

Official Administrator and Executive Expense Report

Name Dr. Verna Yiu
Title VP Quality & Chief Medical Officer
Location Edmonton
 Expenses submitted during the month of June 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-15	P-Card	Meetings				110	110			
Jun-15	Expense Claim	Meetings				60	60			
May-15	Expense Claim	Meetings				30	30			
Total			\$ -	\$ -	\$ -	\$ 170	\$ 200	\$ -	\$ -	\$ -

Total for the Month \$ 200

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

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>YIU, VERNA</u> Cardholder's Name	<u>VP QUALITY & CMO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2015</u>
<u>QUALITY & MEDICAL AFFAIRS</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$110.00</u>
<u>VERNA.YIU@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
08/06/2015	892934572	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.19	.00	Short Term Parking: EIA - Calgary - Patient First Strategy Launch
09/06/2015	893082600	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	85.00	CAD	✓ 85.00	4.05	.00	Taxi: Calgary International Airport to SHC - Patient First Strategy Launch

Signatures
Cardholder Designate (If Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Audrey Maione

Name of Cardholder Designate

Audrey Maione
Signature of Cardholder Designate

Exec Asst

Cardholder Designate Position/Title

June 22/15
Date of Signature

Cardholder

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 me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

YIU, VERNA

Name of Cardholder

YIU, VERNA
Signature of Cardholder

VP QUALITY & CMO

Cardholder Position/Title

VP QUALITY & CMO
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 provided.

Susan Best

Name of Approver Designate

Susan Best
Signature of Approver Designate

Exec. Assistant

Approver Designate Position/Title

June 23/15
Date of Signature

Approver

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 provided.

Deborah Rhodes

Name of Approver

Deborah Rhodes
Signature of Approver

VP Corp Services + CFO

Approver Position/Title

June 23/15
Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

 Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

①

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 08/06/15 15:22
Receipt 077439

Short-term parking tkt

HL - No [REDACTED]

08/06/15 07:21

09/06/15 07:20

Period 1d0h0'

(Tax) \$25.00 ✓

Total \$25.00

Payment Received

MC \$25.00

Merch: 82005340013

Auth [REDACTED]

Type: Swiped

Sub Total \$23.81

Tax 5% \$1.19

082599776 - 1/1

②

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/06/08

PICK-UP TIME: 09:28

DROP-OFF TIME: 10:08

TRIP ID: 0

LOCATION: 073000-45824183707

CAR NUMBER: [REDACTED]

CARD TYPE: [REDACTED]

CARD: [REDACTED]

EXPIRY: [REDACTED]

AUTH: [REDACTED]

FARE (\$) 85.00 ✓

EXTRA (\$) 0.00

SUBTTL (\$) 85.00

TIP (\$) _____

TOTAL (\$) _____

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

Short term Parking:
EIA - Calgary -
attend Patient First
Strategy Launch

Taxi: Calgary International
Airport to South Health
Campus - attend Patient
First Strategy Launch

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	VP Quality & Chief Medical Officer	Edmonton	59.59

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/1/2015	ACC Meeting in Nisku		Mileage	29.29	Seventh Street Plaza, Edmonton	8450 Sparrow Drive, Leduc		1			58
6/8/2015	Travel to EIA - Launch of Patient First Strategy, Calgary		Mileage	30.30	Seventh Street Plaza, Edmonton	Edmonton International Airport		1			60
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		25-Jun-15							

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	VP Quality & Chief Medical Officer	Edmonton	30.30

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/6/2015	Travel to EIA (return) - attend PPEC meeting in Calgary		Mileage	30.30	Seventh Street Plaza, Edmonton	Edmonton International Airport		1			60
Approver(s) for the claim		Approval Status		Approval Date							
RHODES, DEBORAH		Approve		11-Jun-15							