

## Official Administrator and Executive Expense Report

**Name** Vickie Kaminski  
**Title** President & Chief Executive Officer  
**Location** Edmonton  
 Expenses submitted during the month of January 2015

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings				154	154			
Jan-15	Direct-Billing	Meetings	507				507			
<b>Total</b>			\$ 507	\$ -	\$ -	\$ 154	\$ 661	\$ -	\$ -	\$ -

**Total for the Month** \$ 661

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.

Car allowance 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

KAMINSKI, VICKIE Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period:	20/01/2015
CORPORATE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$154.00
LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
14/01/2015	377149492	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	82.00	CAD	82.00	3.90		Taxi from residence (V. Kaminski and C. Turpin) to YEG to work out of Calgary Office and attend Cancer PAC Meeting.
14/01/2015	377149493	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to residence - worked out of the Calgary Office and attended the Cancer PAC Meeting.

<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <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>		
<p><i>Jennifer Hamstra</i> Name of Cardholder Designate</p> <p><i>J. Hamstra</i> Signature of Cardholder Designate</p>	<p><i>Executive Secretary</i> Cardholder Designate Position/Title</p> <p><i>Jan. 22, 2015</i> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <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>		
<p>KAMINSKI, VICKIE Name of Cardholder</p> <p><i>Vickie Kaminski</i> Signature of Cardholder</p>	<p>PRESIDENT &amp; CEO Cardholder Position/Title</p> <p><i>Jan. 27/15</i> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <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>		
<p><i>Deborah Rhodes</i> Name of Approver Designate</p> <p><i>Deborah Rhodes</i> Signature of Approver Designate</p>	<p>VP Corp. Services &amp; CEO Approver Designate Position/Title</p> <p><i>Feb. 2/15</i> Date of Signature</p>	<p><i>DR</i></p>
<p><b>Approver</b> By signing this statement</p> <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>		
<p><i>Carl Amrhein</i> Name of Approver</p> <p><i>Official Administrator</i> Signature of Approver</p>	<p><i>Carl Amrhein</i> Approver Position/Title</p> <p><i>Feb. 03, 2015</i> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <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> <p>And where applicable:</p> <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>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

**January 09, 2015 (\$82.00)**

- Taxi from residences (V. Kaminski and C. Turpin) to YEG to work out of the Calgary Office and attend the Cancer PAC Meeting.

+  
CARMEL TURPIN.  
Jan. 09/2015.  
Res> Ap.  
PRESTIGE TRANSPORTATION  
780-463-5000  
\*\*DUPLICATE\*\*  
Term Id:4502412509440  
Item #:0992  
N/C PURCHASE  
Op Id:11495  
Card # [REDACTED]  
APPROVED  
AMOUNT CAD\$82.00 ✓  
VICKIE KAMINSKI  
I agree to pay above total,  
as per cardholder or merchant  
agreement. Retain this copy  
for your records.  
Ref. # [REDACTED]  
Auth.# [REDACTED]  
at  
EDMPRESTIGE.COM  
Thank you for being our Guest  
GST 862184769  
Date: 2015/01/14 Time: 13:09:35  
Response: AUTH [REDACTED]

VICKIE KAMINSKI.  
Jan. 09/2015.  
Ap> Res.  
PRESTIGE TRANSPORTATION  
10135 31 Avenue NW  
Edmonton AB T6N-1C2  
780-463-5000  
Term Id:4502412509440  
Item #:0994  
N/C PURCHASE  
Op Id:11495  
Card # [REDACTED]  
APPROVED  
AMOUNT CAD\$72.00 ✓  
Ref. # [REDACTED]  
Auth.# [REDACTED]  
Call us online at  
EDMPRESTIGE.COM  
Thank you for being our Guest  
GST 862184769  
Date: 2015/01/14 Time: 13:16:45  
Response: AUTH [REDACTED]  
\*\*\*CUSTOMER COPY\*\*\*

**January 09, 2015 (\$72.00)**

- Taxi from YEG to residence –worked out of the Calgary Office and attended the Cancer PAC Meeting.

## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

Name: Vickie Kaminski

Reporting Period for the Month of: January 2015

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-01-07	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary and return on January 9/15 (Work out of the Calgary office and attend the Cancer PAC Conference)	Marlin Travel	\$406.96
2015-01-21	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary and return on January	Marlin Travel	\$100.00

			22/15 Credit used; trip cancelled and credit was issued (scheduled to work out of the Calgary office - but was required to attend meetings in Edmonton)		
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$506.96</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: ALB [REDACTED]  
SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 7, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

**For**  
MS VICTORIA KAMINSKI  
AC [REDACTED]

Friday, January 9, 2015

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 09Jan15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D [REDACTED]

**Flight:** 8141 V CLASS  
11:00 AM **Equipment:** D8 (300 SERIES)  
11:56 AM **Mile(s) Flown:** 153

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 09Jan15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 2D [REDACTED]

**Flight:** 8162 V CLASS  
10:15 PM **Equipment:** D8 (300 SERIES)  
11:10 PM **Mile(s) Flown:** 153

**Cost:**  
AIR CANADA WEB [REDACTED] 332.00  
[REDACTED] **Tax:** 74.96  
**Ticket Total:** 406.96

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

Invoice Number: [REDACTED]  
Date: January 7, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

Total:

<b>Grand Total:</b>	406.96
<b>Less Credit Card Payments:</b>	406.96
<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.

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: 20524  
Date: 21-Jan-15  
Page: 1/1  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

# INVOICE

## For

MS VICTORIA KAMINSKI

AC [REDACTED]

22-Jan-15

## Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 22-Jan-15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

SEAT 11C

Flight: 8133 V CLASS  
01/01/1900 Equipment: DH4  
01/01/1900

Mile(s) Flown: 153

## Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 22-Jan-15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

SEAT 4C

Flight: 8162 M CLASS  
01/01/1900 Equipment: D8 (300 SERIES)  
01/01/1900

Mile(s) Flown: 153

## Cost:

AIR CANADA WEB [REDACTED] 100.00

## Total:

Grand Total: 100.00  
Less Credit Card Payments: 100.00  
Credit / Balance Due To This Invoice: 0.00