

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title Interim President & Chief Executive Officer
Location Edmonton

Expenses submitted during the month of March 2016

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)
Mar-16	P-Card	Meetings		90	206	60	356			
Mar-16	Expense Claim	Meetings		21	225	29	275			
Mar-16	Direct Billing	Meetings	779				779			
Total			\$ 779	\$ 111	\$ 431	\$ 89	\$ 1,410	\$ -	\$ -	\$ -

Total for the Month \$ 1,410

Maximum daily single meal expense claimed in the month \$ 28
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.

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	<i>interim President + CEO</i>	Billing Reporting Period:	20/03/2016
Cardholder's Name	Cardholder's Position/Title		
QUALITY & MEDICAL AFFAIRS	SEVENTH STREET PLAZA	Total Statement Amount:	\$355.97
Cardholder's Dept	Cardholder's Site/Location		
VERNA.YIU@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions									
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
① 22/02/2016	419948728	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	✓ 10.00	.48	.00	Parking: ATB Place - Meeting with Deputy Minister of Health	
② 02/03/2016	421206361	RADISSON HOTEL & SUITE, RADISSON	234.16	CAD	✓ 234.16	11.15		Accommodation: Tour in Ft. McMurray	
③ 02/03/2016	421206363	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	50.00	CAD	✓ 50.00	2.38	.00	Short Term Parking: EIA - Tour - Ft. McMurray	
④ 03/03/2016	421206362	EARL S FORT MCMURRAY A, EATING PLACES, RESTAURANTS	61.81	CAD	✓ 61.81	2.94		Dinner: Tour - Ft. McMurray. Guests: Verna Yiu, Kevin Worry, Shelley Pusch	

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Audrey Malone</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Asst</u> Cardholder Designate Position/Title</p> <p><u>Mar. 23/16</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>YIU, VERNA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>Interim President + CEO</u> Cardholder Position/Title</p> <p><u>Mar 28/16</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>Deborah Rhodes</u> Signature of Approver Designate</p>	<p><u>VP Corp Services + CFO</u> Approver Designate Position/Title</p> <p><u>March 29/16</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Linda Hughes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Board Chair</u> Approver Position/Title</p> <p><u>April 6, 2016</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<p>Attach:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
Reference #: _____	Reviewed by: _____	Date: _____

①

③

ATB PI ACF
GST: 887315638RT001
RECEIPT C1

IN: 22.02.16 06:43
PAY: 22.02.16 08:15
AMOUNT: \$ 10.00

----- TRANSACTION
RECORD -----
Card #: [REDACTED]
Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE
Amount: \$ 10.00
Auth #: [REDACTED]
Sequence #: [REDACTED]
Term ID: 002
Date: 16/02/22
Time: 08:14:51

APPROVED

Parking: Meeting
with Deputy Minister
of Health

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 2nd Fl 02/03/16 20:20
Receipt [REDACTED]

Short-term parking tkt
DL - No. [REDACTED]
01/03/16 16:54
03/03/16 16:53
Period 2d0h0'
(Tax) \$50.00

Total \$50.00 ✓

Payment Received
MC [REDACTED] \$50.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$47.62
Tax 5% \$2.38

23983A14 - 1/1

Short Term Parking: EIA
Tour - Ft. McMurray

EARLS - YMM
240-100 Snowbird Way
Fort McMurray Airport
Fort McMurray, AB T9H5B4
780-790-1700

** TRANSACTION RECORD **

Tran. #: [REDACTED]
RUC: Restaurant
Table #: [REDACTED]
Check #: [REDACTED]
Group #: 1
Employee #: [REDACTED]
Employee Name: [REDACTED]

MasterCard
Pre-Auth Purchase

AID: A0000000041010

Amount \$54.08

Tip \$7.73 ✓

TOTAL CAD \$61.81 ✓

APPROVED [REDACTED] ✓
00-001 [REDACTED]
E#630351 *E#654051
310001001027
2016 03 02 17:16:07

EARLS RESTAURANTS

Kevin Worry
Shelley Pusch
Verna Yiu

④

earls

GREAT FOOD GREAT PEOPLE

240 - 100 Snowbird Way
Fort McMurray Intl Airport
Fort McMurray, AB T9H 5B4
780-790-1700

