

# **Official Administrator and Executive Expense Report**

NameVickie KaminskiTitlePresident & Chief Executive OfficerLocationEdmontonExpenses submitted during the month of February 2015

					Travel (1)						
Source Month-Year Document	Purpose	Ai	rfare	Meals	Accommodation	Other Travel	Total Trave		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-15 P-Card Feb-15 Direct-Billing	Meetings Meetings		100			295		95 00			
Total		\$	100	\$-	\$-	\$ 295	\$ 3	95	\$ -	\$-	\$-
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.

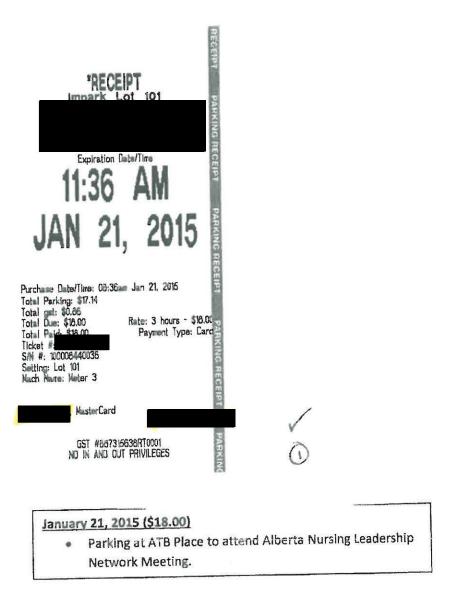
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

KAMINSKI,	VICKIE	PRESIDENT & CEO							
Cardholder's Name		Cardholder's Position	Cardholder's Position/Title		Billing Reporting Period:			20/02/2015	
CORPORATE SEVENT		SEVENTH STREET	ENTH STREET PLAZA						
Cardholder's Dept Cardholder's Site			cation Total State		Statem	itatement Amount:		\$294.90	
	The second se	ALBERTAHEALTHSERVICES.CA						-	
Cardholder	s e-mail add	ress		Last	6 digits	of the P-	Card #	:	
Statement	of Tuensact	008	N. AL			-		_	
		and the second se							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans /	Amount	GST	Freigh	Description
21/01/2015	377687436	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	● 18,00	CAD	1	18.00	.86	.00	Parking at ATB Place to attend the Alberta Nursing Leadership Network Meeting.
28/01/2015	378876734	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	\$ 70.00	CAD	1	70.00	3.33	.00	Taxi from Southport to Calgary Airport (worked out of the Calgay Office).
29/01/2015	378676735	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	62.90	CAD	7	62.90	3.00	.00	Taxl from Calgary Airport to Southport to wo out of the Calgary Office.
02/02/2015	379486534	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	* 72.00	CAD	1	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).

