

## Official Administrator and Executive Expense Report

**Name** Dr. Paul Grundy  
**Title** Chief Program Officer and Senior Medical Director Officer Cancer Control Alberta  
**Location** Edmonton  
 Expenses submitted during the month of March 2015

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
Mar-15	Direct Billing	Meetings	483				483			
<b>Total</b>			\$ 483	\$ -	\$ -	\$ -	\$ 483	\$ -	\$ -	\$ -

**Total for the Month**    \$        483

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

## 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.

<b>Direct Bill Report</b>
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- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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: Yes  No

Name: Dr. Paul Grundy	Reporting Period for the Month of: March 2015
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-27	Direct Billing	Transportation	Dr. Grundy (using credits from canceled flight February 27, 2015). is flying to Calgary Apr 8 - 10, 2015 to attend a series of meetings, Phase I Partnership Meeting: Building a Clinical Research Legacy, CCA/Executive DYAD Meeting and	Marlin Travel	\$100.00

			<b>Performance Appraisal meetings.</b>		
<b>2015-03-27</b>	<b>Direct Billing</b>	<b>Transportation</b>	<b>Dr. Grundy is flying to Calgary to attend several meetings, Patient First Steering Committee, Hematology - Integrated Model, Premier's Announcement on Infrastructure and Calgary Cancer Center.</b>	<b>Marlin Travel</b>	<b>\$382.96</b>
	<b>Choose One</b>	<b>Choose One</b>			
	<b>Choose One</b>	<b>Choose One</b>			
	<b>Choose One</b>	<b>Choose One</b>			
<b>Total Paid in the Month</b>					<b>\$482.96</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]

Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]

Date: March 27, 2015

Page: 1/2

Our Reference: [REDACTED]

Your Reference: [REDACTED]

## INVOICE

For  
DR PAUL GRUNDY  
AC [REDACTED]

Wednesday, April 8, 2015

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 08Apr15

Flight: 8133 G CLASS  
07:00 AM Equipment: DH4  
07:50 AM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3C

Friday, April 10, 2015

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 10Apr15

Flight: 8156 ECONOMY CLASS  
06:00 PM Equipment: CRJ JET  
06:48 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3D

Cost:

AIR CANADA [REDACTED]

[REDACTED] 100.00

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 27, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 27, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
DR PAUL GRUNDY  
AC [REDACTED]

Monday, March 30, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 30Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 3C

Flight: 8133 V CLASS  
07:00 AM Equipment: DH4  
07:50 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 30Mar15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5C

Flight: 8156 V CLASS  
06:00 PM Equipment: CRJ JET  
06:48 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED] 308.00

Tax: 74.96

Ticket Total: 382.96

To: ALBERTA HEALTH SERVICES  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: March 27, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Total:

<b>Grand Total:</b>	382.96
<b>Less Credit Card Payments:</b>	382.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
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