

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of October 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)
Oct-16	P-Cards	Meetings			458	166	624			
Oct-16	Direct Billing	Meetings	731				731			
<b>Total</b>			\$ 731	\$ -	\$ 458	\$ 166	\$ 1,355	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,355

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

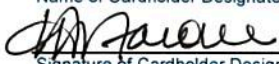


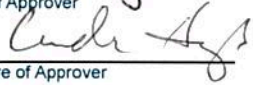
### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

<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>			
YIU, VERNA	PRESIDENT AND CEO	Billing Reporting Period:	20/10/2016
Cardholder's Name	Cardholder's Position/Title		
OFFICE OF THE PRESIDENT AND	SEVENTH STREET PLAZA	Total Statement Amount:	\$623.84
Cardholder's Dept	Cardholder's Site/Location		
VERNA.YIU@AHS.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
① 21/09/2016		C236 DIAMOND PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	10.50	CAD	10.50	.50	.00	Parking: presenter at Banff Forum, Edmonton Chapter Event
② 24/09/2016		HYATT REGENCY CALGARY, AUTOMOBILE PARKING LOTS AND	29.00	CAD	29.00	1.38	.00	Parking: Speaker at AMA 2016 Fall Meeting of Representative Forum
③ 28/09/2016		ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	57.53	CAD	57.53	2.74	.00	Taxi: Calgary International airport to Southport Tower - attended Board meetings Sept 28-30
④ 28/09/2016		KENSINGTON RIVERSIDE I, LODGING HOTELS, MOTELS, RESORTS	624.36	CAD	624.36	.00	.00	Accommodation: attended Board meetings Sept 28-30 in Calgary
⑤ 30/09/2016		CHECKER CABS LTD., LIMOUSINES AND TAXICABS	31.51	CAD	31.51	1.50	.00	Taxi: Hotel to Southport Tower - attended Board meetings Sept 28-30 in Calgary
⑥ 04/10/2016		EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	6.00	CAD	6.00	.29	.00	Parking: Meeting with Mayor Don Iveson

\* Personal cheque attached - \$135.06  
reimburse AHS for accommodation  
overage

<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>	<u>Exec Admin Coord.</u>	
Name of Cardholder Designate	Cardholder Designate Position/Title	
<u></u>	<u>NOV 1, 2016</u>	
Signature of Cardholder Designate	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>	<u>PRESIDENT AND CEO</u>	
Name of Cardholder	Cardholder Position/Title	
<u></u>	<u>Nov 8, 2016</u>	
Signature of Cardholder	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>	<u>VP Corp. Services - CFO</u>	
Name of Approver Designate	Approver Designate Position/Title	
<u></u>	<u>Nov. 14 / 2016</u>	
Signature of Approver Designate	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>	<u>Board Chair</u>	
Name of Approver	Approver Position/Title	
<u></u>	<u>Nov. 18 / 16</u>	
Signature of Approver	Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b>	<b>Address:</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)</li> </ul> And where applicable: <ul style="list-style-type: none"> <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>	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

For present to Bank of Montreal

# RECEIPT

License Plate Number

Expiration Date/Time

## 07:36 PM SEP 21, 2016

Purchase Date/Time: 05:36pm Sep 21, 2016

Total Parking: \$10.00  
Total GST: \$0.50

Total Due: \$10.50      Rate: \$5.00 PER HOUR  
Total Paid: \$10.50      Payment Type: Card

Ticket #: [REDACTED]  
S/N #: [REDACTED]  
Setting: [REDACTED]  
Mach Name: [REDACTED]

MasterCard

Auth # [REDACTED]

PARKING RECEIPT

Parking:  
Presenter at  
Banff forum  
Edmonton Chapter  
event

②

# AMA presentation

Hyatt Regency Calgary  
Hyatt Regency Parking Calgary  
DATE : 09/24/16  
TIME : 09:44: AM  
\* Original \*

Receipt No. [REDACTED]  
Ticket - [REDACTED]  
TAX included 29.00  
Credit Payment 29.00  
Credit : [REDACTED]  
Entry - 09/24/16 07:57: AM  
Valid - 09/24/16 09:44: AM  
GST# 859/34659 R10002

Parking:  
Speaker at  
AMA 2016 Fa  
meeting of  
Rep. forum

⑤

316 MERIDIAN ROAD SE  
CALGARY, AB T2A 1X2

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]  
GST ACCOUNT #: [REDACTED]  
TRIP NUMBER: [REDACTED]  
PASSENGERS: 1  
09/30/2016  
START: 07:01      END: 07:20  
DISTANCE: 156.00      RATE: 1  
FARE AMOUNT: \$ 26.10  
TAX AMOUNT \$ 1.30  
TIP AMOUNT \$ 4.11  
TOTAL \$ 31.51  
MASTER CARD SALE: [REDACTED]

Taxi: hotel  
to Southport  
Tower: attend  
Board mtgs  
Sept 28-30  
Calgary

③

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#5

Taxi: Calg. airport  
to Southport Tower:  
attended Board  
Mtg's Sept 28-30,  
Calgary

# SALE

MID: [REDACTED]  
TID: [REDACTED]      REF#: [REDACTED]  
Batch #: [REDACTED]      SEC: [REDACTED]  
09/28/16  
APPR CODE [REDACTED]  
MASTERCARD

AMOUNT \$52.30  
TIP \$5.23  
TOTAL \$57.53

00 APPROVED 001

⑥

T THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

# CITY OF EDMONTON

Terminal: 7000c  
Plate: [REDACTED]  
City Hall - P2 West Elevator  
Valid through:  
TUESDAY 04 OCT 16  
6:24 PM

