the need for cabs.

# 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: 5-Sep-16 To 16-Sep-16  
Travel Period from: 5-Sep-16 To 16-Sep-16 (if applicable)  
Out-of-Province Travel

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

## SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →					Project Number			Project Task Number		
					Expenditure Organization			Expenditure Type		
					101 . 0006 . 71840400017					

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				\$235.70	101				\$854.39	\$235.70	\$854.39
2B										Less Cash Advance	
2C											
2D											
				\$235.70					\$854.39	<b>TOTAL CLAIM</b>	<b>\$1,090.09</b>

**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.

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: *Oct 6/2016*

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 By (PRINT ONLY): Verna Yiu DOFA Level: Position #: Phone #: Date: *Oct 14, 2016*

I, by signing this form, attest that I am compliant to all the above statements

Signature: *Verna Yiu* Title: *President + CEO*

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: Date:

I, by signing this form, attest that I am compliant to all the above statements

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

## Emp # (E-People)

101 0006 71840400017

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...  
Select from dropdown menu

## 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

**NOTE:** If expenses do not fall in  
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Intert)  
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, you must complete the "Comments" column.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

**SUBTOTALS**

**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	\$235.70
--------------------	----------

Auto fills on page 1 - TOTAL TRAVEL \$	\$235.70
--	----------

Rationale is Required for expenses that are not Cost Effective  
(Any analysis supporting the method)

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)



## EXPENSE CLAIM DETAILS

If **NOT** claiming any expenses in **Sections C or D**, this page does **NOT** have to be submitted.

## SECTION C: OTHER EXPENSES

Emp # (E-People)

Page 3

• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.

→ If expenses are for travel, gas, etc., go to Section B on pg 2.

• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

\*\*\*Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E\*\*\*

Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is <u>ON</u> till slip/receipt, enter total amount in this column <u>WITH GST</u>	GST is <u>NOT</u> on till slip/receipt, enter total amount is this column	TOTAL OTHER \$

## SECTION D: FOREIGN CURRENCY

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)

If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense

[Bank of Canada Currency Converter](#)



Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

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	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the limited stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
8-Sep-16	Little America Hotel Salt Lake City- 3 nights - Healthcare Analytics Summit 2016					Yes	\$638.46	US	1.3382	\$854.39

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)

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

# LITTLE AMERICA

*Hotel*  
SALT LAKE CITY

Kathryn Todd

09-08-16

Room No. :   
Arrival : 09-05-16  
Departure : 09-08-16  
Page No. : 1 of 1  
Folio No. :   
Conf. No. :   
Cashier No. :   
User ID :   
Invoice No. :

## INVOICE

Membership No. :   
A/R Number :   
Group Code :   
Company Name :

Date	Description	Additional Information	Charges	Credits
09-05-16	Room Charge		189.00 ✓	
09-05-16	Taxes Room Tax		10.87	
09-05-16	Taxes State Sales Tax		12.95	
09-06-16	Room Service Breakfast	Room# : CHECK#	61.14 - N/E	
09-06-16	Room Service Lunch	Room# : CHECK#	27.01 - N/E	
09-06-16	Room Charge		189.00 ✓	
09-06-16	Taxes Room Tax		10.87	
09-06-16	Taxes State Sales Tax		12.95	
09-07-16	Room Charge		189.00 ✓	
09-07-16	Taxes Room Tax		10.87	
09-07-16	Taxes State Sales Tax		12.95	
09-08-16	Visa Payment			<del>726.61</del>

- Personal VISA.

**Total** 726.61 ~~726.61~~

**Balance** 0.00

RATE 1.3382

638.46

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

Guest Signature: \_\_\_\_\_

\$972.36 - CDN  
- TOTAL CHARGE ON VISA.  
÷ 726.61 - US.

1.3382 rate.

(includes  
cc. Service charge)

all attached  
credit card  
stmt.

638.46  
X 1.3382.

854.39 CDN. ✓

[TD Home](#)[Apply](#) **KATHRYN G TODD** ▾[Help](#) | [Print](#)

## Account Activity

Account:

TD AEROPLAN VISA INFINITE



Last Statement



Sep 12, 2016

LITTLE AMERICA HOTEL SALT LAKE

972.36

CDN.

SALT LAKE CITY TRIP  
Sept 5-8 incl.  
Sept 8/16  
Cab - Home to YEG  
AIRPORT.

Sept 8/16  
CAB - A/P to Home

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2016/09/05  
TIME 2405 08:28:10  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$65.00  
TIP ✓ \$11.70  
TOTAL

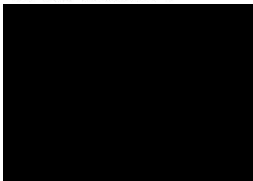
\$76.70 ✓

[REDACTED]		[REDACTED]		AIRPORT (780) 890-7070	
KATHRYN TODD		ADMINISTRATION LINE: 780-890-7990			
G.S.T. #		AUTH. NO.		DRIVER UNIT NO.	
FROM		TIME		DAY MO YR	
TO		08 09 16			
PRINT NAME		MasterCard		FARE 66.00	
CUSTOMER'S SIGNATURE		VISA		VAN SURCHARGE	
X		AMERICAN EXPRESS		GRATUITY 10.00	
				TOTAL 76.00	

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

VISA CREDIT



APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS