

Official Administrator and Executive Expense Report

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

				Trave	l (1)								
Source Month-Year Document Purpose	è f	Airfare	Meals	Accomm	odation	her avel	otal avel	fessional elopment (2)	н	Working Sessions osting an lospitality (3)	d	Othe (4)	
Mar-15 Expense Claim Meetings Mar-15 Direct-Billing Meetings		363				326	326 363						
Total	\$	363	\$ -	\$	-	\$ 326	\$ 689	\$	- \$		- 4	\$	_

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



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION	A: EMPLOY	'EE DETAILS (F	or AHS Staff Of	NLY)			·····			1
 Indicat 	e N/A in the En		if your payroll has	not migrate	d to the New E-	ew E-People payroll system People payroll system # (E-People)		Expense Date From Travel Period from: Out-of-Province Tra	То	(if applicable)
Name: Vic	kie Kaminski			P & parties		Position (Title):	President & CEO		1997 - Carl Stan - Carl Stan - Carl Standard Standard Standard Standard Standard Standard Standard Standard Sta	
Location:			Dept:		DOFA Level:	le)	Union:	Busines	s Phone	
Employee	# (E-People):									
SECTION	E: FINANCI	E CODING & TO	TAL CLAIM						n an	
CAPITAL	PROJECT C	ODING ONLY \rightarrow	Project Nu Expenditure	· · · · · · · · · · · · · · · · · · ·	on	· · · · · · · · · · · · · · · · · · ·	_ Project	t Task Number Expenditure Type		
1	Total - Sec	tion B: Travel -	Pg 2		Total - Se	ction C&D: Other & Ford	eign Expenses	- Pg 3	TOTAL REIMBU	PREMENT
Pg Bal	Location	Functional	Total	Bal	Location	Functional Centre (FC)	Secondary/	Total		KOCMENT
Uni		Centre (FC)	Expense	Unit		, and and a contract (,	Expense	Expense	Total Section B	\$325.73
2A 101	0006	71110100074	\$325.73						Total Section C&D	
2B									Less Cash Advance	
2C 2D									TOTAL CLAIM	\$325.73
NOTE	This section as	nto fills from page 2/	\$325.73			er to enter Coding & \$ Amoun hese fields do not automatica			L	OB
1	F: AUTHOR		, 10, 20 0 20		<u></u>		iny in for Secourt			
I atiest that I have	and understand the	Travel, Hospitality & Working Sea				is being claimed are in compliance with the principi		s of this policy.	ann a chailtean ann a chailtean ann ann a chail	
		n have been interned by using a co				by me or on my behalf from Alberta Health Service above Travel, Hosp		Expenses Policy - Document	<u># 1122</u>	
	Employee S		Vien	è.C	an	nsl	Date An	401/15		
i attest the uppens	enclosed in this claim :		Alborts Health Services and Iha	t this claim has no	t been previously claimed	ed are in compliance with such pullicities. I by the claimant or on their behalf from Alberta Has above.	alth Services or any other Organ		claim form with receipts should be sent by directly to Accounts Payable fur procession	
Approved	By (<u>PRINT ONL</u>	Y): Deb Rhodes				DOFA Level	ition #		Pho	Ext
a te a la	Signati	and the second	Debono	th Fe	hadas	Title VP Corporate S	ervices & CFO		Date Apr. 2	115
I attest the expense	as enclosed in this claim		Alberta Healt Services and the	t phi cleim has no		ed are in compliance with such policies. I by the claiment or on their behalf from Alberta Her above.	ath Services or any other Orga	nizef.en.		
Approved	By (PRINT ONL	Y): Dr. Carl Amrhe			+X	DOFA Level	Position #		Phone	xt
l, by signing thi	form, attest that I am co Signati	mpliant to all the above statement LEFC:	1 Barry	4	fint	Title Official Adminia	trator		Date Apr.2	15

Health and Personal Information on this form in collected by ANS ender the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procurs to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 354