Zone: 7000

Amount Paid: \$6.00 (GST incl.)  
Start Time: 10/4/2016 4:54 PM  
Trn: F1ae2d25213f210a

Auth No: [REDACTED]  
Receipt No: [REDACTED]

T THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

④  
KENSINGTON

Dr. Verna Yiu  
[Redacted]

Room Number : [Redacted]  
Arrival Date : 28-09-16  
Departure Date : 30-09-16  
Page : 1 of 1  
Folio Number : [Redacted]  
Confirmation : [Redacted]  
Cashier : [Redacted]

**INFORMATION INVOICE**

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

GST No. : 894582667RT0001      04-10-16

Date	Description		Charges	Credits
28-09-16	Chef's Table Check Total		38.72	
28-09-16	Kensington Riverside Inn		259.00 -	\$200.00
28-09-16	Service & Marketing Fee	Reimbursed to AHS \$135.06	12.95	10.00
28-09-16	Alberta Tourism Levy	Total amount claimed \$489.30	10.88	8.00
28-09-16	Nightly Parking		15.00 ✓	
28-09-16	GST		14.35	10.90
29-09-16	Chef's Table Check Total		37.17	
29-09-16	Kensington Riverside Inn		259.00 -	\$200.00
29-09-16	Service & Marketing Fee		12.95	10.00
29-09-16	Alberta Tourism Levy		10.88	8.00
29-09-16	Nightly Parking		15.00 ✓	10.90
29-09-16	GST		14.35	
30-09-16	F&B CREDIT	[Redacted]	-75.89	
30-09-16	Mastercard	[Redacted]		624.36
<b>Total</b>			<b>624.36</b>	<b>624.36</b>
Room GST	28.70	<b>Balance</b>	<b>0.00</b>	<b>CAD</b>
F&B GST	0.00			
Other GST	0.00			
<b>Total GST</b>	<b>28.7</b>			

\* claiming \$200/night base rate as per AHS Policy  
- Attended Board mtgs Sept 28-30  
Parking: \$31.50  
Accom: \$457.80  
\$489.30

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.

- Personal cheque - \$135.06 to reimburse AHS for accommodation coverage  
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>	Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Oct-2016	Direct Billing	Airline Ticket	Airfare: Flight Edmonton to Calgary (return) on Oct 24 - attend the Quality Summit Oct 24&25. Flights cancelled (Dr. Yiu was sick) and credit provided	Marlin Travel	415.31
24-Oct-2016	Direct Billing	Airline Ticket	Airfare: Flight Edmonton to Calgary (return) on Oct 25 - speaker/ attend Quality Summit on Oct 25. This was the only flight available	Marlin Travel	316.00
	Direct Billing	Airline Ticket		Marlin Travel	
	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>\$ 731.31</b>





**Trip Statement**

ALBERTA HEALTH SERVICES  
 "SUITE 800, NORTH TOWER"  
 10030-107 ST  
 EDMONTON, AB T5J 3E4  
 CANADA

Trip #: [REDACTED]  
 Booking Date: 19 Oct 16  
 Client: [REDACTED]  
 Client Phone #: [REDACTED]  
 Client Email: [REDACTED]  
 Agent: TIFFANY ASKE

File Locator: [REDACTED]

PASSENGERS: DR VERNA YIU

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	340.35	0.00	\$0.00	74.96	0.00	415.31 CAD
<b>Total:</b>	<b>340.35</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>415.31 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/19/2016		[REDACTED]	415.31 CAD
<b>Total Payment:</b>					<b>415.31 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----  
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES  
"SUITE 800, NORTH TOWER"  
10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

Trip #: [REDACTED]  
Booking Date: 19 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: TIFFANY ASKE

File Locator: [REDACTED]

### MY ITINERARY

**Passengers**  
VERNA YIU

**Citizenship**  
Not Specified

**Required Travel Documents**  
Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

<b>Passengers:</b> VERNA YIU		<b>Booking Date:</b> 19 Oct 16					
		<b>File Locator/Ticket #:</b> [REDACTED]					
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL		CALGARY INTL	W		
		24 Oct 16 7:10AM		24 Oct 16 8:05AM			
AIR CANADA	08152	CALGARY INTL		EDMONTON INTL	H		
		25 Oct 16 4:45PM		25 Oct 16 5:39PM			





**Trip Statement**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: TIFFANY ASKE  File Locator: [REDACTED]
--	--

PASSENGERS: DR VERNA YIU

**INSURANCE**

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	166.00	0.00	\$0.00	0.00	150.00	316.00 CAD
<b>Total:</b>	<b>166.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>150.00</b>	<b>316.00 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/24/2016	[REDACTED]	[REDACTED]	316.00 CAD
Total Payment:					316.00 CAD

**Balance Due CAD Currency 0.00 CAD**

CORPORATE UNIT 101  
REASON FOR TRAVEL EXECUTIVE MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
 \*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\*  
 \*\*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 24 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: TIFFANY ASKE  
  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
VERNA YIU	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: VERNA YIU		Booking Date: 24 Oct 16					
		File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08580	EDMONTON INTL		CALGARY INTL	V		
		25 Oct 16 6:00AM		25 Oct 16 6:50AM			
AIR CANADA	08225	CALGARY INTL		EDMONTON INTL	Y		
		25 Oct 16 6:20PM		25 Oct 16 7:10PM			