

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings				100	100			
Jun-16	Expense Claim	Meetings				31	31			
Jun-16	Direct Billing	Meetings	447				447			
<b>Total</b>			\$ 447	\$ -	\$ -	\$ 131	\$ 578	\$ -	\$ -	\$ -

**Total for the Month** \$ 578

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


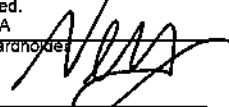
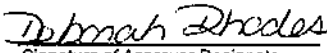

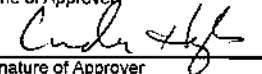
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

### 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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>YIU, VERNA</u>	<u>President + CEO</u>	Billing Reporting Period:	<u>20/06/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>QUALITY &amp; MEDICAL AFFAIRS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$100.00</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>VERNA.YIU@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
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 25/05/2016	430643696	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	50.00	CAD	✓ 50.00	2.36		Taxi: Calgary airport to Calgary Golf & Country Club - attend the Calgary Health Trust Board meeting	
② 25/05/2016	430643697	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.19	.00	Short Term Parking: EIA - travel to Calgary to attend Calgary Health Trust Board meeting, President Speaker Series, QSC Meeting	
③ 13/06/2016	432724398	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.19	.00	Short Term Parking: EIA - travel to Calgary - attend meeting with Mayor Nenshi, Calgary City Hall	

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>Audrey Malone</u> Name of Cardholder Designate	<u>Exec Admin Coord.</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>June 22, 2016</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>YIU, VERNA</u> Name of Cardholder	<u>President + CEO</u> Cardholder Position/Title	
 Signature of Cardholder	<u>June 23/16</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Deborah Rhodes</u> Name of Approver Designate	<u>VPCorporate Services &amp; CFO</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>June 28/2016</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Linda Hughes</u> Name of Approver	<u>Board Chair</u> Approver Position/Title	
 Signature of Approver	<u>2016-07-04</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

①

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

**SALE**

MID: 4189233  
TID: UE189233  
Batch #: 118  
05/25/16 07:27:29  
APPR CODE:  
MASTERCARD

AMOUNT \$50.00 ✓

00 - APPROVED - 001

MasterCard

THANK YOU

CUSTOMER COPY

Taxi: Calgary  
airport to Calgary  
Golf + Country Club:  
attend Calgary Health  
Trust Board Mtg.

②

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

P2 North C 25/05/16 19:25  
Receipt

Short-term parking tkt  
HL - No. 080208  
25/05/16 04:55  
26/05/16 04:54  
Period 1d0h0'  
(Tax) \$25.00

Total \$25.00 ✓

Payment Received  
MC \$25.00

Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

RECEIVED - 1/1

Short term Parking: EIA  
Travel to Calgary: attend  
Calgary Health Trust Board  
Mtg; President Speaker Series  
QSC Board Mtg.

③

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 1st E1 13/06/16 12:38  
Receipt

Short-term parking tkt  
HL - No. 028286  
13/06/16 05:53  
14/06/16 05:52  
Period 1d0h0'  
(Tax) \$25.00

Total \$25.00

Payment Received  
MC \$25.00

Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

Short term Parking:  
EIA - attend meeting  
E Calgary Mayor,  
at Calgary City Hall.

061120CA - 1/1

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	President & CEO	Edmonton	31.31

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/25/2016	Travel to Edmonton International Airport for flight to Calgary - attend Calgary Health Trust Board meeting, President Speaker Series, QSC Meeting		Mileage-Local-Home Zone	31.31			Travel to Edmonton International Airport (return) for flight to Calgary - attend Calgary Health Trust Board meeting, President Speaker Series, QSC Meeting	1			62
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
RHODES, DEBORAH		Approve		22-Jun-16							

## 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> Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Jun-2016	Direct Billing	Airline Ticket	Travel to Ft McMurray (return): Grand Re-opening of Northern Lights Regional Hospital, tour of Ft. McMurray	Marlin Travel	447.12
	Direct Billing				
	Direct Billing				
	Direct Billing	Choose from Drop-down List			-
	Direct Billing	Choose from Drop-down List			-
<b>Total Paid in the Month</b>					<b>\$ 447.12</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: June 20, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For  
DR VERNA YIU  
AC [REDACTED]

Friday, June 24, 2016

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: FT MCMURRAY  
Stops: 0 Arrival: 24Jun16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT [REDACTED]

Flight: 8380 G CLASS  
08:35 AM Equipment: D8 (300 SERIES)  
09:42 AM

Mile(s) Flown: 240

✈ Air

WESTJET AIRLINES  
From: FT MCMURRAY  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 24Jun16  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3272 Q CLASS  
05:00 PM Equipment: DH4  
06:06 PM

Mile(s) Flown: 240

Cost:

TKT- [REDACTED] E-TKT [REDACTED]

Tax: 49.48  
Ticket Total: 231.64

182.16

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

Invoice Number: [REDACTED]  
Date: June 20, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

<b>Cost:</b>	AIR CANADA WEB [REDACTED]	178.00
	<b>Tax:</b>	37.48
	<b>Ticket Total:</b>	215.48
<b>Total:</b>	<b>Grand Total:</b>	447.12
	<b>Less Credit Card Payments:</b>	447.12
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
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.