

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	Air	fare	Meals		Accommodatio	า	Other Travel		Total Travel	rofessional evelopment (2)	S Ho	Vorking lessions sting and ospitality (3)	Other (4)	
Oct-16 Oct-16	P-Card Direct Billing	Meetings Meetings		598					6	3	63 598					
Total			\$	598	\$	-	\$ -		\$ 6	3 5	\$ 661	\$ -	\$		\$	<u> </u>

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.



	eceipts and supporting documents in the s	ame order as it appears on this stat	ement
Cardholder AND Approver's sig	natures required where indicated below		
TODD, KATHRYN	VICE PRESIDENT		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/10/2016
RESEARCH, INNOVATION &	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$63.39
KATHRYN.TODD@ALBERTAHEAL	THSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	£

Statement o	of Transacti	ons					
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	,	Trans Amount	GST	T Freigh Description
06/10/2016		DOMO GAS # 108, GAS / SERVICE STATIONS	19.00	CAD	19.00	.90	Fuel purchase for Car Rental - Red Deer Analytics Retreat
06/10/2016		BUDGET RENT-A-CAR, BUDGET RENT-A- CAR	44.39	CAD .	44.39	.00	0 .00Car Rental - Red Deer Analytics Retreat



EDMONTON. AB T6H4P8



CUSTOMER COPY THANK YES! THEFT IT A LA PROCHAINE

4000000 police

RUN DATE: 10/24/2016

P-Card ® details Online Cardholder Statement Report

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Signature	of Cardholder Desig	nate	Dat	e of Signature			
Cardholder						-	
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char	ged is attached.	DOTION HONTPUDGILE FIE	and octations of any other	Organization. A personal ch	eque for any p	personal expenses in	advertently
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Signature	of Cardholder		Dat	e of Signature			
Approver D	esignate (if Applicanis statement	ıble)					
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Name of A	Approver Designate		App	rover Designate Position/Title	, 		
	of Approver Designa	ate	Date	of Signature			
Approver By signing th	nis statement						
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	1000		•••	NN 8,2016			
Signature	of Approver		Date	of Signature	•		
Submit appr	oved statement wit	th attachments to Acc	ounts Payable:				
Attach:					Addre	:	
* Original where n	(or scanned) itemize equired	ed receipts with docum	ented business reasons i	ncluding names of participan	ts		
Signed	Cardholder Statemer	nt Report (or conies of	electronic eignaturae if ci	gnatures are not on report)	1	a Health Services nts Payable	
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 Return, 	refund and/or credit				- 1		
 Dispute: Busines 		require detailed descri-	tione _ instudebess *	velled to, who attended (if			
meal), w	why travel was neces	sary and detailed descrip	anation of reason.	velled to, who attended (if			
Accounts Pa	yable only:		·				
Reference #:		<u> </u>	Reviewed by:	<u> </u>	Date:	<u>.</u>	·····

RENTAL AGREEMENT NUMBER

istomer Name rivers Lic Number : TODD, KATHYRN

dget Corp Disc.

: ALBERTA PROVINCIAL GOVERNMENT

athods of Payment : MASTER

RESERVATION NUMBER

Budget Car Num

Plate Number

Veh Description : GRY HYUNDAI ELANTRA SE

Odometer Out

: 28160 KMs

Fuel Gauge Reading: Full

.ckup Date/Time : OCT 06,2016010:26 AM

ckup Location : 10016 106TH STREET MORTHWEST

EDMONTON, AB, TSJ 161, CA

Return Dats/Time : OCT 06,2016005:00 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.

IUR ESTIMATED VEHICLE CHARGES

i DAY RATE CHART

TIME AND MILEAGE

LY: 31.51 42.00

LY: 252,00

HLY: 1008.00 is : Unlimited

N 1DY/02/E

or Estimated Time & Mileage: ERGY RECOVERY FEE 1.14 /DY

H LIC FEE

timated Subtotal Charges: UR ESTIMATED TOTAL CHARGES YOUR OPTIONAL PRODUCTS/SERVICES

Loss Dagage Waiver

30.00/Day

Declined Unavail

Personal Accident and Effects Emergency Sickness Plan

Unavail

By my initials I accept or decline optional services/products as shown above./X)4-4

42.00 Please return the vehicle with the same fuel level as you

42.00 received it. Please provide a receipt for fuel purchased. If you

1.14 do not, additional fuel fees may apply:

1.25 .2620 per KM or 3.800 per Lit/X)

44.39 I understand that important information on cashless toll moads and

44, 39 λ -Toll services can be found at budget.com/etoll/

----NOTICES-----BUDGET----NOTICES----BUDGET----NOTICES-----BUDGET----NOTICES----IVACY: 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 CENSEES WE MAY ALSO USE (BUT NOT DISCLOSE) YOUR PIL TO OFFER YOU BUDGET PROGRAM PARTNER PRODUCTS & SERVICES.

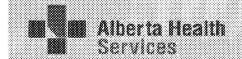
I DO NOT WISH TO RECEIVE INFORMATION ABOUT THE ABOVE PRODUCTS & SERVICES. I AGREE THE CHARGES LISTED OVE ARE ESTIMATES AND THAT I HAVE RECEIVED ALL NOTICES AND TERMS HERE AND IN THE RENTAL JACKET. NO ADDITIONAL IVERS ALLONED WITHOUT PRIOR WRITTEN CONSENT. TICKETS, FINES AND ADMIN FEES TO BE CHARGED TO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

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

T NG: 880643820rt001

you have questions regarding this rental, call us at 780-448-2001

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

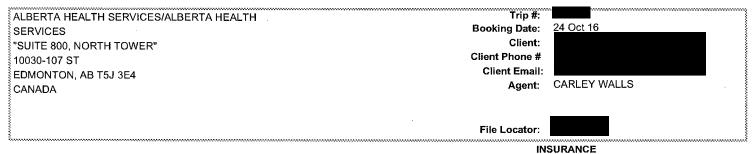
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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:

 | Name: Kathryn Todd | Reporting Period for the Month of: October-16

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



PASSENGERS: KATHRYN TODD

REFERENCE/ DESCR	RIPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket	t #			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	f Payment			Amount
		10/24/2016							597.96 CAD
							Total Pa	ayment:	597.96 CAD

Balance Due CAD Currency

0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL EXECUTIVE MEETING

ALBERTA HEALTH SERVICES/ALBERTA HEALTH

SERVICES

"SUITE 800, NORTH TOWER"

10030-107 ST

EDMONTON, AB T5J 3E4

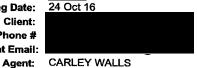
CANADA

Trip#: **Booking Date:**

Client:

Client Phone #

Client Email:



File Locator:

MY ITINERARY

Passengers KATHRYN TODD

Citizenship

Required Travel Documents

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: KATHRY	'N TOOD		Booking Date: File Locator/Ticks	24 Oct 16
Airline	Flight	From	Terminal To	Class/Seat Stops
AIR CANADA	08580	EDMONTON INTL	CALGARY INTL	V/
		25 Oct 16 6:00AM	25 Oct 16 6:50AM	
AIR CANADA	08225	CALGARY INTL	EDMONTON INTL	Υ/
		25 Oct 16 6:20PM	25 Oct 16 7:10PM	