

### **AHS Board and Executive Expense Report**

Name Dr. Verna Yiu

**Title** President & CEO Alberta Health Services (Interim)

**Location** Edmonton

Expenses submitted during the month of January 2016

|                  |                          |                      |    |         |       | Travel  | (1)    |             |                 |      |                                    |  |              |
|------------------|--------------------------|----------------------|----|---------|-------|---------|--------|-------------|-----------------|------|------------------------------------|--|--------------|
| ммм-үү           | Source<br>Document       | Purpose              | J  | Airfare | Meals | Accommo | lation | her<br>avel | Total<br>Travel |      | Professional<br>Development<br>(2) | Working<br>Sessions<br>Hosting and<br>Hospitality<br>(3) | Other<br>(4) |
| Jan-16<br>Jan-16 | P-Card<br>Direct Billing | Meetings<br>Meetings |    | 1,032   |       |         | 160    | 687         | 84<br>1,03      |      | 68                                 |  |              |
| Total            |                          |                      | \$ | 1,032   | \$    | - \$    | 160    | \$<br>687   | \$ 1,87         | 9 \$ | 68                                 | \$ -   | \$ -         |

**Total for** 

**the Month** \$ 1,947

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 144 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:                       |   |                                     |                         |                  |  |  |  |  |
|------------------------------------|---|-------------------------------------|-------------------------|------------------|--|--|--|--|
| Attached ALL original detailed red | ceipts and supporting documents in the s                            | ame order as it appears on this sta | tement                  |                  |  |  |  |  |
| Cardholder AND Approver's signal   | Cardholder AND Approver's signatures required where indicated below |                                     |                         |                  |  |  |  |  |
| YIU, VERNA                         | VP QUALITY & CMO  |                                     |                         |                  |  |  |  |  |
| Cardholder's Name                  | Cardholder's Position/Title   | Billing Reporting Period:           | 20/01/2016              |                  |  |  |  |  |
| QUALITY & MEDICAL AFFAIRS          | SEVENTH STREET PLAZA  |                                     |                         | Φ <b>7</b> 00 40 |  |  |  |  |
| Cardholder's Dept                  | Cardholder's Site/Location  | Total Statement Amount:             | \$1 <del>,0</del> 15.14 | \$769.43         |  |  |  |  |
| VERNA.YIU@ALBERTAHEALTHSER         | VICES.CA  |                                     | -                       |                  |  |  |  |  |
| Cardholder's e-mail address        |   | Last 6 digits of the P-Card         | #:                      |                  |  |  |  |  |

| Transaction<br>Date | Trans ID  | Merchant Name & Description                                  | Trans Original<br>Amount |     | Trans Amount | GST   | Freigh | Description   |
|---------------------|-----------|--|--------------------------|-----|--------------|-------|--------|---|
|                     | 415399980 | ALLIED LIMOUSINE/ASSOC, LIMOUSINES<br>AND TAXICABS           | 465.30                   | CAD | 465.30       | 22.16 |        | Ground Transportation to Lethbridge: Air<br>Canada flight 2 hr delay - Telehealth session<br>booked for 1:00 p.m.                     |
| 12/01/2016          | 415529132 | HOLIDAY INN EXPRESS, HOLIDAY INNS                            | 160.10                   | CAD | 160.10       | .00   | .00.   | Accommodation: Tour Lethbridge/Medicine<br>Hat  |
| 2/01/2016           | 415529133 | EDMONTON INTERNATION, AUTOMOBILE<br>PARKING LOTS AND GARAGES |                          | CAD | 54.00        | 2.57  |        | Short Term Parking: EIA - tour to Lethbridge,<br>Medicine Hat and Telehealth in Calgary   |
| 4/01/2016           | 415740427 | MPARK00020101U, AUTOMOBILE<br>PARKING LOTS AND GARAGES       | 3 13.00                  | CAD | 13.00        | .62   |        | Parking: Attended Challenge Panel:<br>Evolving Alberta's Health System: Alberta<br>Health   |
|                     | 415937518 | ASSOCIATED CAB/ALLIED, LIMOUSINES<br>AND TAXICABS            | § 52.03                  | CAD | 52.03        | 2.48  |        | Taxi: Calgary International Airport to Foothills<br>Medical Centre - speaker at ERAS<br>symposium. Attended several meetings in Collq |
| 5/01/2016           | 415937519 | EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES    | <sub>6</sub> 25.00       | CAD | 25.00        | 1.19  | .00    | Short Term Parking: EIA - speaker at ERAS in Calgary and several other meetings   |

