

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd

Title VP Research Innovation & Analytics

Location Edmonton

Expenses submitted during the month of June 2017

						Trave	l (1)								
												Professional	Working Sessions		
	Source	_				_			ther	Total		Development	Hosting and Hospitality	Ot	her
MMM-YY	Document	Purpose	Airfa	re	Meals	Accomm	odation	Tr	ravel	Travel		(2)	(3)	((4)
Jun-17	P-Card	Meetings							138	13					
Jun-17	Expense Claim	Meetings					224			22					
Jun-17	Direct Billing	Meetings		899						89	9				
Total			\$	899	\$ -	- \$	224	\$	138	\$ 1,26	1 \$	-	\$ -	\$	

Total for

the Month \$ 1,261

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 200 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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
TODD, KATHRYN	VP Research, Innovation & Analytics	Edmonton	\$ 137.95									
Expense Date	Business reason		Expense Location	Expense Type	Amount		To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/22/2017	Cab to Airport - M Calgary	eeting in	AB - Local	Taxi-Service Recipient	\$ 76.70	Home	YEG - AP	HSPR Training Modernization pan- Canadian Curriculum Meeting	1			
6/9/2017	Meeting downtow Place	n at ATB	AB - Local	Parking - Lot or Parkade	\$ 10.00			Health Information & Data Governance meeting downtown YEG	1			
6/14/2017	Meeting downtow	rn YEG	AB - Local	Parking - Lot or Parkade	\$ 26.25			CIHI Board of Directors Meeting/Reception - downtown YEG	1			
6/15/2017	Announcement do	owntown	AB - Local	Parking - Lot or Parkade	\$ 25.00			Health City Announcement with YEG Mayor & Dr. Jodi Abbott	1			
Approver(s) fo	r the claim	Approval St	atus	Approval Date				•		•	•	•

YIU, VERNA

Approve

6-Jul-17

ATS GROUP 4608 101 ST NM 7809897099 EDMONTON AΒ

CARD CARD TYPE MASTERCARD 2017/05/22 DATE 9574 12:0<u>4:49</u> TIME INVOICE # RECEIPT NUMBER

FURTHASE HIGUIT

\$65.00 \$11.70

TIF TOTHE

Master and



APPROVED AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GRT 13880 1212 RT0001

ATB PLACE GST:887315638RTD01 RECEIPT C1

IN: 09.06.17 08:17 PAY: 09.06.17 10:04 AMOUNT: \$ 10.00

----- TRANSACTION RECORD -----

Card #

Card Entry: CHIP

Account: MASTERCARD

Trans: PURCHASE

<u> Amou</u>nt:\$10.00

Auth :

Sequence #

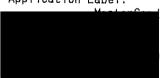
Term ID: Date: 17/06/09

Time: 10:03:37

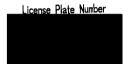
APPROVED

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER

Application Label:



*** CUSTOMER COPY *** RE-ENTRY CODE 55274#



Expiration Date/Time

Purchase Date/Time: 12:35pm Jun 14, 2017

Total Parking: \$25.00 Total GST: \$1.25

Total Due: \$26.25 Total Paid: \$26.25

Ticke

S/N Setting: C209 Mach Name: C209B

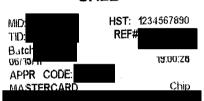
MasterCard

Rate: \$25.00 UNTIL 6PM

Payment Type: Card

IMPARKÓDÓ20281A 10131 97 STREET EDMONTON, AB T5J4C3 7804201976

SALE



AMOUNT

PARKING RECEIPT

\$25.00

APPROVED

MasterCard

BY ENTERING A VERIFIED PIN. CARDHOLDER AGREES TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH ISSUERS AGREEMENT WITH CARDHOLDER ACCORDANCE WITH ISSUER'S AGREEMENT WITH CARDHOLDER

THANK YOU / MERCI!

CUSTOMER COPY

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title		Expense Claim Total										
TODD, KATHRYN	VP Research, Innovation & Analytics	Edmonton	\$ 224.00										
Expense	Business reason		Expense	Expense Typ	эе	Amount	From	To Location	Justification	# of	# of	Attendee	Trip
Date			Location				Location			days	Attendees	Name(s)	Distance
	PAs for Calgary Staff on Ju Educ Prog on June 22 in C		AB - Local	Accommoda	ations	\$ 224.00			Calgary staff PA meetings and Exec Educ Prog attended	1			
Approver(s) f	or the claim	Approval Statu		Approval Date									-
YIU, VERNA		Approve		6-Jul-17									

Sheraton Suites Calgary Eau Claire 255 Barclay Parade SW Calgary, AB T2P 5C2 Canada

Tel: 403 266 7200 Fax: 403 266 1300



Sheraton^e

Kathryn Todd

Page Number
Guest Number
Folio ID
Arrive Date
Depart Date
No. Of Guest
Room Number
Club Account

1 Invoice Nbr
21-JUN-17 16:54
22-JUN-17 12:00

Tax Invoice

Tax ID: 84

846543619 RT0002

Sheraton Eau Claire JUN-22-2017 08:08 ES

Date	Reference	Description	Charges (CA	D): * Credits (CAD).
21-JUN-17		Room Charge	269.00	Claiming only \$200 Room
21-JUN-17	6	DMF (3%)	8.07	
21-JUN-17		Alberta Tourism Levy (4%)	11.08	
21-JUN-17		GST (5%)	13.85	5
22-JUN-17	waren o	Visa		- 344.18
	For Authoriz	ation Purpose Only		
	Date , Code	e Authorized	•	
	22-JUN-17	344.18		
22-JUN-17	303	Other	70.00)
22-JUN-17	303	GST (5%)	3.50	
		** Total	417.68	-344.18
		*** Balance	73.50)

