

Official Administrator and Executive Expense Report

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

| Month-Year | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|-------------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Travel (1) | | | | | | | | | | |
| Feb-15 | P-Card | Meetings | | | | 295 | 295 | | | |
| Feb-15 | Direct-Billing | Meetings | 100 | | | | 100 | | | |
| Total | | | \$ 100 | \$ - | \$ - | \$ 295 | \$ 395 | \$ - | \$ - | \$ - |

Total for the Month \$ 395

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: | | | |
| <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 | | | |
| KAMINSKI, VICKIE | PRESIDENT & CEO | | |
| Cardholder's Name | Cardholder's Position/Title | Billing Reporting Period: | 20/02/2015 |
| CORPORATE | SEVENTH STREET PLAZA | Total Statement Amount: | \$294.90 |
| Cardholder's Dept | Cardholder's Site/Location | Last 6 digits of the P-Card #: | [REDACTED] |
| LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA | | | |
| Cardholder's e-mail address | | | |

| Statement of Transactions | | | | | | | | |
|---------------------------|-----------|---|-----------------------|----------|--------------|------|---------|--|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 21/01/2015 | 377687436 | MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES | 18.00 | CAD | ✓ 18.00 | .86 | .00 | Parking at ATB Place to attend the Alberta Nursing Leadership Network Meeting. |
| 28/01/2015 | 378676734 | ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS | 70.00 | CAD | ✓ 70.00 | 3.33 | .00 | Taxi from Southport to Calgary Airport (worked out of the Calgary Office). |
| 29/01/2015 | 378676735 | ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS | 82.90 | CAD | ✓ 82.90 | 3.00 | .00 | Taxi from Calgary Airport to Southport to work out of the Calgary Office. |
| 02/02/2015 | 379486534 | PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS | 72.00 | CAD | ✓ 72.00 | 3.43 | .00 | Taxi from Residence to YEG to work out of the Calgary Office. |
| 02/02/2015 | 379486535 | PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS | 72.00 | CAD | ✓ 72.00 | 3.43 | .00 | Taxi from YEG to residence (worked out of the Calgary Office). |

- ①
- ②
- ③
- ④
- ⑤

| | | |
|---|---|-------|
| Signatures | | |
| Cardholder Designate (If Applicable) By signing this statement <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. | | |
| <u>Jennifer Hamstra</u> Name of Cardholder Designate <u>J. Hamstra</u> Signature of Cardholder Designate | <u>Executive Secretary</u> Cardholder Designate Position/Title <u>Feb. 26, 2015</u> Date of Signature | |
| Cardholder By signing this statement <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. | | |
| <u>KAMINSKI, VICKIE</u> Name of Cardholder <u>Vickie Kaminski</u> Signature of Cardholder | <u>PRESIDENT & CEO</u> Cardholder Position/Title <u>Mar. 12, 2015</u> Date of Signature | |
| Approver Designate (If Applicable) By signing this statement <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. | | |
| <u>Susan Best</u> Name of Approver Designate <u>Susan Best</u> Signature of Approver Designate | <u>Executive Assistant</u> Approver Designate Position/Title <u>March 4/15</u> Date of Signature | |
| Approver By signing this statement <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. | | |
| <u>Deborah Rhodes</u> Name of Approver <u>Deborah Rhodes</u> Signature of Approver | <u>VP Corporate Services & CFO</u> Approver Position/Title <u>March 5/15</u> Date of Signature | |
| Submit approved statement with attachments to Accounts Payable: | | |
| Attach: <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. | Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4 | |
| Accounts Payable only: | | |
| Reference #: | Reviewed by: | Date: |

RECEIPT

Impark Lot 101



Expiration Date/Time

11:36 AM
JAN 21, 2015

Purchase Date/Time: 00:36am Jan 21, 2015

Total Parking: \$17.14

Total tax: \$0.86

Total Due: \$18.00

Total Paid: \$18.00

Ticket #:

S/N #: 100008440036

Setting: Lot 101

Mach Name: Meter 3

Rate: 3 hours - \$18.00
Payment Type: Card

MasterCard

GST #887315636RT001
NO IN AND OUT PRIVILEGES

✓
①

January 21, 2015 (\$18.00)

- Parking at ATB Place to attend Alberta Nursing Leadership Network Meeting.