|   |                     | hed the follow | ses<br>wing transactions as non-business related<br>if to AHS. I understand that the P-Card is |                          |     |              |       | al chequ | ue for the total amount owed which                   |
|---|---------------------|----------------|--|--------------------------|-----|--------------|-------|----------|--|
|   | Transaction<br>Date | Trans ID       | Merchant Name & Description  | Trans Original<br>Amount |     | Trans Amount | GST   | Freigl   | Description  |
| Ì | 20/12/2015          |                | SAFEWAY #8904, GROCERY STORES,<br>SUPERMARKETS   | <sub>6</sub> 245.71      | CAD | 245.71       | 11.70 | .00      | Personal items - AHS reimbursed by persona<br>cheque |





Signatures

| by spring his statement.  In levely coeffit 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 program cost centre.  Program User Guide and Training, I have allocated the transaction(s) to the program cost centre.  Name of Cardinolater Designate  When the particular of the particular o | Cardbalder Decianate (if Applicable)  |  |  |
|--|---|--|--|
| This preby certify that I have reviewed and recording the statement in BMO Online to the best of my ability in accordance to AHS Comporate Policies.  Program User Guide and Training, I have allocated the transaction (i) to the proper cost certification.  Hand Carchielder Designates  What of Carchielder  Program of Carchielder  By lighing this statement  I stated that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm  I stated the expenses submitted in this claim have been incurred by using a cost effective matrical, otherwise and supporting analysis is  YOU VERNA  Approver Designates (if Applicable)  By signing this attended.  Approver Designate (if Applicable)  By signing this attended of this claim have been incurred by using a cost effective matrical, otherwise rationals and supporting analysis is  YOU VERNA  Approver Designates (if Applicable)  By signing this attended in this claim have been incurred by using a cost effective matrical, otherwise rationals and supporting analysis is  YP DUALTY & SAMP  PROJECT AS APPROVED Engineer (if Applicable)  By signing this attended in this claim have been incurred by using a cost effective matrical, otherwise rationals and confirm expenses being claimant and incompliance with each policy.  I stated the openiese indicated in this claim have been incurred by using a cost effective matrical, otherwise rationals and confirm expenses being claimant and incompliance with each policy.  I stated the openiese indicated in this claim have been incurred by using a cost effective matrical, otherwise rationals and supporting analysis is  Program of progree Designate  Approver Designate (if Applicable)  By signification of Approver Designate  Approver Designate (if Applicable)  By signification of Approver Designate  Approver Designate (if Applicable)  By signification of Approver Designate  Signature of Approver Designate  Approver Designate (if Applicable)  Approver Designate (if Applicable)  Appr | Cardholder Designate (if Applicable)  |  |  |
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| Name of Cardholder Designate  Signature of Cardholder Designate  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 by the of on my balant Bedvices or any other Organization. A personal cheque for any pursonal expenses inacverently  - I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise restorate and supporting analysis is provided.  - You QUALITY SKY.  - Cartholder Palant Services and that this claim has not been previously claimed by the color my balant from Alberta Health Services and that this claim has not been previously into the composition of the composition o | Program Oser Guide and Training, I have alloc   | ated the transaction(s) to the proper cost centre.   |  |
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| Signature of Cardinolder Pytis July 1972  Approver Designate (if Applicable) By sliping this statement I stees that there are 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 scientification are incompliance with such policy.  I attest the expenses exhibited in this claim has been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.  Name of Approver Designate  Approver Designate Position Title  Approver |   |  |  |
| Trainer or carchitother  Signature of (Gydrolder  Approver Designate (if Applicable) By signing his statement  I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and that this claim has not been previously claimed by the claiment or on their behalf from Alberta Health Services or any other Organization. A personal chapter for personal expenses inadvertently charged has been obtained. I attest that the expenses automitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.  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 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 have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.  Signature of Approver Designate  Approver Pesignate Position/Title  Date of Signature  Approver Pesignate Position/Title  Date of Signature  Submit approved statement with attachments to Accounts Peyable:  Attach:  Original (or scanned) Itemized receipts with documented business provided.  Signature of Approver  Submit approved statement with attachments to Accounts Peyable:  Attach:  Original (or scanned) Itemized receipts with documented business reasons including names of participants where required of presponse of personal expenses individually this provided.  Signature of Approver  Submit approved statement Report (or copies of electronic signatures if signatures are not on report)  Address:  Original of presponse  | <ul> <li>I attest that expenses submitted in this claim has</li> </ul>  | ave been incurred by using a cost effective method, otherw   | ise rationale and supporting analysis is   |
| Signature of Cardholder  Approver Designate (if Applicable) By signing his statement  I attest the expenses endoced in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claiment or on their behalf from Alberta Health Services or any other Organization. A personal chaque 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 absence.  Approver Designate Position Title  Approver Designate Position Title  Approver Designate Position Title  Approver Designate Position Title  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 submitted in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously defined by the claiment or on their behalf from Alberta Health Services or any other Organization. A personal chaque for personal expenses inadvertently is attement.  I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and that this claim has not been previously defined by the claiment or on their behalf from Alberta Health Services or any other Organization. A personal chaque for personal expenses inadvertently is attement.  I attest that Approver Position Title  Approver Position Title |   | 100000000000000000000000000000000000000  |  |
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| 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 chaque 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.  Accounts Payable only:  | Signature of Approver   |  |  |
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| Attach:  Original (or scanned) itemized recelpts 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.  Accounts Payable only:  Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4   | Submit approved statement with attachments to Ac  | counts Payable:  |  |
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|  | meai), why travel was necessary and detailed expl   | anation of reason.   |  |
|  | Accounts Payable only:  |  |  |
| Reference #:   Reviewed by:   Date:  |   |  |  |
|  | Reference #:  | Reviewed by:   | Date:  |
|  |   |  |  |

