

Official Administrator and Executive Expense Report

Name Dr. Verna Yiu
Title VP Quality & Chief Medical Officer
Location Edmonton

Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings				61	61			
Sep-15	Expense Claim	Meetings				42	42			
Total			\$ -	\$ -	\$ -	\$ 61	\$ 61	\$ -	\$ -	\$ -

Total for the Month \$ 61

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

\$42.00 expense claim has been cancelled

Instruction:			
<ul style="list-style-type: none"> • 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 			
YIU, VERNA	VP QUALITY & CMO	Billing Reporting Period:	20/09/2015
Cardholder's Name	Cardholder's Position/Title		
QUALITY & MEDICAL AFFAIRS	SEVENTH STREET PLAZA	Total Statement Amount:	\$61.20
Cardholder's Dept	Cardholder's Site/Location		
VERNA.YIU@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
16/09/2015	403261096	SHELL, FUEL DISPENSER, AUTOMATED	37.61	CAD	37.61	.00		Fuel for fleet vehicle: attend Seniors Health SCN Core Committee meeting in Calgary (return)
16/09/2015	403261097	PETROCAN, FUEL DISPENSER, AUTOMATED	23.58	CAD	23.58	.00		Fuel for fleet vehicle: attend Seniors Health SCN Core Committee meeting in Calgary (return)

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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

Exec Asst
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Sept. 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

VP QUALITY & CMO
Cardholder Position/Title

[Signature]
Signature of Cardholder

Sept 23/15
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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

Vickie Kaminski
Name of Approver

President & CEO
Approver Position/Title

[Signature]
Signature of Approver

Oct 2, 2015
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: _____

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Calgary Seniors SCN

WELCOME

Shell Canada
169 EAST LAKE CRESCE
T4B 2B5
AIRDRIE AB
(403) 948-6988

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2015/09/16 12:49
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800

Bronze
PUMP No. 05
LITRES 40.265
PRICE/L \$0.934
TOTAL FUEL \$37.61
01 APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89442310
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.79
No. 137400032RT

TOTAL SALE \$37.61

STORE: [REDACTED]
TRAN: [REDACTED]
2015/09/16 12:51:37

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$100 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

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PETRO-CANADA
9936 109 STREET
EDMONTON
ALBERTA T5K 1H5
78042314290

GST 0885609321
PC0314207:8598601
TERMINAL: 028598654
PAYPOINT: 028598601

2015-09-16 15:53

PUMP 04
REGULAR
LITRES L 26.267
PRICE/L \$ 0.898
FUEL SALES \$ 23.59*

TOTAL OWED \$ 23.59

TOTAL PAID
CREDIT CARD \$ 23.59

* GST INCL. \$ 1.12

MASTERCARD
[REDACTED] C
AUTH [REDACTED]
PURCHASE
C 0010010010 00 027

MASTERCARD
A0000000041010
0000008000
E800

INVOICE [REDACTED]
VERIFIED BY PIN

00 APPROVED
THANK YOU 027

Fuel for fleet vehicle: attend Seniors Health
SCN Core Committee in Calgary (return)