

AHS Board and Executive Expense Report

Name Dr. Kathryn Todd
Title VP Research, Innovation & Analytics, Community, Seniors, Addictions & Mental Health
Location Edmonton

Expenses submitted during the month of November 2017

			Travel (1)				Working Sessions Hosting and Hospitality			
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Nov-17	P-Card	Meetings			446	240	686			
Total			\$ -	\$ -	\$ 446	\$ 240	\$ 686	\$ -	\$ -	\$ -

Total for the Month \$ 686

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 229
 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, Community, Seniors, Addictions & Mental Health	Edmonton	\$ 686.34								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/5/2017	To attend Kainai First Nation Visit Nov 6th with CEO	AB - Local	Taxi	\$ 45.90	Calgary Airport	Kensington Inn	To attend Kainai First Nation Visit Nov 6th with CEO	1			
11/5/2017	Kensington Inn accomodations for Nov 5th to attend event with CEO on Nov 6th	AB - Local	Accommodations	\$ 184.39			Kensington Inn accomodations for Nov 5th to attend event with CEO on Nov 6th	1			
11/5/2017	Cab from home to Edmonton airport	AB - Local	Taxi	\$ 76.70	Home	YEG Airport	To attend Kainai First Nation Visit Nov 6th with CEO	1			
11/6/2017	Meeting point to meet CEO	AB - Local	Taxi	\$ 31.97	Kensington Inn	Southport, Calgary	Meeting point to meet CEO	1			
11/14/2017	Cab to YEG for flight to TO for CAHSPR Forum & Panel	AB - Local	Taxi	\$ 76.70	Home	YEG Airport	Kathryn speaking at CAHSPR Forum & Panel	1			
11/16/2017	Accomodations in Calgary for the Safe Injection Site Tour Nov 16th	AB - Local	Accommodations	\$ 261.68			Rationale: This was the closest/least expensive hotel to the site tour	1			
11/16/2017	Parking while on Safe Injection Site Tour on Nov 16th	AB - Local	Parking - Lot or Parkade	\$ 9.00			Parking while on Safe Injection Site Tour on Nov 16th	1			
Approver(s) for the claim		Approval Status	Approval Date								
YIU, VERNA		Approve	29-Nov-17								

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
Car#1032

ATC GROUP
4608 101 ST NW
7809897099
EDMONTON AB

316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

SALE

REF#: [REDACTED]
SEQ: [REDACTED]
110547 170306
CARD CODE: [REDACTED]
MASTERCARD

AMOUNT \$38.90
TIP \$7.00
TOTAL \$45.90

00 - APPROVED - 001

MasterCard

THANK YOU

CUSTOMER COPY

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/11/05
TIME 5285 14:20:05
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$65.00
TIP \$11.70
TOTAL \$76.70

MasterCard

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

ORT 13880 1212 RT0001

TERMINAL ID: [REDACTED]
MERCHANT ID: [REDACTED]
POS ID: [REDACTED]
ORDER ID: [REDACTED]
CST ACCOUNT #: [REDACTED]
REF NUMBER: [REDACTED]
CATEGORIES: [REDACTED]

DATE: 2017
START: 06:59
END: 07:19
DURATION: 162.00
RATE: 1

NET AMOUNT: \$ 26.48

TAX AMOUNT: \$ 1.32
TIP AMOUNT: \$ 4.17

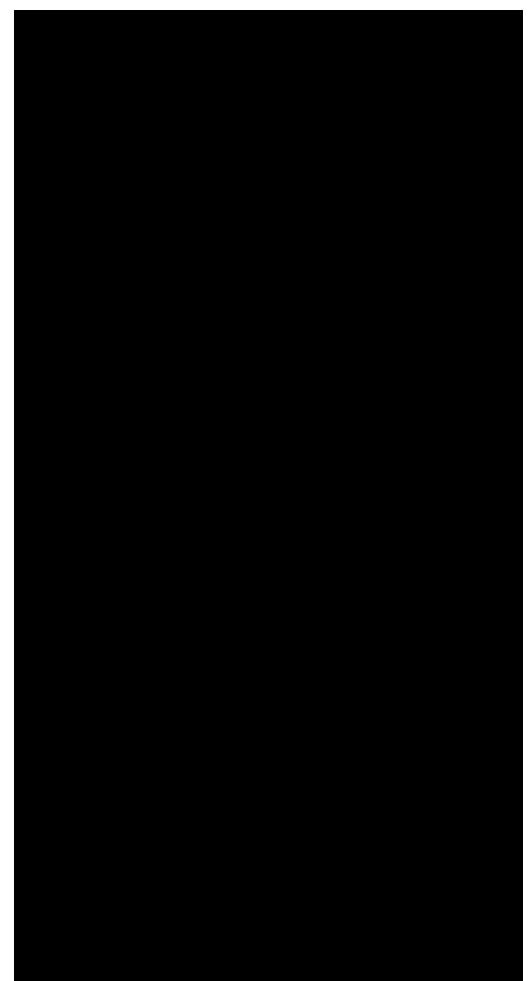
TOTAL : \$ 31.97

MASTERCARD SALE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

PASSENGER COPY

THANK YOU
(403)299-9999
WWW.THECHECKERGROUP.COM





Kathryn Todd

Edmonton, Can: AB

INFORMATION INVOICE

Company Name :
Group :
A/R Number :

Room Number :
Arrival Date : 05-11-17
Departure Date : 06-11-17
Page : 1 of 1
Folio Number :
Confirmation :
Cashier :

GST No. : 894582667RT0001 21-11-17

Table with columns: Date, Description, Charges, Credits. Rows include: 05-11-17 Kensington Riverside Inn (161.10), 05-11-17 Service & Marketing Fee (8.06), 05-11-17 Alberta Tourism Levy (6.77), 05-11-17 GST (8.46), 06-11-17 Mastercard (184.39). Summary rows: Total (184.39), Balance (0.00 CAD), Room GST (8.46), F&B GST (0.00), Other GST (0.00), Total GST (8.46).

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Kensington Riverside Inn and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/11/14
TIME 9919 06:06:13
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$65.00
TIP \$11.70
TOTAL

\$76.70

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#129966933

Alberta Health
Services
SMCHC Lot 1
RECEIPT [REDACTED]

ENTRY DATE/TIME:
16/11/17 07:54
PAY DATE/TIME:
16/11/17 09:36
PARK DUR.: HRS:MIN
0:01:42

ALLOWED EXIT TO:
16.11.17 09:51

PAID: \$ 9.00
MASTER CARD [REDACTED]

REF. [REDACTED]

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *
+*****
* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
+ 403-955-9300
+*****



Kathryn Todd

Edmonton, Can: AB

INFORMATION INVOICE

Company Name : Alberta Health Services
Group :
A/R Number :

Room Number : [REDACTED]
Arrival Date : 15-11-17
Departure Date : 16-11-17
Page : 1 of 1
Folio Number :
Confirmation : [REDACTED]
Cashier :

GST No. : 894582667RT0001 16-11-17

Date	Description	Charges	Credits
15-11-17	Kensington Riverside Inn	228.65	
15-11-17	Service & Marketing Fee	11.43	
15-11-17	Alberta Tourism Levy	9.60	
15-11-17	GST	12.00	
16-11-17	Mastercard [REDACTED]		261.68
Total		261.68	261.68
Room GST	12.00	Balance 0.00 CAD	
F&B GST	0.00		
Other GST	0.00		
Total GST	12		

Room charge is over allowable limit by \$28.65. This hotel was closest to the venue for Kathryn's meetings.

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Guest Signature: _____