

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of April 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)
Apr-16	P-Cards	Meetings			162	121	283			
Apr-16	Expense Claim	Meetings		21	440	181	642			
Apr-16	Direct Billing	Meetings	159				159			
<b>Total</b>			\$ 159	\$ 21	\$ 602	\$ 302	\$ 1,084	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,084

Maximum daily single meal expense claimed in the month \$ 21  
 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:**

- 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:	20/04/2016
Cardholder's Name	Cardholder's Position/Title		
QUALITY & MEDICAL AFFAIRS	SEVENTH STREET PLAZA	Total Statement Amount:	\$282.53
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 30/03/2016	424254208	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	17.02	CAD	✓ 17.02	.81		Taxi: Speaker - Health Services Research Graduate Course: Working with Decision Makers, Calgary - Health Sciences Centre to
② 31/03/2016	424254209	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	36.34	CAD	✓ 36.34	1.73		Taxi: hotel to Southport Tower - attend several meetings <span style="color: blue;">hotel</span>
③ 04/04/2016	424730482	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	13.50	CAD	✓ 13.50	.64		Parking: Speaker at Campus Alberta Research Symposium: Social Vulnerabilities and Health - Foothills Medical Centre
④ 08/04/2016	425253709	POMEROY HOTEL GRANDE P, LODGING HOTELS, MOTELS, RESORTS	161.67	CAD	✓ 161.67	7.70		Accommodation: Tour - Grande Prairie and surrounding areas
⑤ 08/04/2016	425253710	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	54.00	CAD	✓ 54.00	2.57	.00	Short Term Parking - EIA: Tour - Grande Prairie and surrounding areas

**Signatures**
**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMC 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 Malone  
Name of Cardholder Designate

Exec Asst  
Cardholder Designate Position/Title

  
Signature of Cardholder Designate

Apr. 22, 2016  
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

Interim President + CEO  
Cardholder Position/Title

  
Signature of Cardholder

April 22 / 2016  
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.

Deb Rhodes  
Name of Approver Designate

VP Corporate Services CFO  
Approver Designate Position/Title

  
Signature of Approver Designate

April 25 / 2016  
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.

Linda Hughes  
Name of Approver

Board Chair  
Approver Position/Title

  
Signature of Approver

May 5 / 16  
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

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

TERMINAL ID: 514-574-205  
MERCHANT ID: 43276521  
VEHICLE ID: 0613  
DRIVER ID: 5102  
GST ACCOUNT #: 862456464  
TRIP NUMBER: 6786200  
PASSENGERS: 1

09/01/2016  
START: 18:20 END: 18:33  
DISTANCE: 47.00 RATE: 1

FARE AMOUNT: \$ 14.10

TAX AMOUNT: \$ 0.70  
TIP AMOUNT: \$ 2.22

TOTAL : \$ 17.02 **\$17.02**

MASTER CARD SALE :

APPROVAL NUMBER :

PASSENGER COPY

THANK YOU  
(403)299-9999  
WWW.THECHECKERGROUP.COM



Taxi: speaker- Health  
Services Research Graduate  
Course: Working with  
Decision-Makers,  
Calgary - UofC-  
Health Sciences Centre  
to hotel

②

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

TERMINAL ID: 514-652-185  
MERCHANT ID: 43276521  
VEHICLE ID: 1299  
DRIVER ID: 1573  
GST ACCOUNT #: 100639325  
TRIP NUMBER: 6782976  
PASSENGERS: 1

09/01/2016  
START: 07:14 END: 07:31  
DISTANCE: 161.00 RATE: 1

FARE AMOUNT: \$ 30.10

TAX AMOUNT: \$ 1.50  
TIP AMOUNT: \$ 4.74 **\$36.34**

TOTAL : \$ 36.34

MASTER CARD SALE :

APPROVAL NUMBER :

PASSENGER COPY

THANK YOU  
(403)299-9999  
WWW.THECHECKERGROUP.COM



Taxi: hotel  
to Southport  
Tower - attend  
several  
meetings

③

RECEIPT  
Foothills  
Medical Centre

License Plate Number



Expiration Date/Time

12:56 PM  
APR 04, 2016

Purchase Date/Time: 09:56am Apr 04, 2016  
Total Due: \$13.50 Rate: \$13.50 - 3 Hours  
Total Paid: \$13.50 Payment Type: Card  
Ticket # [redacted]  
S/N #: 520015160427  
Setting: FMC Wireless  
Mach Name: CA-FMC-008

Parking: Speaker-  
Campus Alberta  
Research Symposium:  
Social Vulnerabilities  
and Health - FMC,  
Calgary

MasterCard

www.ahs.ca  
Do Not Place On Dash

⑤

DUPLICATE

GST# R128599776  
Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5%  
POF 1st E1 08/04/16 17:55  
Receipt # [redacted]

Nested Parking  
Short-term parking tkt  
DL/EP - No. 002598  
07/04/16 07:20  
09/04/16 07:20  
Period 2d0h1'  
(Tax) \$54.00  
Total \$54.00

Payment Received  
MC [redacted] \$54.00

Sub Total \$51.43  
Tax 5% \$2.57

Short term parking: EIA  
Tour: Grande Prairie and  
Surrounding areas

# Pomeroy Lodging LP o/a GP Pomeroy Hotel

GST #855473310 RT0014

11633 100th Street

Grande Prairie, AB T8V 3Y4

Telephone: (780)532-5221 Fax: (780)532-5441

Apr 08, 2016  
6:48 am

4

VERNA YIU

Folio # [REDACTED]  
Room Number: [REDACTED]  
Rate: \$144.00  
Pay Method: [REDACTED]

