

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd

Title VP Research Innovation & Analytics

Location Edmonton

Expenses submitted during the month of December 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)
Dec-16	P-Card	Meetings				28	28	26		
Total			\$	- \$	- \$ -	\$ 28	\$ 28	\$ 26	\$ -	\$ -

Total for

the Month \$ 54

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.

P-Card details Online ® Cardholder Statement Report

Instruction:			
 Attached ALL original detailed r 	eceipts and supporting documents in the s	ame order as it appears on this state	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:	20/12/2016
RESEARCH, INNOVATION &	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$54.25
KATHRYN.TODD@ALBERTAHEALT	THSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	10-0-00-00-00-00-00-00-00-00-00-00-00-00	Trans Amount	GST	FreighDescription
23/11/2016		MPARK00020493U, AUTOMOBILE PARKING LOTS AND GARAGES	28.00	CAD	28.00	1.33	.00Dinner meeting with Linda Revell at the Bell Tower
13/12/2016		NSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	26.25	CAD	26.25	1.25	.00Health Policy Speaker Series





Signatures	and the second of the second o						
Cardholder Designate (if Applicable)							
By signing this statement I hereby certify that I have reviewed and reconciled this statement in the program User Guide and Training. I have allocated the transactions	(s) to the proper cost centre.						
YVONNE ARNOCO	Exec ADMINI C	OUR					
Name of Cardholder Designate	Cardholder Designate Position/Title						
(Clewell	1)21/16						
Signature of Cardholder Designate	Date of Signature						
Cardholder By signing this statement I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy. Lattest the average analyzed in this dain are faved							
 I attest the expenses enclosed in this claim are for valid business p claimed by me or on my behalf from Alberta Health Services or any charged is attached. 							
I attest that expenses submitted in this claim have been incurred by provided.	y using a cost effective method, otherwis	e rationale and supporting analysis is					
TODD, KATHRYN Name of Cardholder/	VICE PRESIDENT						
and the same	Cardholder Position/Title						
Signature of Cardholder 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							
 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							
 I attest that I have read and understand the "Travel, Hospitality and 	d Working Session Expense Policy (1122	t)" 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 plained by the claimant or on their behalf from Alberta Health Serve 							
 charged has been obtained. I attest that expenses submitted in this claim have been incurred b provided. 	y using a cost effective method, otherwis	se rationale and supporting analysis is					
Dr. Verna Yiu	President + CEC	5					
Name of Approver Position/Title Approver Position/Title							
100 Jec 27/16							
Signature of Approver Date of Signature							
Submit approved statement with attachments to Accounts Payable:							
Attach: Original (or scanned) itemized receipts with documented business re where required	Address: Alberta Health Services						
 Signed Cardholder Statement Report (or copies of electronic signatu And where applicable: Copies of pre-approvals for travel 	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street						
 Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts 		Edmonton, AB T5J 3E4					
• Disputes letter							
 Business reasons for travel require detailed descriptions – include will meal), why travel was necessary and detailed explanation of reason. 							
Accounts Payable only:		1					
Reference #: Reviewed by:		Date:					



Email Address

Reference Number

First Name Kathryn

Last Name Todd

Job Title Vice President

Company Research, Innovation & Analytics AHS

Address Line 1 14th Fl., North Tower, 10030 - 107 Street

City Edmonton

State/County/Province (Non-US) Alberta

Zip (Postal Code) T5J 3E4

Country Canada

Work Phone

Selection

Attendee Category Regular

Tax rate 5.00% Net

Sales Tax \$CAD25.00

\$CAD1.25

Gross \$CAD26.25

\$CAD25.00 \$CAD1.25 \$CAD26.25

Date

12/13/2016 12/13/2016 **Transaction Type**

Transaction Amount Online Credit Card Paymen

Balance

\$CAD26.25 \$CAD-26.25

\$CAD0.00



Welcome to Lot 493 BELL TOWER PARKADE MANAGED BY

IMPARK

RECEIPT



ENTRY TIME:

11/23/16 15:04

EXIT TIME: 11/23/16

20:16

PARK-DUR.: HRS:MIN

0:05:12

AMOUNT:

\$ 28.00

KIND OF PAYMENT:

MASTERCARD

REF.

GST No.887315638RT

THANK YOU FOR

PARKING WITH US