

AHS Board and Executive Expense Report

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

Expenses submitted during the month of December 2015

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)
Dec-15	P-Card	Meetings				76	76			
Dec-15	Direct Billing	Meetings	429				429			
Total			\$ 429	\$ -	\$ -	\$ 76	\$ 505	\$ -	\$ -	\$ -

Total for the Month \$ 505

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.

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:	20/12/2015
Cardholder's Name	Cardholder's Position/Title		
QUALITY & MEDICAL AFFAIRS	SEVENTH STREET PLAZA	Total Statement Amount:	\$387.33 \$75.50
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
23/11/2015	410E90868	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking: Attended Special CAM Meeting - Alberta Health ✓
		[REDACTED]						[REDACTED] ✓
24/11/2015	410711192	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Parking: Attended Lab Meeting at Alberta Health, DM Office ✓
02/12/2015	411821088	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Short Term Parking: EIA - Attended PPEC Meeting in Calgary ✓
03/12/2015	411821089	EDM EPARK PAY MACHINE, GOVERNMENT SERVICES MOT	3.50	CAD	3.50	.17		Parking: Attended a CPSI Board of Directors meet & greet ✓
08/12/2015	412286696	MPARK00020012U, AUTOMOBILE PARKING LOTS AND GARAGES	7.00	CAD	7.00	.33	.00	Parking: Meeting - Dr. Paul Armstrong ✓
		[REDACTED]						[REDACTED] ✓

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩

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



Signature of Cardholder Designate

Exec Asst

Cardholder Designate Position/Title

Dec. 24/15

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



Signature of Cardholder

VP QUALITY & CMO

Cardholder Position/Title

Dec. 29/15

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



Signature of Approver

President + CEO

Approver Position/Title

Dec 31, 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: _____

ATB PLACE
GST:887315638RT001
RECEIPT C1

①

IN: 23.11.15 15:47
PAY: 23.11.15 18:08
AMOUNT: \$ 15.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]

Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$15.00

Auth [REDACTED]
Sequence #:000052
Term ID: 002
Date:15/11/23
Time:18:07:15

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard
TVR: 0000008000
AID: A0000000041010
TSI: E800
TC: 377AE359C279D16D

*** CUSTOMER
COPY ***

Thank you for
visiting!

*Parking: Attended Special
CAM meeting at Alberta
Health offices.*

ATB PLACE
GST:887315638RT001
RECEIPT C1

*lab
mtg
dm
office*

③

IN: 24.11.15 13:09
PAY: 24.11.15 17:13
AMOUNT: \$ 25.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]

Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$25.00

Auth [REDACTED]
Sequence #:000059
Term ID: 002
Date:15/11/24
Time:17:13:16

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard
TVR: 0000008000
AID: A0000000041010
TSI: E800
TC: FE3A1F52247C18AA

*** CUSTOMER
COPY ***

Thank you for
visiting!

*Parking: Attended Lab
meeting at Alberta Health
Dm office*

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st E1 02/12/15 16:13
Receipt

4

Short-term parking tkt	
HL - No. 002668	
02/12/15 06:29	
03/12/15 06:28	
Period 1d0h0'	
(Tax)	\$25.00
Total	\$25.00

Payment Received	
MC	\$25.00

Type: Swiped

Sub Total	\$23.81
Tax 5%	\$1.19

94CAB48 - 1/1

Short term parking -
EIA: Attended PPEC
Meeting in Calgary

RECEIPT
IMPARK LOT 12
NO IN AND OUT PRIVILEGES
City of Paul Armstrong

License Plate Number

[Redacted]

Expiration Date/Time

07:46 AM
DEC 08, 2015

Purchase Date/Time: 06:46am Dec 08, 2015

Total Parking: \$6.67

Total GST: \$0.33

Total Due: \$7.00

Total Paid: \$7.00

Ticket [Redacted]

S/N #: 520014461780

Setting: Lot 12

Mach Name: Meter 1

Rate: \$7 - 1 Hour
Payment Type: Card

erCard

Auth # [Redacted]

GST #887315638RT001
IMPARK LOT 12*

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

6

Parking: Attended meeting
c Dr. Paul Armstrong.

CITY OF EDMONTON
CITY OF EDMONTON

Terminal: 1043
103 Ave West of 100 St, South Side

Zone: 1043
Plate: [Redacted]

Valid through:
THURSDAY 03 DEC 15
5:23 PM

CPSI
reception

Amount Paid: \$3.50 (GST incl.)
Start Time: 12/3/2015 4:23 PM
Trn: [Redacted]

[Redacted]

Parking: Attended CPSI
Board of Directors meet
& greet

5

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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

Name : Dr.Verna yiu	Reporting Period for the Month of : Dec-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Dec-2015	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary (Return)- Attended PPEC meeting in Calgary	Marlin Travel	428.70
	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	-
Total Paid in the Month					\$ 428.70

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

INVOICE

For

DR VERNA YIU
AC [REDACTED]

Wednesday, December 2, 2015

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 02Dec15
Flight: 104 M CLASS
07:45 AM Equipment: 73W
08:42 AM
Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 02Dec15
Flight: 8156 V CLASS
03:25 PM Equipment: DH4
04:17 PM
Mile(s) Flown: 163
AIR CANADA E

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 02Dec15
Seat(s): 10C
Flight: 8150 V CLASS
04:35 PM Equipment: DH4
05:27 PM
Mile(s) Flown: 163
AIR CANADA E

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

Invoice Number: [REDACTED]
Date: December 1, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:

TKT [REDACTED]	E-TKT	[REDACTED]	154.00
		Tax:	37.48
		Ticket Total:	191.48
TKT [REDACTED]	E-TKT	[REDACTED]	137.74
		Tax:	49.48
		Ticket Total:	187.22

Total:

Grand Total:	378.70
Less Credit Card Payments:	378.70
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: December 3, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR VERNA YIU
AC [REDACTED]

Wednesday, December 2, 2015

Air

WESTJET AIRLINES
From: EDMONTON INTL AB Flight: 104 M CLASS
To: CALGARY AB 07:45 AM Equipment: 73W
Stops: 0 Arrival: 02Dec15 08:42 AM Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB Flight: 8156 V CLASS
To: EDMONTON INTL AB 03:25 PM Equipment: DH4
Stops: 0 Arrival: 02Dec15 04:17 PM Mile(s) Flown: 163
AIR CANADA E

Air

AIR CANADA
From: CALGARY AB Flight: 8150 V CLASS
To: EDMONTON INTL AB 04:35 PM Equipment: DH4
Stops: 0 Arrival: 02Dec15 05:27 PM Mile(s) Flown: 163
Seat(s): 10C
AIR CANADA E

Cost:

TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 50.00

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

Invoice Number: [REDACTED]
Date: December 3, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	50.00
Less Credit Card Payments:	50.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	378.70
Total Charges Previous Invoices:	378.70
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
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