# Flight to Lethbridge delayed 2 hrs - speaking at Teleheath Session @1:00pm -Ground transportation was

### **Audrey Maione**

From:

Sent:

Tuesday, January 12, 2016 5:32 PM

To: **Audrey Maione** 

Subject: RE: Travel Itinerary - Dr. Verna Yiu - Jan 11

Hi Audrey,

The flight to Lethbridge shows departed at 1:45 pm

# AIR CANADA



Manage My Bookings

Special Offers

Information a

Can

# Flight Status

Book Travel



FLIGHT AC7213 DELAYED (ARRIVED AT GATE)

Air Canada Express (Air Georgian) <u>Beechcraft</u> 1900D

**Duration:** 50 minutes

Distance: 216km

ALLIED L'IND/ASSOCIAMO 307 41 AVENUE NE TZEZN4 CALGARY 21640631

1111 1111 **PURCHASE** 01-1 1 - 2016 15:34:51 Acct # Card Type MC Exp Date Name: VERNA YIU

A00G@000041010 MasterCard

Inv. Auth RRN 001003151

Purchase \$423.00 \$42.30 T1p

Tota 1

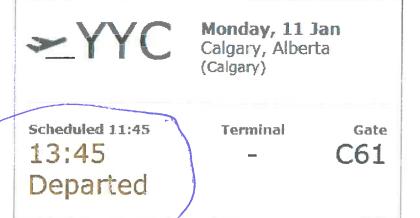
Trace

00 ) APPROVED-THANK YOU

Retain this copy for your records Customer copy

> 403-299-9555 www.calijarylinii usa

> > Meals: Econon





Marlin Travel Government Centre Main Fiooi 99<mark>29-108 Street - Edmonton, Alberta T5K 1G8</mark> Tel: (780) 425-8611 - Fax: (780) 426-5759 \*\*\*All prices are subject to change and availability.