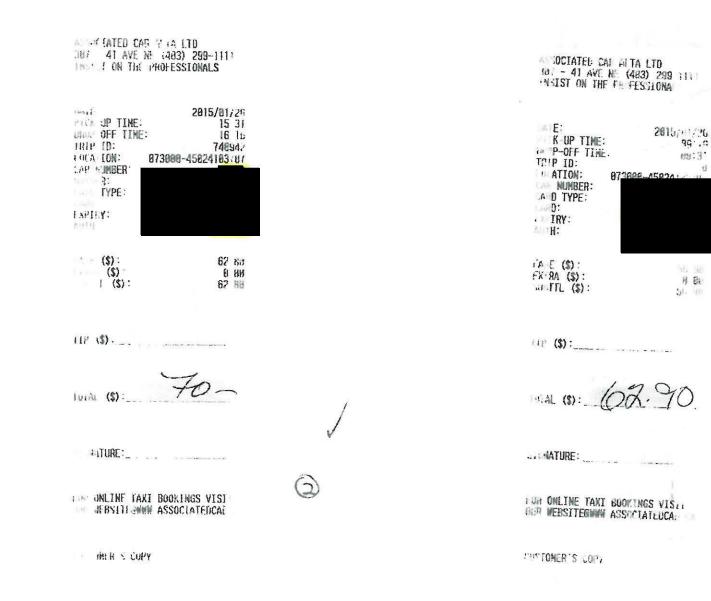
Alberta Health Services

and Alberto Health		P-Carc
Alberta Health		details Online ®
Services	Carc	dholder Statement Repor
Signatures		
Cardholder Designate (If Applicable)		
By signing this statement I hereby certify that I have reviewed and recon	clied this statement in BMO Online to the best of my ability ated the transaction(s) to the proper cost centre.	In accordance to AHS Corporate Policies,
Name of Cardholder Designate	Cardholder Designate Position/Title	etary
Signature of Cardholder Designate	JLb, 2-6, 2015	2
Cardholder		
By algning this statement I attest that I have read and understand the "To expenses being claimed are in compliance with		
claimed by me or on my behalf from Alberta He charged is attached.	e for valid business purposes for Alberta Health Services an ealth Services or any other Organization. A personal cheque	e for any personal expenses inadvertently
<ul> <li>I attest that expenses submitted in this claim here provided.</li> <li>KAMINSKI, VICKIE</li> </ul>	ave been incurred by using a cost effective method, otherw PRESIDENT & CEO	ise rationale and supporting analysis is
Name or Cardhoider	Cardholder Position/Title	1
Signature of Cardholder	Date of Signature	
Approver D signate (if Applicable) By signing this statement		
<ul> <li>I attest that I have read and understand the "Tr expenses being claimed are in compliance with</li> </ul>	avel, Hospitality and Working Session Expanse Policy (112 a such policy.	2)" of Alberta Health Services and confirm
claimed by the claimant or on their behalf from charged has been obtained. I attest that expenses submitted in this claim ha	for valid business purposes for Alberta Health Services an Alberta Health Services or any other Organization. A perso ave been incurred by using a cost effective method, otherwi	nal cheque for personal expenses inadvertently
Susan Rest	Executive Ass	istant
Name of Approver Designate	march4/1:	5/10
Si guture of Approver Designate Approver	Date or Sighatúre	Call to
· J attest that I have read and understand the "Tr	avel, Hospitality and Working Session Expense Policy (112	of Alberta Health Services and confirm
	for valid business purposes for Alberta Health Services and	
charged has been obtained.	Alberta Hesith Services or any other Organization. A person we been incurred by using a cost effective method, otherwi	
Deborah Rhades Name of Approver	NP Constrate Servic Approver Position/Tille	es 4-CFO
Debonch Rhadas Signature of Approver	March 5/15 Date of Signature	-
Submit approved statement with attachments to Ac	counte Payable	
Attach: • Original (or scanned) itemized receipts with docun where required	mented business reasons including names of participants	Address: Alberta Health Services
<ul> <li>Signed Cardholder Statement Report (or copies of And where applicable:</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Servin"</li> </ul>	f electronic signatures if signatures are not on report) ces"	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4
<ul> <li>Return, refund and/or credit receipts</li> <li>Disoutes letter</li> </ul>		
	iptions – include where travelled to, who attended (if lanation of reason,	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

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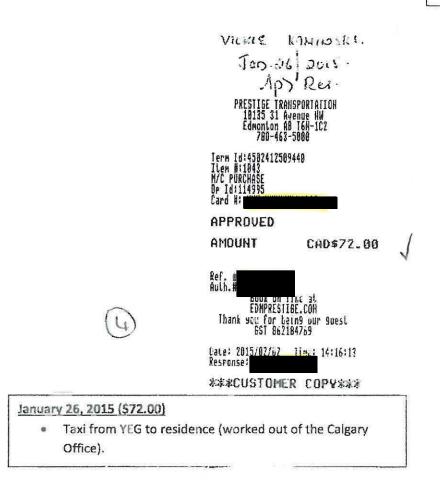


## January 26, 2015 (\$70.00)

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





albertabealtheervices.ca



# **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 X No

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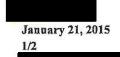
Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-01-21	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary and return on January 26/15 to work out of the Calgary office - credit used	Marlin Travel	100.00
	Choose One	Choose One			
	Choose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

19 M	Choose One	Choose One	
	Choose One	Choose One	
Total Paid in the Month			\$100.00

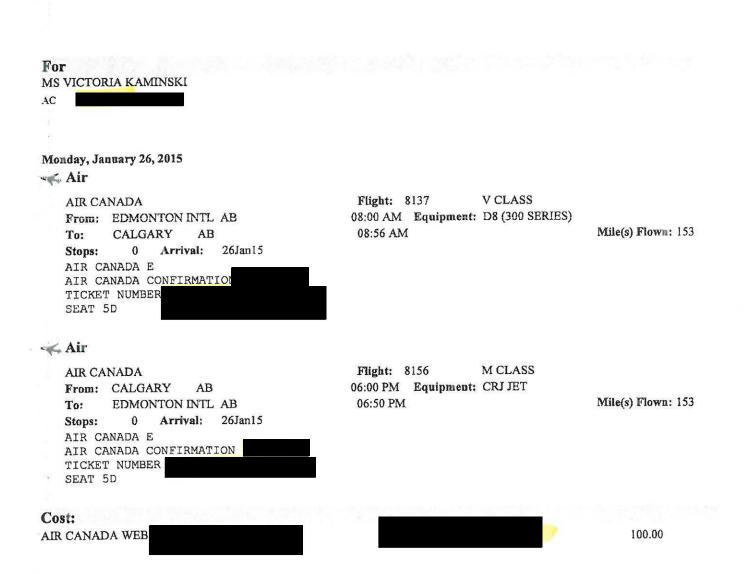
MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEADTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference: Your Reference:



INVOICE



To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number: Date: Page: Our Reference: Your Reference;

January 21, 2015 2/2



Total:

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

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:......DECLINED:.....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.