Dinner: Tour -
Ft McMurray

Guests:

Verna Yiu
Kevin Worry
Shelley Pusch

Tbl 11/1 [REDACTED] Gst 3
02Mar'16 04:13PM

3 POP @ 3.50 10.50
1 DRY RIBS 12.00
1 DYNAMITE ROLL 13.00
1 NACHOS 13.00
add Chipotle Chk 3.00

Subtotal 51.50
GST Tax 2.58
05:15PM Total \$54.08

Radisson

(2)

Ms. Verna Yiu
Canada

Room No. : [REDACTED]
Arrival : 03/01/16
Departure : 03/02/16
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

03/02/16 12:29:34 AM MST

Date	Text	Charges	Credits
03/01/16	Food & Beverage [REDACTED]	28.15 ✓	
03/01/16	Room Charge	189.00	
03/01/16	5% GST	9.45	
03/01/16	4% TOURISM LEVY	7.56	
Room GST	9.45		
Net Amount	217.15 CAD		
Total		234.16	0.00
Balance		234.16 ✓	

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

Independently owned by Temple Real Estate Investment Trust & managed by Atlific Hotels Inc.

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Accommodation: Tour-
Ft McMurray.

GST # R4970 2444 RT0020

Radisson Hotel & Suites Fort McMurray
435 Gregoire Drive
Fort McMurray, Alberta T9H 4K7
Telephone: (780) 743-2400 Fax: (780) 743-2448
Email: info@radissonfortmcmurray.com

2

Tbl 11/1 [redacted] Gst 1
Mar01'16 08:00PM

1 Curry Bowl 23.00
Subtotal 23.00
Tax GST 1.15
Total 24.15

Room #: [redacted]

Gratuity: 4.00

Total: \$28.15

Name: Verna Yiu

Signature: [Signature]

Open 6:00am to 11pm, Sunday
through Thursday. Friday and
Saturday, 7:00am to Midnight.
Eat! Drink! Be Social!

✓

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	President & CEO (Interim)	Edmonton	274.58

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/1/2016	Travel to Ft. McMurray - Tour		Mileage	29.29	Seventh Street Plaza	Edmonton International Airport (return)	Travel to Ft. McMurray - tour	2			29
3/30/2016	Travel to Calgary: Panel - Health Services Research Graduate Course	AB - Other Zones	Accommodations	224.54			Panelist: Health Services Research Graduate Course in Calgary	1			
3/30/2016	Panelist: Health Services Research Graduate Course in Calgary		Meals Per Diem	20.75			Panelist: Health Services Research Graduate Course in Calgary. Dinner	1			
Approver(s) for the claim		Approval Status	Approval Date								
RHODES, DEBORAH		Approve	20-Apr-16								

KENSINGTON

Dr. Verna Yiu

Edmonton, Can: AB

INFORMATION INVOICE

Company Name :
Group :
A/R Number :

Room Number : [REDACTED]
Arrival Date : 30-03-16
Departure Date : 31-03-16
Page : 1 of 1
Folio Number :
Confirmation : [REDACTED]
Cashier : [REDACTED]

GST No. : 894582667RT0001 31-03-16

Date	Description	Charges	Credits
30-03-16	Kensington Riverside Inn	207.20	200.00
30-03-16	GST - 5%	12.89	10.00
30-03-16	Facility & Marketing Fee	10.36	8.00
30-03-16	Tourism Levy	8.70	6.54
30-03-16	Chef's Table Check Sub-Total	34.00	
30-03-16	Banquet Gratuity	6.12	
31-03-16	F&B CREDIT	-20.00	
31-03-16	Visa [REDACTED]		259.27

Total 259.27 259.27

Room GST	12.89	Balance 0.00 CAD 224.54
F&B GST	0.00	
Other GST	0.00	
Total GST	12.89	

Per diem meal 20.75
\$245.29

Panel : Health Services Research Graduate Course, Calgary

Various meetings in Calgary

Accommodation: AHS policy → \$200/day + fees + taxes.
Meal: claiming per diem - dinner \$20.75 incldg tip