-	ntor Finance A. K	W and a second		EX	PENSE CLA	UM DETA	ILS							
	Inter Finance Coding 101 0006	711101	00074		Emp # (E-	People)						and the second		
\$ amount	s incurred are for multiple FC's please use pages 2 on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se B: TRAVEL EXDENSES	B,2C,2D (after pg3) a	s there sh	ould be one i	C per pag	e OR	if more nue		a for the cor	no EO		1	Page 2A
deres and the second		ses do not f	all into these a	ies are no	t required in	this section	as the	y are pre-de	termined by t	the system.	ie r c use ir	lese additior	nal pages.	Enter total
Select from dr	B: TRAVEL EXPENSES NOTE: If expension potown (column Prov) where expenses were incurred (Out of N.A te lines are used for claim items that differe to for the control of th	merica = Inte	an into stese c ar/D	ategories su	ch as Hospitality	, Working Sea	sion, Re	location, Contin	uing Education,	Business Insure	ance go to SEC	TION C		The state of the second second
	te lines are used for claim items that differ in Province, US and Out	of North Am	erica.						Effective Me					
Date	Business Reason for Travel - Detailed Description Required	Prov, US or	What is	<u> </u>	F	urther Exp	lanati	on is REQUI	RED in the "F	ationale is R	nn, Required" se	ction on this		
dd-mmm-yy	(include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason)	Out of N.Amer	travei	Cost Effective	mean	Allowance	ORR	eceipt)	I n amonut p	eing claimed	is above the	1	1 Barrent	1
	A description of just "Meeting" will be returned for clarific tion	where expenses	related to?	Method Used?	Meal All	owance	Mea	with Receipt	rati	t stated in Ap onals is requi	ired	Rental Carl Bus/LRT/	Per Diem	Mileage
		incurred?		Yes/No	Meal Type with value	Allowance	Meal Type		Airfare Hotel Taxi	Parking / Fuel	Allowance	(km)		
30-Mar-15	Travel to Calgary and return to attand Council of Chairs Meeting and Capital Announcement in Calgary.	MB	Masting	Y										
											<u> </u>			645,00
and an	SUBTOTALS													
A 2 B FOR A S A S AN AND A S A S A S A S A S A S A S A S A S A	SUBTUTALS													Total Kms
	MILEAGE - Business Kilomet	re Rate for	Personally-	Dwned Val	nicle	l			Entor #0	E05 1- 00 /				645.00
Sector Sector	→ details of travel location to & from must b Rates applicable \$0.505 per km for <u>under 5.000 km/y</u>					nn 		1	~ii(c) +0	.505 km, \$0.4	7 km <u>OR</u> rate (see M	e per Union A lileage details	greement to the left)	\$0.505
			and the second	and the second second	And the state of t								Mileage \$	\$325.73
Note	: Total will auto fill into pg 1, Section E, if form compl	eted elect	ronically - A	dditional p	og 2's can be	found after	Page	3				Travel	Subtotal	
Rationale	s Required for expension that any inclusion				alle angle stratety and a second				-	Auto	fills on page	1 - TOTAL 1	RAVEL \$	\$325.73
Any analy	is supporting the method to assess cost effe	ctivenes	s should l	e attach	ed to the c	aim form								
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albertaheolthservices.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: Vi	ckie Kaminski	Reporting Period for the Month of: March 2015

·' Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-16	Direct Billing	Transportation	Airline ticket from Edmonton to	Marlin Travel	\$362.96
			Calgary and return on March 18/15		
			(Work out of the Calgary office;		
			meet with externals, present at		
			the Emerging Health Leaders Lunch		
			Meeting)		

2011 T	Choose One	Choose One	\$
	Choose One	Choose One	
	Choose One	Choose One	
	Choose One	Choose One	
Total Paid in the M	\$362.96		

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

Branch: Agent:

T0: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:



INVOICE

For MS VICTORIA KAMINSKI

Wednesday, March 18, 2015

🛹 Air

AIR CANADA From: EDMONTON INTL AB To: CALGARY AB Stops: 0 Arrival: 18Mar15 AIR CANADA E BOOKING REFERENCE TICKET NUMBER SEAT SELECTION 4D Flight: 8133 W CLASS 07:00 AM Equipment: DH4 07:53 AM

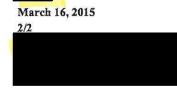
Mile(s) Flown: 163

163

AIR CANADA From: CALGARY AB To: EDMONTON INTL AB Stops: 0 Arrival: 18Mar15	Flight: 8150 W CLASS 03:30 PM Equipment: D8 (300 SERIES) 04:25 PM M	Vile(s) Flown:
AIR CANADA E BOOKING REFERENCE TICKET NUMBER		
Cost: AIR CANADA WEB		
AIR CANADA WEB		288.00 74.96
	Ticket Total:	362.96

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

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:



INVOICE

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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