5 01-12-16

**VERNA YIU** Folio No. Room No. : Canada A/R Number Arrival : 01-11-16 **Group Code** Departure: 01-12-16 Company Alberta Health Services Conf. No. Membership No. 3 Rate Code: Invoice No. Page No. : 1 of 1

| Date     | Descr          | ription | Charges | Credits |
|----------|----------------|---------|---------|---------|
| 01-11-16 | *Accommodation |         | 144.00  |         |
| 01-11-16 | MF             |         | 2.88    |         |
| 01-11-16 | GST            |         | 7.34    |         |
| 01-11-16 | Tourism Levy   |         | 5.88    |         |
| 01-12-16 | MasterCard     |         |         | 160.10  |
|          |                | Total   | 160.10  | 160.10  |
|          |                | Balance | 0.00    |         |

| Gu | est | Sia | natu | re: |
|----|-----|-----|------|-----|
|    |     |     |      |     |

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Accommodation: Tour - Lethbridge, Medicine Hat - Interim President , CEO Role

# (5)

#### **DUPLICATE**

GST# R128599776

**Edmonton Airports** 

Can-T5J 2T2 Edmonton Tax CodeCA5%

POF 1st Fl 12/01/16 18:46 Receipt

Nested Parking Short-term parking tkt DL/EP - No. 002564 11/01/16 08:50 13/01/16 08:50 Period 2d0h1'

Period 2d0h1'
(Tax) \$54.00

Total

\$54.00

Payment Received

\$54.00

Merch:82005340013

Type: Swiped

Sub Total

\$51.4 \$2.5 Short term Parking: EIA - tour Lethbride, Medicine Hat, Calgary Telehealth

ASSOCIATED CAB ALLIED LIMOUSIN 307-41 AVENUE NE CALGARY AB T2E 2N4 (403) 299-1111

#### SALE DUPLICATE

MID: 4189233

TID: HB189233

89233 REF#: 00000003 SEQ: 044001001003

01/15/16

08:09:39

APPR CODE: MASTERCARD

AMOUNT TIP TOTAL

\$47.30 \$4.73 \$52.03

00 - APPROVED - 001

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

THANK YOU

CUSTOMER COPY

Taxi Calgary airport to FMC: speaker at ERAS Symposium Alledded several other meetings



GST# R128599776

**Edmonton Airports** 

Can-T5J 2T2 Edmonton Tax CodeCA5%

POF 1st F1 15/01/16 19:20 Receipt

Short-term parking tkt HL - No 002781 15/01/16 05:23 16/01/16 05:22 Period 1d0h0'

(Tax)

Total

\$25.00

Payment Received

\$25.00

Type: Swiped

Sub Total Tax 5%

\$23.81 \$1.19 GST: 887315638RT001 RECEIPT C1

IN: 14.D1.16 16:49 PAY: 14.D1.16 19:D2 AMOUNT: \$ 13.DD

RECORD -----

Card

Card Entry: CHIP

Account: MASTERCARD

Trans: PURCHASE

Amount:\$13 (0)

Sequence #:00021.

Term ID: 002 Date: 16/01/14

Time: 19:01:30

\$13.00

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: 8A27D1380FC6B01F

CALV \*\*\*

Parking: Attended Challenge Panel: Evolving Alberta's Health System: Alberta Health

Short term Parking: EIA
Filtended several meetings in
Calgary - Speaker at
ERAS Symposium



Jan.292016. Sablicalighers

details Online ® Cardholder Statement Report

| Gardinela Vido Vibbiosat 2 at | natures required where indicated below |                           |            |          |
|-------------------------------|--|---------------------------|------------|----------|
| PROCIUK, LORINDA              | <b>EXECUTIVE ASSOCIATE</b>             |                           |            |          |
| Jardholder's Messe            | Cardholder's Position/Title            | Billing Reporting Period: | 20/01/2016 |          |
| PRESIDENT & CEO OFFICE        | SEVENTH STREET PLAZA                   |                           |            |          |
| archolder's Cont              | Cardholder's Site/Location             | Total Statement Amount    | \$500,21   | \$145.96 |

| raceaution<br>left,       | Trans ID  | Merchant Name & Description                                 | Trans Original C<br>Amount | Currency 1 | Terre Arches | 681  | Freigr Description   |
|---------------------------|-----------|---|----------------------------|------------|--------------|------|--|
|                           |           |   |                            |            |              |      |  |
|                           |           |   |                            |            |              |      |  |
|                           |           |   |                            |            |              |      |  |
|                           |           |   |                            |            |              |      |  |
|                           |           |   |                            |            |              |      |  |
|                           |           |   |                            |            |              | 1    | Chapter session on January 13, 2016  |
| 701/2018                  | 414787121 | INSTITUTE OF CORPORATE, SCHOOLS<br>AND EDUCATIONAL SERVICES | \$ 68.25                   | CAD        | 68.2         | 3.25 | .00(Registration fee for Interim CEO Dr. Verna Yiu<br>to attend ICD Edmonton Chapter assisten on<br>January 13, 2016 |
| <i>(</i> 01 <i>/2</i> 016 | 415740416 | ALLIED LIMOUSINE/ASSOC, LIMOUSINES<br>AND TAXICABS          | Q 77.71                    | CAD        | 77.7         | 3.70 | fransportation for Interim CEO Dr. Vizna Yu<br>from AHS offices at Souti:port to YYC on<br>January 12, 2016          |