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: _____

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

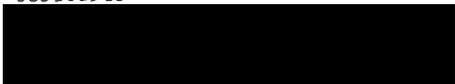
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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 : Mar-16
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Mar-2016	Direct Billing	Airline Ticket	Tour: Grande Prairie and surrounding areas	Marlin Travel	416.32
30-Mar-2016	Direct Billing	Airline Ticket	Calgary: speaker at Health Services Research Graduate Course (University of Calgary): Working with Decision Makers - Mar 30 and several other meetings in Calgary on Mar 31.	Marlin Travel	363.08
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 779.40

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:

March 4, 2016
1/2

INVOICE

For
DR VERNA YIU
AC



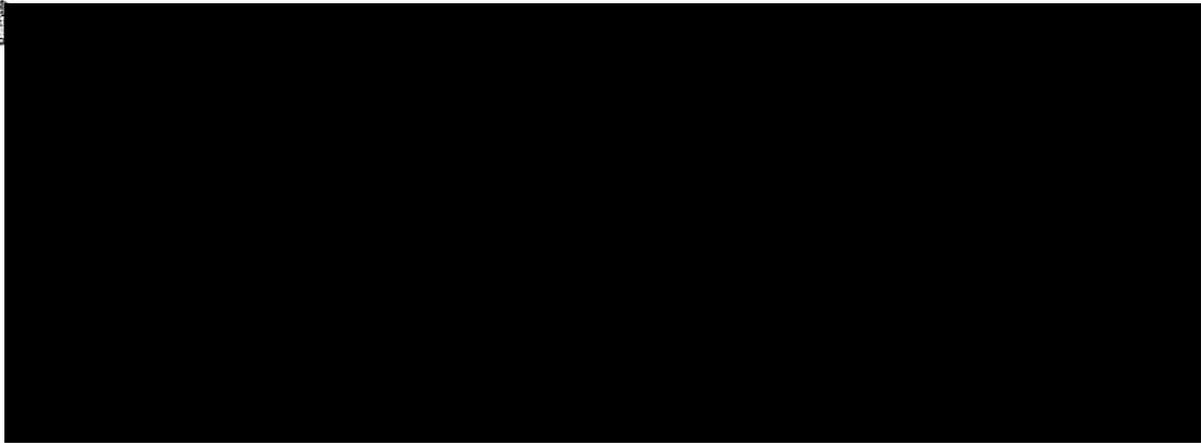
Wednesday, March 23, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: GRANDE PRAIRIE
Stops: 0 Arrival: 23Mar16
AIR CANADA E
SEAT 7C - YIU/VERNA DR
TICKET NUMBER

Flight: 8363 G CLASS
08:45 AM Equipment: DH4
09:50 AM

Mile(s) Flown: 247



Thursday, March 24, 2016

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

Invoice Number: [REDACTED]
Date: March 4, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Thursday, March 24, 2016

✈ Air

AIR CANADA

Flight: 8366 G CLASS

From: GRANDE PRAIRIE

04:45 PM Equipment: DH4

To: EDMONTON INTL AB

05:45 PM

Mile(s) Flown: 247

Stops: 0 Arrival: 24Mar16

AIR CANADA E

SEAT 8C - YIU/VERNA DR

TICKET NUMBER [REDACTED]

Cost:

AIR CANADA WE [REDACTED]

351.36

Tax: 64.96

Ticket Total: 416.32

Total:

Grand Total: 416.32

Less Credit Card Payments: 416.32

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: March 22, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Wednesday, March 30, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 30Mar16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 4D

Flight: 8147 W CLASS
01:50 PM Equipment: DH4
02:40 PM

Mile(s) Flown: 163

Monday, April 4, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 04Apr16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 4D

Flight: 8150 W CLASS
03:25 PM Equipment: DH4
04:15 PM

Mile(s) Flown: 163

Cost:
AIR CANADA WEB [REDACTED] 288.12

Tax: 74.96
Ticket Total: 363.08

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

Invoice Number: [REDACTED]
Date: March 22, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	363.08
Less Credit Card Payments:	363.08
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.