

AHS Board and Executive Expense Report

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

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings				63	63			
Oct-16	Direct Billing	Meetings	598				598			
Total			\$ 598	\$ -	\$ -	\$ 63	\$ 661	\$ -	\$ -	\$ -

Total for the Month \$ 661

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:	20/10/2016
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$63.39
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
06/10/2016	[REDACTED]	DOMO GAS # 108, GAS / SERVICE STATIONS	19.00	CAD	19.00	.90		Fuel purchase for Car Rental - Red Deer Analytics Retreat ✓ ①
06/10/2016	[REDACTED]	BUDGET RENT-A-CAR, BUDGET RENT-A-CAR	44.39	CAD	44.39	.00	.00	Car Rental - Red Deer Analytics Retreat ✓ ②

①

DOMO GAS # 108
5373 103 STREET
EDMONTON, AB T6H4P8

TERM ID: [REDACTED] BATCH# [REDACTED]
SHIFT# [REDACTED]

Sale

INV# [REDACTED]
MCARD [REDACTED]
SEQ# [REDACTED]
Application Label: MasterCard

FUEL PRODUCT	LITRES	#PRICE/L	#AMOUNT
REGULAR	20.021	0.949	19.00
Total: CAD\$			19.00 ✓

TAXES ON 20.021 LITRES OF FUEL
GST = \$0.91 PST = \$0.00

(* - NON-TAXABLE ITEM)
GST: 101438703 PST: 0

APPROVED [REDACTED]

06-Oct-16 [REDACTED] 16:23:55

CUSTOMER COPY
THANK YOU!
SERVIR À LA CLIENTÈLE

Approved
online
10/23/16/16

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 ARNOLD</u> <small>Name of Cardholder Designate</small>	<u>EXEC ADMN COOR</u> <small>Cardholder Designate Position/Title</small>	<u>Oct 25/16</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder Designate</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. 		
<u>TODD, KATHRYN</u> <small>Name of Cardholder</small>	<u>VICE PRESIDENT</u> <small>Cardholder Position/Title</small>	<u>Oct 25/2016</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder</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>Date of Signature</small>
_____ <small>Signature of Approver Designate</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 Yiu</u> <small>Name of Approver</small>	<u>President + CEO</u> <small>Approver Position/Title</small>	<u>Nov 8, 2016</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver</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: _____

2

RENTAL AGREEMENT NUMBER

RESERVATION NUMBER

Customer Name : TODD, KATHYAN
Drivers Lic Number :
Budget Corp Disc. : ALBERTA PROVINCIAL GOVERNMENT
Methods of Payment : MASTER

Budget Car Num :
Plate Number :
Veh Description : GRAY HYUNDAI ELANTRA SE
Odometer Out : 28160 KM
Fuel Gauge Reading: Full

Pickup Date/Time : OCT 06, 2016@10:26 AM
Pickup Location : 10016 106TH STREET NORTHWEST
EDMONTON, AB, T5J 1G1, CA

Return Date/Time : OCT 06, 2016@05:00 PM
Return Location : 10016 106TH STREET NORTHWEST
EDMONTON, AB, T5J 1G1, CA

Additional Fees May Apply If Changes Are Made To Your Return Date, Time And/Or Location.

OUR ESTIMATED VEHICLE CHARGES

YOUR OPTIONAL PRODUCTS/SERVICES

Rate Chart
Rate : 31.51
Rate : 42.00
Rate : 252.00
Rate : 1008.00
Rate : Unlimited

Loss Damage Waiver 30.00/Day Declined
Personal Accident and Effects Unavail
Emergency Sickness Plan Unavail

By my initials I accept or decline optional services/products as shown above. X

OUR ESTIMATED TIME & MILEAGE: 42.00
ENERGY RECOVERY FEE 1.14 /DY + 1.14
DRIVER LIC FEE + 1.25
Estimated Subtotal Charges: 44.39
OUR ESTIMATED TOTAL CHARGES X: 44.39

Please return the vehicle with the same fuel level as you received it. Please provide a receipt for fuel purchased. If you do not, additional fuel fees may apply.
.2620 per KM or 3.800 per Lit/X
I understand that important information on cashless toll roads and toll services can be found at budget.com/etoll X

NOTICES-----BUDGET-----NOTICES-----BUDGET-----NOTICES-----BUDGET-----NOTICES-----

PRIVACY: BY SIGNING THIS FORM YOU CONSENT THAT BUDGETCAR (BUDGET) MAY COLLECT, USE & DISCLOSE YOUR PERSONAL DATA (PII):
) FOR THE PURPOSES STATED IN BUDGET'S PRIVACY NOTICE, INCLUDING BUSINESS MANAGEMENT, DEVELOPMENT & PROTECTION, &
) TO SEND YOU INFORMATION ABOUT PRODUCTS AND SERVICES PROVIDED BY BUDGET, BUDGET'S AFFILIATES & BUDGET SYSTEM
LICENSEES WE MAY ALSO USE (BUT NOT DISCLOSE) YOUR PII TO OFFER YOU BUDGET PROGRAM PARTNER PRODUCTS & SERVICES.

I DO NOT WISH TO RECEIVE INFORMATION ABOUT THE ABOVE PRODUCTS & SERVICES. I AGREE THE CHARGES LISTED
ABOVE ARE ESTIMATES AND THAT I HAVE RECEIVED ALL NOTICES AND TERMS HERE AND IN THE RENTAL JACKET. NO ADDITIONAL
FEES ALLOWED WITHOUT PRIOR WRITTEN CONSENT. TICKETS, FINES AND ADMIN FEES TO BE CHARGED TO THIS RENTAL.

THE TERMS AND CONDITIONS, THIS RENTAL AGREEMENT SIGNED BY YOU, AND A RETURN RECORD WITH COMPUTED RENTAL CHARGED TOGETHER
CONSTITUTE THE RENTAL AGREEMENT BETWEEN YOURSELF AND BUDGETCAR INC. OR THE INDEPENDENT BUDGET LICENSEE IDENTIFIED ON
THIS RENTAL AGREEMENT.

CONTACT: 800643820rt001

If you have questions regarding this rental, call us at 780-446-2001 This vehicle was rented to you by 52313

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 : October-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Oct-16	Direct Billing	Airline Ticket	Airline Ticket to Calgary to Attend the Quality Summit Event in Calgary	Marlin Travel	597.96
	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					\$ 597.96



Invoice

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 24 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: CARLEY WALLS File Locator: [REDACTED]
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PASSENGERS: KATHRYN TODD

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	523.00	0.00	\$0.00	74.96	0.00	597.96 CAD
Total:	523.00	0.00	0.00	74.96	0.00	597.96 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/24/2016	[REDACTED]	[REDACTED]	597.96 CAD
Total Payment:					597.96 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
 REASON FOR TRAVEL EXECUTIVE MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
 ****PLEASE NOTE CHECKIN TIMES*****
 **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES
 "SUITE 800, NORTH TOWER"
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 24 Oct 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: CARLEY WALLS

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
KATHRYN TODD	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers	Booking Date
KATHRYN TODD	24 Oct 16

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08580	EDMONTON INTL 25 Oct 16 6:00AM		CALGARY INTL 25 Oct 16 6:50AM	V/	
AIR CANADA	08225	CALGARY INTL 25 Oct 16 6:20PM		EDMONTON INTL 25 Oct 16 7:10PM	Y/	