Linda Hughes Board Chair

Date



| 33.11030   |  |  |
|--|--|--|
| Signatures   |  |  |
| Cardholder Designate (If Applicable)  By signing this statement  I hereby certify that I have reviewed and recond Program User Guide and Training, I have allocated the condition of Cardholder Designate.  Signature of Cardholder Designate.   | cited this statement in BMO Online to the best of my ability in ated the transaction(s) to the proper cost centre.  Cardholder Designeds Foreign of the Date of Sharebure  | accordance to AHS Corporate Policies.  |
| expenses being claimed are in compliance with     I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta He   | avel, Hospitality and Working Session Expense Policy (1122)<br>a such policy.<br>for valid business purposes for Alberta Health Services and<br>alth Services or any other Organization. A personal chaque of  | that this claim has not been previously  |
| PROCIUK, LORINDA THEITHE OF CAPACIDES  PROCIUM CAPACID  PROCIUM CAPACID | EXECUTIVE ASSOCIATE  Cardholder Position / 186  Date of Standard   | e rationale and supporting analysis is   |
| Approver Designate (if Applicable)  By signing this statement  I attest that I have read and understand the "Tn expenses being claimed are in compliance with  | avei, Hospitality and Working Session Expense Policy (1122   | c)" of Alberta Health Services and confirm   |
| claimed by the claimant or on their behalf from  | of royalid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A person are been incurred by using a cost effective method, otherwise the Cop Service of Approver Designate Position/Title  Feb 29/20/6  Data to September    | al cheque for personal expenses inadvertently  |
| Lattast the expenses enclosed in this claim are claimed by the claimant or on their behalf from charmed has been obtained.   | ravel, Hospitality and Working Session Expense Policy (1122<br>h such policy.<br>In for valid business purposes for Alberta Health Services and<br>Alberta Health Services or any other Organization. A person<br>ave been incurred by using a cost effective mathod, otherwis | I that this claim has not been previously<br>nal cheque for personal expenses inadvertently      |
| Subself approved statement with attachments to A   | ccounts Payabla.   |  |
| Altach   | mented business reasons including names of participants  | Address: Alberta Health Services   |
| <ul> <li>Signed Cardholder Statement Report (or copies of<br/>And where applicable:</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Serv</li> <li>Return, refund and/or credit receipts</li> </ul>   | of electronic signatures if signatures are not on report)  | Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 |
| Disputes letter     Business reasons for travel require detailed descreal), why travel was necessary and detailed ex   | criptions – include where travelled to, who attended (if planation of reason.  |  |
| Accounts Payable only:   |  |  |
| Reference #:   | Reviewed by:   | Date:  |





# **RECEIPT**

2701-250 Yonge Street Toronto, ON M5B 2L7 Invoice No.

Sold To: Dr Verna Yiu, MD FRCPC

Vice

Vice President, Quality & Chief Medical

Alberta Health Services

Officer

Ship Dr Verna Yiu
To: Vice Presiden

Vice President, Quality & Chief Medical

Officer

Alberta Health Services

| Account No | 0.              | Purchase Order N | lo.   | Order Date   | Order Number       |          | Terms      | Invoice Date      |
|------------|-----------------|------------------|---|--------------|--------------------|----------|------------|-------------------|
|            | g.              |                  |   | 1/5/2016     |                    | Upo      | n Receipt  | 1/5/2016          |
| Qty        | Descrip         | otion            |   |              |                    |          | Unit Price | Extended<br>Price |
| 1          | 1/13/2<br>Edmor | ● Regi           | ch Session sior  016 (\$68.25) stration fee f | or Interim C | EO Dr. Verna Yiu t | o attend | 65.00      | 65.0              |
| Line Iten  | n Total         | Other            | Tax   | Subtotal     | Amount Re          | ceived   | Amou       | ınt Due           |
| 65.        | 00              |                  | 3.25  | 68.25        | 68.25              | ;        | C          | .00               |
|            |                 |                  |   |              |                    |          |            |                   |

