

## Official Administrator and Executive Expense Report

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

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-15	P-Card	Meetings			456	305	761			
May-15	Direct-Billing	Meetings	383				383			
<b>Total</b>			\$ 383	\$ -	\$ 456	\$ 305	\$ 1,144	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,144

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.

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**
**PRESIDENT & CEO**
**Cardholder's Name**
**Cardholder's Position/Title**
**Billing Reporting Period:** 20/05/2015

**CORPORATE**
**SEVENTH STREET PLAZA**
**Total Statement Amount:** \$761.10

**Cardholder's Dept**
**Cardholder's Site/Location**
**LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA**
**Cardholder's e-mail address**
**Last 6 digits of the P-Card #:** [REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/04/2015	387472757	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking at ATB Place to attend meeting with the Deputy Minister.
22/04/2015	387945310	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	41.00	CAD	41.00	1.95	.00	Taxi from Calgary Airport to attend Meeting at Field Law Office in Calgary on April 15, 2015.
23/04/2015	387945311	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	50.00	CAD	50.00	2.38	.00	Taxi from Field Law Office to Calgary Airport on April 15, 2015.
23/04/2015	388103618	DELTA BOW VALLEY, DELTA HOTELS	283.32	CAD	283.32	.00	.00	1 night accommodation in Calgary to attend meetings at Field Law.
29/04/2015	388501792	SHERATON, SHERATON HOTELS	232.76	CAD	232.76	.00	.00	1 night accommodation to attend and speak at the CEO in Residence (Telfer School of Management, University of Ottawa).
30/04/2015	388721541	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking at ATB Place to attend meetings with Deputy Minister and other Ministry staff.
17/05/2015	390511485	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from residence to YEG to attend and speak at CEO in Residence (Telfer School of Management, University of Ottawa).
17/05/2015	390511486	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Taxi from YEG to residence, attended and spoke at CEO in Residence (Telfer School of Management, University of Ottawa).

<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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>Jennifer Hamstra</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> </div> <div style="width: 45%;"> <p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>June 03 2015</u> Date of Signature</p> </div> </div>				
<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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>KAMINSKI, VICKIE</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> </div> <div style="width: 45%;"> <p><u>PRESIDENT &amp; CEO</u> Cardholder Position/Title</p> <p><u>June 3, 2015</u> Date of Signature</p> </div> </div>				
<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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>Deborah Rhodes</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p> </div> <div style="width: 45%;"> <p><u>VPCorp Services &amp; CFO</u> Approver Designate Position/Title</p> <p><u>June 5/15</u> Date of Signature</p> </div> </div>				
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<p><b>Submit approved statement with attachments to Accounts Payable:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px; vertical-align: top;"> <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) And where applicable:</li> <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> </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <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> </td> </tr> </table>		<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) And where applicable:</li> <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>	
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<p><b>Accounts Payable only.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Reference #: _____</td> <td style="width: 33%; padding: 5px;">Reviewed by: _____</td> <td style="width: 33%; padding: 5px;">Date: _____</td> </tr> </table>		Reference #: _____	Reviewed by: _____	Date: _____
Reference #: _____	Reviewed by: _____	Date: _____		

*AB*

RECEIPT

05:31 PM  
APR 20, 2015

Purchase Date/Time: 02:31pm Apr 20, 2015  
Total Parking: \$17.14  
Total gst: \$0.86  
Total Due: \$18.00  
Total Paid: \$18.00  
Ticket: [REDACTED]  
SN #: 10006440035  
Setting: Lot 101  
Mach Name: Meter 3

MasterCard

Aud

GST #667316539RT0001  
NO IN AND OUT PRIVILEGES

April 20, 2015 (\$18.00)

- Parking at ATB Place to attend meeting with the Deputy Minister.

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

DATE: 2015/04/15  
PICK-UP TIME: 12:41  
DROP-OFF TIME: 12:57  
TRIP ID: 445286  
LOCATION: 873888-45824183787  
CAR NUMBER: 8529  
DRIVER: 744479  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$): 36.20  
EXTRA (\$): 0.00  
SUBTTL (\$): 36.20

TIP (\$): \_\_\_\_\_

TOTAL (\$): \_\_\_\_\_

SIGNATURE 41

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

2

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 299-1111  
INSIST ON THE PROFESSIONALS

DATE: 2015/04/15  
PICK-UP TIME: 08:26  
DROP-OFF TIME: 08:03  
TRIP ID: 0  
LOCATION: 873888-45824183787  
CAR NUMBER: 8881  
DRIVER: 273923  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$): 44.38  
EXTRA (\$): 0.00  
SUBTTL (\$): 44.38

TIP (\$): \_\_\_\_\_

TOTAL (\$): 50

SIGNATURE: \_\_\_\_\_

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

3

**April 15, 2015 (\$41.00)**

- Taxi from Calgary Airport to attend Meeting at Field Law Office in Calgary.

**April 15, 2015 (\$50.00)**

- Taxi from Field Law Office to Calgary Airport.