Arrival Date: Thursday, April 07, 2016  
Departure Date: Friday, April 08, 2016

Member # [REDACTED]

Date	Department	Reference	Voucher	Room	Debit	Credit
4/7/2016	ROOM CHARGE	Auto Posted		[REDACTED]	\$144.00	
4/7/2016	G.S.T - ROOM	Auto Posted			\$7.20	
4/7/2016	HOTEL TAX	Auto Posted			\$5.76	
4/7/2016	D.M.F. FEE	Auto Posted			\$4.32	
4/7/2016	G.S.T - ROOM	Auto Posted			\$0.22	
4/7/2016	HOTEL TAX	Auto Posted			\$0.17	
4/8/2016	MASTERCARD	[REDACTED]				\$161.67 ✓

I agree that my liability for all charges is not waived

Signature \_\_\_\_\_

Tax Summary	
G.S.T - ROO	\$7.42
D.M.F. FEE	\$4.32
HOTEL TAX	\$5.93

Balance: \$0.00

Accommodation: Tour - Grande Prairie and surrounding areas.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	President & CEO (Interim)	Edmonton	641.89

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/4/2016	Travel: Calgary to Edmonton - speaker at Elbow River Healing Lodge 10 Year Anniversary (Apr 1); Campus Alberta Research Symposium (Apr 4)		Mileage	151.00	University of Calgary, Foothills Campus, 3330 Hospital Drive NW	Edmonton, Seventh Street Plaza, 10030 - 107 Street	Travel: Calgary to Edmonton - speaker at Elbow River Healing Lodge 10 Year Anniversary (Apr 1); Campus Alberta Research Symposium (Apr 4)	1			299
4/27/2016	Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	AB - Other Zones	Parking - Lot or Parkade	15.00			Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	1			
4/27/2016	Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary		Meals Per Diem	20.75			Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	3			
4/28/2016	Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	AB - Other Zones	Parking - Lot or Parkade	15.00			Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	1			
4/29/2016	Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	AB - Other Zones	Accommodations	440.14			Attended: Board meetings; President Speaker Series; AHS/Calgary Health Trust meeting in Calgary	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
RHODES, DEBORAH		Approve		3-Jun-16							

KENSINGTON

Dr. Verna Yiu

Edmonton, Can  
AB

Room Number :   
Arrival Date : 27-04-16  
Departure Date : 29-04-16  
Page : 1 of 1  
Folio Number :   
Confirmation :   
Cashier :

INFORMATION INVOICE

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

GST No. : 894582667RT0001 29-04-16

Date	Description	Charges	Credits
<del>27-04-16</del>	<del>Chef's Table Check Sub-Total</del>	<del>34.00</del>	<del>20.75</del>
<del>27-04-16</del>	<del>Banquet Gratuity</del>	<del>6.12</del>	
27-04-16	Kensington Riverside Inn	229.00	\$200.00
27-04-16	Service & Marketing Fee	11.45	\$10.00
27-04-16	Tourism Levy	9.62	\$8.40
27-04-16	Nightly Parking	15.00	
27-04-16	GST	14.78	\$11.67
28-04-16	Kensington Riverside Inn	229.00	\$200.00
28-04-16	Service & Marketing Fee	11.45	\$10.00
28-04-16	Alberta Tourism Levy	9.62	\$8.40
28-04-16	Nightly Parking	15.00	
28-04-16	GST	12.77	\$11.67
29-04-16	F&B CREDIT	-20.00	

Total 577.81 0.00

Room GST	27.55	Balance	577.81 CAD
F&B GST	0.00	Accommodations	\$440.14
Other GST	0.00		
Total GST	27.55	Parking	\$30.00

\* AHS Policy = \$200.00/day plus Fees and taxes - Accommodation  
\* Claiming per diem for meal - \$20.75

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**

<b>Name :</b> Dr. Verna Yiu	<b>Reporting Period for the Month of :</b> Apr-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Apr-2016	Direct Billing	Airline Ticket	Tour: Grande Prairie and surrounding areas (Mar 23 tour rebooked to April 7/8) - change fee and cost of flight adjustment	Marlin Travel	159.30
	Direct Billing				
	Direct Billing				
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 159.30</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: March 22, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

### For

DR VERNA YIU

AC [REDACTED]

Thursday, April 7, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB Flight: 8363 G CLASS  
To: GRANDE PRAIRIE 08:45 AM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 07Apr16 09:56 AM Mile(s) Flown: 247  
AIR CANADA E  
AIR CANADA TICKET NUMBER - [REDACTED]  
SEAT 2C - YIU/VERNA DR

Friday, April 8, 2016

 Air

AIR CANADA  
From: GRANDE PRAIRIE Flight: 8366 G CLASS  
To: EDMONTON INTL AB 04:45 PM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 08Apr16 05:53 PM Mile(s) Flown: 247  
AIR CANADA E  
AIR CANADA TICKET NUMBER - [REDACTED]  
SEAT 2C - YIU/VERNA DR

### Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	9.30
AIR CANADA WEB [REDACTED]	[REDACTED]	150.00

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:**

<b>Grand Total:</b>	159.30
<b>Less Credit Card Payments:</b>	159.30
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

FOR YOUR RECORDS.

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.