Total GST/HST:3.25 Total PST/QST:0.00

GST Remittance Number: 12179 8201 QST Remittance Number: 1204855478 Paid by: MC

#### **Colette Mooney**



From:

Lorinda Prociuk

Sent: To:

Tuesday, January 12, 2016 11:37 AM Jennifer Hamstra; Colette Mooney

Subject:

FW: Reservation Details for Reservation#

#### Receipt for my pcard

From: Allied Limousine & Sedan Service [mailto:alliedsedans@calgarylimo.com]

Sent: Tuesday, January 12, 2016 11:03 AM

To: Lorinda Prociuk; Kathy Board

**Subject:** Reservation Details for Reservation#

Allied & Associated Limousine

404 - 35 Ave N.E. Calgary, AB, T2E 2K7 (403)299-9555 (877)299-9555

#### January 12, 2016 (\$77.71)

Transportation for Interim CEO Dr. Verna Yiu from AHS offices at Southport to YYC on January 12, 2016.

www.calgarylimo.com allied-limo@shaw.ca

#### **Reservation Confirmation**

#### Client Information

**Customer Name:** 

**VERNA** 

Home #:

Work#:

Cell#:

**Booked By:** 

Booked By #:

Taken By: Total # of Passengers: DO NOT CHARGE PASSENGER SEE DISPATCH FOR PYMT. DRIVER CALL KATHY ON HER CELL WHEN YOU

ARRIVE CELL

P/U Date:

01/12/2016 3:45

01/12/2016 4:45

D/O Date :

12:00 AM/12:00

**Actual PU/DO** Time:

Spot/Block

AM

Time:

Est Hours:

1.00 Sedan

10/10

Vehicle Type:

Unit #:

**Driver Name:** 

Trip Type:

**Airport** 

Case #:

Group Name:

#### **Routing Information**

ALBERTA HEALTH SERVICES BUILDING #10301 SOUTHPORT LANE SW Calgary, AB T2W 1S7 Comments :ON CORNER OF SOUTHPORT RD. & MCLEOD TRAIL. DRIVER TO WAIT IF NOT OUT RIGHT AWAY

2 CALGARY INTERNATIONAL AIRPORT - 2001 Airport Road Ne Unknown AM Comments:

#### **Payment Information & Charges**

Payment Method: **Company Name:** 

Charges: **Hourly Rate Flat Rate** 

**Estimated** \$0.00 \$64.76

**Trip Hours Sub Total** 

1.00 \$64.76

|                    | 15.00% Gratuity           | \$9.71  |
|--------------------|---------------------------|---------|
|                    | 0.000% Service Charge     | \$0.00  |
|                    | 5.00% Taxes               | \$3.24  |
|                    | 0.00% Fuel Surcharge      | \$0.00  |
|                    | Less Discount             | \$0.00  |
|                    | Deposit/Payment           | \$0     |
|                    | Refund                    | \$0.00  |
| Customer Signature | Total Charges/Balance Due | \$77.71 |
|                    |                           |         |

THANK YOU FOR CHOOSING ALLIED LIMOUSINE, PLEASE REVIEW YOUR CONFIRMATION AND CONTACT US IF THERE ARE ANY CHANGES. PLEASE NOTE THAT LATE CANCELLATION, EXTRA CHARGES AND WAITING TIME CHARGES MAYBE PENDING. ALL VEHICLES ARE NON-SMOKING. CLIENT LIABLE FOR DAMAGES. YOU MAY NOW BOOK AN ALLIED LIMO ONLINE OR THROUGH OUR APP. FOR MORE INFORMATION PLEASE VISIT US AT <a href="https://www.calgarylimo.com">www.calgarylimo.com</a>