209 - 4th Avenue S.E., Calgary, Alberta, T2G 0C6  
Tel: 403-266-1980 Fax: 403-266-0007

AB HEALTH SERVICES  
Ms Vickie Kaminski

Canada

Room: [REDACTED]  
Folio: [REDACTED]  
Cashier: [REDACTED]  
Arrival: 04-22-15  
Departure: 04-23-15

Date	Description	Additional Information	Charges	Credits
04-22-15	Room Charge		199.00	
04-22-15	Room GST		10.25	
04-22-15	Tourism Levy		8.20	
04-22-15	DMF - Destination Marketing Fee		5.97	
04-22-15	Parking - Valet Service		38.00	
04-22-15	Parking - GST		1.90	
04-23-15	Mastercard	[REDACTED]		263.32
<b>GST Summary</b>			<b>Total</b>	<b>263.32</b>
Registration No: 826085417			<b>Balance Due</b>	<b>0.00 CDN</b>
Room 10.25				
F&B 0.00				
Other 1.90				
<b>Total 12.15</b>				

**April 22, 2015 (\$263.32)**

- One night accommodation in Calgary to attend meetings at Field Law Office in Calgary.

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Sheraton Ottawa Hotel  
150 Albert Street  
Ottawa, ON K1P 5G2  
Canada  
Tel: 613-238-1500 Fax: 613-235 2723



Vickie Kaminski

Page Number :  
Guest Number :  
Folio ID :  
No. Of Guest :  
Room Number :  
Club Account :  
Arrive Date : 27-APR-15 17:37  
Depart Date : 28-APR-15 10:48

Tax ID : 122417470

Sheraton Ottawa 28-APR-15 10:48

Date	Reference	Description	Charges (CAD)	Credits (CAD)
27-APR-15		Room	200.00	
27-APR-15		Room HST 13%	26.00	
27-APR-15		DMF 3%	6.00	
27-APR-15		DMF HST 13%	0.78	
28-APR-15		MasterCard		-232.78
** Total			232.78	-232.78
*** Balance			0.00	

Summary of HST for your stay:

	Amount (CAD)
HST for Room Revenue:	26.00
HST for Food and Beverage:	0.00
HST for Telephone:	0.00
HST for Other:	0.78
HST for entire stay:	26.78

Tell us about your stay. [www.sheraton.com/reviews](http://www.sheraton.com/reviews)

**April 27, 2015 (\$232.78)**

- One night accommodation in Ottawa to attend and speak at the CEO in Residence (Telfer School of Management, University of Ottawa).

**RECEIPT**  
Impark Lot 101

**12:01 PM**  
**APR 30, 2015**

Purchase Date/Time: 10:01am Apr 30, 2015  
Total Parking: \$11.43  
Total get: \$0.57  
Total Due: \$12.00  
Total Paid: \$12.00  
Ticket: [REDACTED]  
SN #: 10006440036  
Setting: Lot 101  
Mach Name: Meter 3

Rate: 2 hours - \$12.00  
Payment Type: Card

[REDACTED] MasterCard

Auth [REDACTED]

GST #887315638RT0001  
NO IN AND OUT PRIVILEGES

**April 30, 2015 (\$12.00)**

- Parking at ATB Place to attend meeting with the Deputy Minister and other Ministry staff.



Jennifer Hamstra

**From:** [REDACTED]  
**Sent:** Sunday, May 17, 2015 2:59 PM  
**To:** Lorinda Prociuk; Donna Zinyk  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

Vickie Kaminski  
April 27/2015 - Res>Ap

## INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID  
CARD NUM  
ACCOUNT

MASTERCARD

DATE  
REF NUM  
AUTH CODE

May 17 2015 02:56PM

AMOUNT (CAD)

\$72.00

April 27, 2015 (\$72.00)

- Taxi from residence to YEG to attend and speak at the CEO in Residence (Telfer School of Management, University of Ottawa).

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

Jennifer Hamstra

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From: [REDACTED]  
Sent: Sunday, May 17, 2015 3:00 PM  
To: Lorinda Prociuk; Donna Zinyk  
Subject: Fwd: Transaction Receipt - Do Not Reply

Vickie Kaminski  
April 28/2015 - Ap>Res

## INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID  
CARD NUM  
ACCOUNT

[REDACTED]  
MASTERCARD

DATE May 17 2015 02:57PM  
REF NUM [REDACTED]  
AUTH CODE [REDACTED]

AMOUNT (CAD) \$72.00

**April 28, 2015 (\$72.00)**

- Taxi from YEG to residence - attended and spoke at the CEO in Residence (Telfer School of Management, University of Ottawa).

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

## 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. 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: **Choose from Drop-down List**

<b>Name :</b>	<b>Reporting Period for the Month of :</b>
---------------	--

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-May-15	Direct Billing	Choose from Drop-down List	Airline ticket from Edmonton to Calgary and return on May 13, 2015 to attend Executive Education event in Calgary-Invoice [REDACTED] Flight cancelled and credit applied.	Choose from Drop-down List	382.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 382.96</b>

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

Branch:

Agent:

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

Invoice Number:

Date:

May 11, 2015

Page:

1/2

Our Reference:

Your Reference:

## INVOICE

For

MS VICTORIA KAMINSKI

AC

Wednesday, May 13, 2015

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 13May15

Seat(s): 02A

AIR CANADA E

Flight: 8131 V CLASS

05:30 AM Equipment: DH4

06:22 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 13May15

Seat(s): 02A

AIR CANADA E

Flight: 8172 V CLASS

05:30 PM Equipment: D8 (300 SERIES)

06:22 PM

Mile(s) Flown: 163

Cost:

TKT

308.00

Tax:

74.96

Ticket Total:

382.96



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

Invoice Number: [REDACTED]  
Date: May 11, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**Total:**

Grand Total:	382.96
Less Credit Card Payments:	382.96
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.