

## Official Administrator and Executive Expense Report

**Name** Dr. Verna Yiu  
**Title** VP Quality & Chief Medical Officer  
**Location** Edmonton  
 Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings				124	124			
Oct-15	Expense Claim	Meetings			229	29	258			
Oct-15	Direct Billing	Meetings	353				353			
<b>Total</b>			\$ 353	\$ -	\$ 229	\$ 153	\$ 735	\$ -	\$ -	\$ -

**Total for the Month** \$ 735

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 200  
 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

YIU, VERNA Cardholder's Name	VP QUALITY & CMO Cardholder's Position/Title	Billing Reporting Period:	20/10/2015
QUALITY & MEDICAL AFFAIRS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$123.50
VERNA.YIU@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # [REDACTED]	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 08/10/2015	405642992	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	54.00	CAD	54.00	2.57	.00	Short Term Parking: EIA - Attend PPEC Meeting and other meetings, in Calgary
② 15/10/2015	406307184	MPARK00020308A, AUTOMOBILE PARKING LOTS AND GARAGES	27.50	CAD	27.50	1.31	.00	Parking: Interview Panel: Chief Medical Officer, Covenant Health position

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/09/2015	404192814	MPARK00020287U, AUTOMOBILE PARKING LOTS AND GARAGES	28.00	CAD	28.00	1.33	.00	Parking: Sutton Place Hotel - attend Fall 2015 Rep Forum - [REDACTED]
28/09/2015	404331051	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67	.00	Parking: UofA, Lister Centre - keynote speaker: Candian Quality Conference, [REDACTED]

**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 Abst  
Cardholder Designate Position/Title

Oct. 21/15  
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*  
Signature of Cardholder

VP QUALITY & CMO  
Cardholder Position/Title

Oct 21 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

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
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

*Vickie Kaminski*  
Signature of Approver

President & CEO  
Approver Position/Title

Oct. 28, 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: \_\_\_\_\_

①  
DUPLICATE

GST# R128599776  
Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd Fl 08/10/15 15:44  
Receipt

Nested Parking  
Short-term parking tkt  
DL/EP - No. 053263  
07/10/15 05:53  
09/10/15 05:53  
Period 2d0h1'  
(Tax) \$54.00

Total \$54.00

Payment Received  
MC \$54.00

Type: Swiped

Sub Total \$51.43  
Tax 5% \$2.57

886798DE - 1/1

②

SCOTIA PLACE EDMONTON

CMO  
Covenant  
Interview

Terminal  
15/10/2015 12:26  
15/10/2015 17:49 - 05:23

RATE 1 : \$ 27.50  
SUBTOTAL : \$ 26.19  
GST : \$ 1.31  
TOTAL : \$ 27.50  
CASH : \$ 27.50

HAVE A NICE DAY

10060 JASPER AVE  
EDMONTON, AB T5J3R8  
7804201976

SALE

MID: 5772358  
TID: 005 REF#  
Batch # 17:49:50  
10/15/15

APPR CODE  
MASTERCARD

AMOUNT \$27.50

APPROVED

MasterCard  
AID: A0000000041010  
TVR: 00 00 00 80 00  
TS: E8 00

THANK YOU/MERCI

Short term Parking:  
EIA - attended PPEC and  
other meetings in  
Calgary.

Parking: Interview Panel  
CMO, Covenant Health  
position

AMA Rep Forum

attended AMA  
Rep Forum:  
Sutton Place Hotel

**RECEIPT**  
IMPARK LOT 287  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 PM**  
**SEP 26, 2015**

Purchase Date/Time: 11:56am Sep 26, 2015

Total Parking: \$26.67

Total gst: \$1.33

Total Due: \$28.00

Rate: \$28-until 6pm

Total Paid: \$28.00

Payment Type: Card

Ticket #:

S/N #: 520014080140

Setting: Lot 287

Mach Name: Meter 1

MasterCard

Aut

GST #687316638RT0001  
IMPARK LOT 287

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

DISPLAY THIS SIDE UP ON DASHBOARD

Keynote Speaker:  
Canadian Quality  
Congress.  
Lister Conference  
Centre, U of A