ASSOCIATED CAR RENTAL LTD
101 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/01/26
PICK UP TIME: 15:31
DROP OFF TIME: 16:16
TRIP ID: 740942
LOCATION: 873000-45024103:07
CAR NUMBER: [REDACTED]
CAR TYPE: [REDACTED]
PASSENGER: [REDACTED]
CARRIER: [REDACTED]

FARE (\$): 62.00
EXTRA (\$): 0.00
TOTAL (\$): 62.00

TIP (\$): _____

TOTAL (\$): 70.00

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAR

PASSENGER'S COPY

January 26, 2015 (\$70.00)

- Taxi from Southport to Calgary Airport (worked out of the Calgary Office).

ASSOCIATED CAR RENTAL LTD
101 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/01/26
PICK UP TIME: 09:16
DROP OFF TIME: 09:31
TRIP ID: [REDACTED]
LOCATION: 873000-45024103:07
CAR NUMBER: [REDACTED]
CAR TYPE: [REDACTED]
PASSENGER: [REDACTED]
CARRIER: [REDACTED]

FARE (\$): 50.00
EXTRA (\$): 0.00
TOTAL (\$): 50.00

TIP (\$): _____

TOTAL (\$): 62.90

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAR

PASSENGER'S COPY

January 26, 2015 (\$62.90)

- Taxi from Calgary Airport to Southport to work out of the Calgary Office.

January 26, 2015 (\$72.00)

- Taxi from residence to YEG to work out of the Calgary Office.

VICKIE VANNOUSE
 Jan. 26 / 2015
 Apt Res
 PRESTIGE TRANSPORTATION
 10135 31 Avenue NW
 Edmonton AB T6N-1C2
 780-463-5000

Term Id:4502412509440
 Item #:1043
 M/C PURCHASE
 Op Id:114995
 Card #: [REDACTED]

APPROVED
 AMOUNT CAD\$72.00 ✓

Ref. # [REDACTED]
 Auth. # [REDACTED]
 Book on line at
 EDMPRESTIGE.COM
 Thank you for being our guest
 GST 862184769

Date: 2015/02/07 Time: 14:16:13
 Response: [REDACTED]

CUSTOMER COPY

(4)

January 26, 2015 (\$72.00)

- Taxi from YEG to residence (worked out of the Calgary Office).

VICKIE VANNOUSE
 Jan. 26 / 2015
 Res Apt
 PRESTIGE TRANSPORTATION
 10135 31 Avenue NW
 Edmonton AB T6N-1C2
 780-463-5000

Term Id:4502412509440
 Item #:1042
 M/C PURCHASE
 Op Id:114995
 Card #: [REDACTED]

APPROVED
 AMOUNT CAD\$72.00 ✓

Ref. # [REDACTED]
 Auth. # [REDACTED]
 Book on line at
 EDMPRESTIGE.COM
 Thank you for being our guest
 GST 862184769

Date: 2015/02/07 Time: 14:14:44
 Response: [REDACTED]

CUSTOMER COPY

(5)

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: February 2015

| Date | Payment Method | Category | Description/Purpose for Expense | Name of Vendor Paid | Amount Paid |
|------------|----------------|----------------|---|---------------------|-------------|
| 2015-01-21 | Direct Billing | Transportation | Airline ticket from Edmonton to Calgary and return on January 26/15 to work out of the Calgary office - credit used | Marlin Travel | 100.00 |
| | Choose One | Choose One | | | |
| | Choose One | Choose One | | | |

| | | | | | |
|--------------------------------|------------|------------|--|--|-----------------|
| | Choose One | Choose One | | | |
| | Choose One | Choose One | | | |
| Total Paid in the Month | | | | | \$100.00 |

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 TSJ 3E4

Invoice Number: [REDACTED]
Date: January 21, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Monday, January 26, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 26Jan15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D [REDACTED]

Flight: 8137 V CLASS
08:00 AM Equipment: D8 (300 SERIES)
08:56 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 26Jan15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D [REDACTED]

Flight: 8156 M CLASS
06:00 PM Equipment: CRJ JET
06:50 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED] 100.00

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

Invoice Number: [REDACTED]
Date: January 21, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

| | |
|---------------------------------------|--------|
| Grand Total: | 100.00 |
| Less Credit Card Payments: | 100.00 |
| 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.