

## AHS Board and Executive Expense Report

**Name** Dr. Kathryn Todd  
**Title** VP System Innovations & Programs  
**Location** Edmonton

Expenses submitted during the month of August 2018

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)
Aug-18	P-Card	Meetings				213	213			
Aug-18	Expense Claim	Meetings					-		70	
Aug-18	Direct Billing	Meetings	544				544			
<b>Total</b>			\$ 544	\$ -	\$ -	\$ 213	\$ 757	\$ -	\$ 70	\$ -

**Total for the Month** \$ 827

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.

## AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
TODD, KATHRYN	VP System Innovations & Programs	Edmonton	\$ 212.60								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/13/2018	Cab to YEG A/P from home	AB - Local	Taxi	\$ 76.70	Home	YEG Airport	Staff Meetings in Calgary	1			
8/13/2018	Cab from YEG to home - Calgary Staff Meetings	AB - Local	Taxi	\$ 76.70	YEG Airport	Home	Return Cab from meetings with staff	1			
8/16/2018	Cab from YYC Airport to Southport (Staff Meetings)	AB - Local	Taxi	\$ 59.20	YYC Airport	Southport, Calgary	Cab from YYC Airport to Southport for meetings with Staff	1			
Approver(s) for the claim		Approval Status	Approval Date								
YIU, VERNA		Approve	4-Sep-18								

ASSOCIATED CAB ALTA LTD  
307 - 41 AVE NE (403) 293-1111  
INSIST ON THE PROFESSIONALS

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

DATE: 2018/08/13  
PICK-UP TIME: 09:15  
DROP-OFF TIME: 09:48  
TRIP ID: 8  
LOCATION: [REDACTED]  
CAR NUMBER: [REDACTED]  
DRIVER: [REDACTED]  
CARD TYPE: MC  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$): 58.70  
EXTRA (\$): 0.00  
SUBTTL (\$): 58.70

TIP (\$): 8.50

TOTAL (\$): 59.20

SIGNATURE: \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2018/08/13  
TIME 5634 17:21:47  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$65.00  
TIP \$11.70  
TOTAL

\$76.70

MasterCard

[REDACTED]

APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

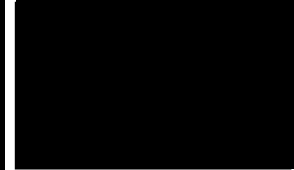
IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2018/08/13  
TIME 6545 05:45:09  
RECEIPT NUMBER  
[REDACTED]

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

MasterCard



**APPROVED**

AUTH# [REDACTED]  
THANK YOU

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## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
TODD, KATHRYN	VP System Innovations & Programs	Edmonton	70.48								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/13/2018	Working Session Lunch	AB - Local	Working Session	\$ 70.48			Working session lunch	1	3	List of attendees kept on file	
Approver(s) for the claim		Approval Status	Approval Date								
YIU, VERNA		Approve	4-Sep-18								

JACK ASTOR'S MACLEOD  
TRAIL  
9823 MACLEOD TRAIL SOUTH  
CALGARY AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/08/13  
TIME 3346 15:12:59  
SERVR ID [REDACTED]  
CHECK # [REDACTED]  
TABLE # 15 DINING ROOM  
RECEIPT NUMBER  
[REDACTED]

PURCHASE  
AMOUNT \$59.73  
TIP \$10.75  
TOTAL

**\$70.48**

VISA CREDIT

VISA

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

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*Jerry  
Scott  
Gen. Prog. Officer.*

## 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.
- 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: **Choose from Drop-down List**

<b>Name :</b>	<b>Reporting Period for the Month of :</b> Aug-18
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Aug-18	Direct Billing	Airline Ticket	Flight to Calgary for various meetings	Marlin Travel	543.56
	Direct Billing	Airline Ticket		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	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 543.56</b>

# Vision

A DIRECT TRAVEL® COMPANY

## Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 13 Aug 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED]@MARLINTRAVEL.CA File Locator: [REDACTED]
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PASSENGERS: KATHRYN TODD

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	468.60	0.00	\$0.00	74.96	0.00	543.56 CAD
<b>Total:</b>	<b>468.60</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>543.56 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/07/2018	[REDACTED]	[REDACTED]	543.56 CAD
				<b>Total Payment:</b>	<b>543.56 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL MEET WITH A COUPLE OF HER STAFF FOR SYSTEM INNOVATIONS

\*\*\*\*\* 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.



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

Trip #: [REDACTED]  
Booking Date: 13 Aug 18  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]@MARLINTRAVEL.CA  
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	07 Aug 18

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08133	EDMONTON INTL 13 Aug 18 6:55AM		CALGARY INTL 13 Aug 18 7:48AM	Q/	
AIR CANADA	08150	CALGARY INTL 13 Aug 18 3:40PM		EDMONTON INTL 13 Aug 18 4:30PM	Q/	