EXPIRATION DATE 29/09/15 EXPIRATION TIME 06:00 AM

AMOUNT PAID \$ 14.00 848800000 07:28 AM



UNIVERSITY OF  
ALBERTA

NON TRANSFERABLE  
NON REFUNDABLE

Can Quality Congress

DETACH RECEIPT FROM TICKET  
RECEIPT GST #R108102831

DATE ISSUED 28/09/15 TIME ISSUED 07:28 AM AMOUNT PAID \$ 14.00

CREDIT CARD NUMBER  
LOT M



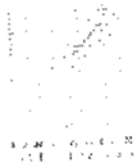
UNIVERSITY OF  
ALBERTA

NON TRANSFERABLE  
NON REFUNDABLE

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	VP Quality & Chief Medical Officer	Edmonton	258.19

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/7/2015	Attend PPEC and various other meetings in Calgary		Mileage	29.29	Residence	Edmonton International Airport	Travel to Edmonton International Airport (return): attend PPEC and various other meetings in Calgary	1			58
10/7/2015	Attended PPEC and various other meetings in Calgary	AB - Other Zones	Accommodations	228.90			Attended: PPEC and various other meetings in Calgary	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
KAMINSKI, VICTORIA		Approve		28-Oct-15							



Dr. Verna Yiu

Edmonton,  
Canada

Room Number : [REDACTED]  
 Arrival Date : 10-07-15  
 Departure Date : 10-08-15  
 Page : 1 of 1  
 Folio Number : [REDACTED]  
 Confirmation : [REDACTED]  
 Cashier : [REDACTED]

**INVOICE**

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

GST No. : 894582667RT0001 10-08-15

Date	Description	Charges	Credits
10-07-15	Room Charge	269.00	200.00
10-07-15	Facility & Marketing Fee (5%)	13.45	10.00
10-07-15	Tourism Levy (4%)	11.30	8.00
10-07-15	GST - 5% - Guest Room [REDACTED]	14.12	10.90
10-08-15	Visa [REDACTED]		307.87
<b>Total</b>		<b>307.87</b>	<b>307.87</b>

Total

307.87

307.87

Balance

0.00 CAD

\$228.70

Total GST

14.12

\* Claiming \$200.00/day + taxes + fees as per AHS Policy

- Attended: PPEC and various other meetings in Calgary

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: \_\_\_\_\_

## Executive Expenses Report Direct Bill 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: **YES**

<b>Name :</b> Dr. Verna Yiu	<b>Reporting Period for the Month of :</b> Oct-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Oct-2015	Direct Billing	Airline Ticket	Flight-Edm to Cal Attend PPED and various other meetings in Calgary	Marlin Travel	167.59
30-Oct-2015	Direct Billing	Airline Ticket	Flight-Edm to Cal Attend PPED and foundation leadership forum 2015 & AAHN meeting	Marlin Travel	185.37
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 352.96</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: September 30, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
DR VERNA YIU  
AC [REDACTED]

Wednesday, October 7, 2015

 **Air**

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 07Oct15  
AIR CANADA E  
SEAT 9D - YIU/VERNA DR

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

Mile(s) Flown: 163

<b>Cost:</b>	[REDACTED]	[REDACTED]	
AIR CANADA	[REDACTED]	[REDACTED]	130.11
		Tax:	37.48
		<b>Ticket Total:</b>	<b>167.59</b>

<b>Total:</b>		<b>Grand Total:</b>	167.59
		<b>Less Credit Card Payments:</b>	167.59
		<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:.....

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: October 26, 2015  
 Page: 1/2  
 Our Reference: [REDACTED]

## INVOICE

**For**  
 DR VERNA YIU  
 AC [REDACTED]

Friday, October 30, 2015

 **Air**

WESTJET AIRLINES	Flight: 238	Q CLASS	
From: EDMONTON INTL AB	06:30 AM	Equipment: 73W	
To: CALGARY AB	07:29 AM		Mile(s) Flown: 163
Stops: 0	Arrival: 30Oct15		

<b>Cost:</b>			
TKT	[REDACTED] E-TKT	[REDACTED]	130.64
		Tax:	49.48
		<b>Ticket Total:</b>	<b>180.12</b>
WESTJET	[REDACTED]	[REDACTED]	5.25
<b>Total:</b>	[REDACTED]	[REDACTED]	

<b>Grand Total:</b>	185.37
<b>Less Credit Card Payments:</b>	185.37
<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.....