\$200 + 12% (TAX) = \$22400 MAX

Continued on the next page

Sheraton Suites Calgary Eau Claire 255 Barclay Parade SW Calgary, AB T2P 5C2 Canada

Tel: 403 266 7200 Fax: 403 266 1300



Sheraton[®]

Kathryn Todd

Page Number
Guest Number
Folio ID
Arrive Date
Depart Date
No. Of Guest
Room Number

Club Account

21-JUN-17 22-JUN-17 1

16:54 12:00

Invoice Nbr

GST Summary

GST Room Revenue GST Food and Beverage GST Telephone GST Other Revenue Total GST Amount (CAD)

1.68 0.00 3.50 19.03

13.85

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arpoints for this visi

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EXPENSE SUMMARY REPORT

Currency: CAD



Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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.

Indicate whether you have expenses to report in this section for this reporting period.

- 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 secti	off for this reporting period.	ILO	
Name :	Kathryn Todd	Reporting Period for the Month of :	Jun-17	

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid			
12-Jun-17	Direct Billing	Airline Ticket	Flight to Vancouver to attend the Roundtable on the Opioid Crisis - FLIGHT CANCELLED due to having to attend another meeting in EDM	Marlin Travel	5.25			
12-Jun-17	Direct Billing	Airline Ticket	Flight to Vancouver to attend the Roundtable on the Opioid Crisis - FLIGHT CANCELLED due to having to attend another meeting in EDM	Marlin Travel	523.11			
12-Jun-17	Direct Billing	Airline Ticket	Flight to Calgary to conduct Employee Performance Appraisals	Marlin Travel	370.14			
	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								





Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4

Trip#: **Booking Date:** Client: Agent:

File Locator:

PASSENGERS:

KATHRYN TODD

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	_
AIR CANADA Ticket #				458.15	0.00	\$0.00	64.96	0.00	523.11	
AIR CANADA Ticket #				5.00	0.00	\$0.00	0.25	0.00		CAD
	, <u>, , , , , , , , , , , , , , , , , , </u>		Total:	463.15	0.00	0.00	65.21	0.00	528.36	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount	
		06/01/2017 06/01/2017							523.11 5.25	CAD CAD
	'						Total Pa	yment:	528.36	CAD
				······································	В	alance Du	e CAD Cur	rency	0.00	CAD
				Total GS	Т	0.00	Tota	ıl HST	\$0.00	

CORPORATE UNIT 101

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

STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT... 303 801 2147 PLEASE QUOTE ACCESS 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 Abestralled on the 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. -----

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



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: KATHRYN TODD Booking Date: 06/01/2017
File Locator/Ticket#:

From: To: EDMONTON INTL VANCOUVER INTL

Departing on: Returning on:

06/12/2017 06/12/2017



AIR

Passengers: KATHR				Booking Da File Locator	te:	06/01/2	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	00237	EDMONTON INTL		VANCOUVER INTL	G		
		06/12/2017 8:00AM		06/12/2017 8:33AM			
AIR CANADA	00242	VANCOUVER INTL		EDMONTON INTL	V		
		06/12/2017 3:05PM		06/12/2017 5:35PM			

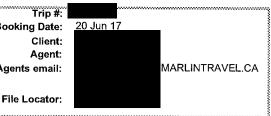




Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4

Trip#; **Booking Date:** Client: Agent: Agents email:



PASSENGERS:

KATHRYN TODD

REFERENCE/ DESCRIP	TION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket;				270.14	0.00	\$0.00	0.00	100.00	370.14 CAI
	· · · ·		Total:	270.14	0.00	0.00	0.00	100.00	370.14 CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Eorm	of Poymont			Amount
		06/20/2017							370.14 CAD 0.00 CAD
							Total Pa	nyment:	370.14 CAD
						Balance Du	e CAD Cui	rency	0.00 CAI
				Total G	ST	0.00	Tota	al HST	\$0.00

CORPORATE UNIT 101

REASON FOR TRAVEL PERFORMANCE APPRAISALS

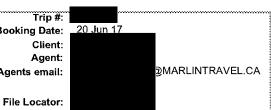
AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT... 303 801 2147 PLEASE QUOTE ACCESS 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 ------WESTJET AIRLINE RULES------ TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

June 12/17- were the standard of the standard

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4

Trip #: Booking Date: Client: Agent: Agents email:



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:	KATHRYN TODD		Booking Date: File Locator/Ticket#:	06/19/2017			
Airline	Flight	From	Terminal	То	Class	Seat	Stops
WESTJET	00104	EDMONTON INTL 06/21/2017 8:00AM		CALGARY INTL 06/21/2017 8:50AI	Q VI		



AIR

Passengers: KATH	IRYN TOĐE)		Booking File Loc	Date: ator/Ticket#:	06/19/	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
WESTJET	03243	CALGARY INTL		EDMONTON INTL	Y	· • • • • • • • • • • • • • • • • • • •	
		06/22/2017 3:00PM		06/22/2017 3:53 DM			