# **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 | er you have expenses to report in t | nis section for this reporting period: | YES               |  |
|--------------------|-------------------------------------|--|-------------------|--|
| Name :             | Dr. Verna Yiu                       | Penorting Period for the               | Month of : lan-16 |  |

| DD-MMM-YYYY             | Payment Method | Category          | Description/Purpose of the Expense  | Name of Vendor | Amount Paid |
|-------------------------|----------------|-------------------|---|----------------|-------------|
| 22-Dec-2015             | Direct Billing | I AIRIINA I ICKAT | Flight from Edmonton to Lethbridge -Speaker :Telehealth sessions for Northern Alberta Staff,Lethbridge -Jan 11, 2016  | Marlin Travel  | 229.90      |
| 30-Dec-2015             | Direct Billing | I AIRIINA I ICKAT | Flight from Calgary to Edmonton Speaker :Telehealth sessions for Calgary staff, Calgary- Jan 12, 2016   | Marlin Travel  | 169.48      |
| 13-Jan-2016             | Direct Billing |                   | Flight from Edmonton to Calgary (return): Attend ERAS and meeting with Health Trust CEO; tour of PLC, Sheldon Chumir and Elbow Healing Lodge - Jan 15, 2016 | Marlin Travel  | 632.78      |
| Total Paid in the Month |                |                   |   |                |             |

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

**GST Reg#**: 885101915 **Branch**:

Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

10030-107 ST EDMONTON AB CA T5J 3E4 **Invoice Number:** 

Date: December 22, 2015

Page: 1/2

Our Reference:

# INVOICE

For

DR VERNA YIU

AC

Monday, January 11, 2016

Air Air

AIR CANADA

From: EDMONTON INTL AB
To: CALGARY AB

Stops: 0 Arrival: 11Jan16

AIR CANADA E

SEAT 7A - YIU/VERNA DR

TICKET NUMBER

Flight: 8161 G CLASS

10:15 AM Equipment: DH4

11:09 AM Mile(s) Flown: 163

**≪** Air

AIR CANADA

From: CALGARY AB
To: LETHBRIDGE

Stops: 0 Arrival: 11Jan16

AIR CANADA E

SEAT 2A - YIU/VERNA DR

TICKET NUMBER

Flight: 7213 G CLASS 11:45 AM Equipment: BEH

12:32 PM Mile(s) Flown: 115

Cost:

AIR CANADA

192.42

 Tax:
 37.48

 Ticket Total:
 229.90

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number:

Date:

December 22, 2015

Page:

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Our Reference:

### INVOICE

Total: Grand Total: 229.90

Less Credit Card Payments: 229.90

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:
Agent:

To: ALBERTA HEALTH SERVICES

**SUITE 800, NORTH TOWER** 

10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number:

Date: Page:

Our Reference:

December 30, 2015

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# INVOICE

For

DR VERNA YIU

AC

Tuesday, January 12, 2016

Air Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 12Jan16

AIR CANADA E

BOOKING REFERENCE

TICKET NUMBE

SEAT SELECTI

Flight: 8172 G CLASS 05:55 PM Equipment: DH4

06:47 PM Mile(s) Flown: 163

Cost:
AIR CANADA WEB
AIR CANADA WEB

Tax:

 Tax:
 37.48

 Ticket Total:
 169.48

132.00

Total:

Grand Total: 169.48
Less Credit Card Payments: 169.48
Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

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

GST Reg#: 885101915

Branch: Agent:

To: ALBERTATIEALTH SERVICES

**SUITE 800, NORTH TOWER** 

10030-107 ST EDMONTON AB CA T5J 3E4 **Invoice Number:** 

Date:

January 13, 2016

Page:

Our Reference:

# INVOICE

For

DR VERNA YIU

AC

Friday, January 15, 2016

Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY AB

Stops: 0 Arrival: 15Jan16

AIR CANADA E

SEAT 3C - YIU/VERNA DR

TICKET NUMBER

Flight: 8131

V CLASS

06:20 AM Equipment: DH4

07:14 AM

Mile(s) Flown: 163

K Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops:

0 Arrival: 15Jan16

AIR CANADA E

SEAT 5D - YIU/VERNA DR

TICKET NUMBER

Flight: 8172

M CLASS

05:55 PM Equipment: DH4

06:47 PM

Mile(s) Flown: 163

Cost:

AIR CANADA

Ticket Total:

74.96 **632.78** 

557.82

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
FDMONTON AB

EDMONTON AB CA T5J 3E4 **Invoice Number:** 

Date:

Page: Our Reference: Ionnow: 12

January 13, 2016

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# INVOICE

Total:

Grand Total: 632.78

Less Credit Card Payments: 632.78

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.