

## Official Administrator and Executive Expense Report

**Name** Vickie Kaminski  
**Title** President & Chief Executive Officer  
**Location** Edmonton  
 Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings	128			84	212	1,000		
Jun-15	Direct Billing	Meetings	100				100			
<b>Total</b>			\$ 228	\$ -	\$ -	\$ 84	\$ 312	\$ 1,000	\$ -	\$ -

**Total for the Month** \$ 1,312

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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>KAMINSKI, VICKIE</u>	<u>PRESIDENT &amp; CEO</u>	Billing Reporting Period:	<u>20/06/2015</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>	Total Statement Amount:	<del>\$1,529.37</del> <b>\$1211.96</b>
<u>CORPORATE</u>	<u>SEVENTH STREET PLAZA</u>	Last 6 digits of the P-Card: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u>			
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/06/2015	392518405	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking at ATB Place to attend a meeting with the Minister and other ministry staff.
05/06/2015	392598581	PAYPAL *CAMERONINST, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	1,000.00	CAD	1,000.00	47.82		Conference Fees (Health Policy Assembly: Challenges with Personalized Medicine) for Professional Development.
14/06/2015	393715058	AIR CAN [REDACTED] AIR CANADA	50.00	CAD	50.00	.00	.00	Change fee to return to work 1 day earlier from CPSI Conference in Toronto.
14/06/2015	393715098	AIR CAN [REDACTED] AIR CANADA	77.98	CAD	77.98	.00	.00	Changed flight to return to work 1 day earlier from CPSI Conference in Toronto.
15/06/2015	393506231	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from SSP to YEG to attend Canadian Forces Uelson Council in Ottawa on May 27, 2015.
17/06/2015	394043507	DELTA PRINCE EDWARD, DELTA HOTELS	245.41	CAD	245.41	.00		One night accommodation - HealthcareCAN paying for this cost (AHS will be fully reimbursed).
19/06/2015	394043586	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG on June 11th to attend CPSI Board Meeting in Toronto-CPSI paying this cost-AHS will be fully reimbursed.

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**Signatures**
**Cardholder Designate (if Applicable)**

By signing this statement

- 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.

Jennifer Hamstra  
Name of Cardholder Designate

Executive Secretary  
Cardholder Designate Position/Title

  
Signature of Cardholder Designate

June 24, 2015  
Date of Signature

**Cardholder**

By signing this statement

- 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.

KAMINSKI, VICKIE  
Name of Cardholder

PRESIDENT & CEO  
Cardholder Position/Title

  
Signature of Cardholder

June 25, 2015  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- 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.

Deborah Rhodes  
Name of Approver Designate

VP Corporate Serv. & CFO  
Approver Designate Position/Title

  
Signature of Approver Designate

June 30/15  
Date of Signature


**Approver**

By signing this statement

- 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.

Dr. Carl Amrhein  
Name of Approver

Official Administrator  
Approver Position/Title

  
Signature of Approver

30 June 2015  
Date of Signature

Submit approved statement with attachments to Accounts Payable:

**Attach:**

- 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:
- 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 T5J 3E4

**Accounts Payable only:**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

**\*RECEIPT**  
Impark Lot 101  
**Stall # 13**  
**10:12 AM**  
**JUN 05, 2015**

Purchase Date/Time: 08:12am Jun 05, 2015  
Total Parking: \$11.43  
Total gst: \$0.57  
Total Due: \$12.00      Rate: 2 hours - \$12.00  
Total Paid: \$12.00      Payment Type: Card  
Ticket: [REDACTED]  
S/N #: [REDACTED]  
Setting: Lot 101  
Mach Name: Meter 3

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887316638RT0001  
NO IN AND OUT PRIVILEGES

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

①

**June 5, 2015 (\$12.00)**

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

# Lorinda Prociuk

**From:** service@intl.paypal.com  
**Sent:** Friday, June 05, 2015 4:10 PM  
**To:** Lorinda Prociuk  
**Subject:** Your payment to The Cameron Institute



You sent a payment of \$1,000.00 CAD to The Cameron Institute.

Jun 5, 2015 18:10:02 GMT-04:00  
Receipt No: [REDACTED]

Hello Vickie Kaminski,

This charge will appear on your credit card statement as payment to PAYPAL \*CAMERONINST.

### Save time with a PayPal account

Create a PayPal account and save your payment information. You won't need to enter your payment information every time you shop online.

[Sign Up Now](#)

### Shop with confidence

We keep your financial information secure.

### Transactions monitored 24/7

Our fraud specialists help protect your account.

### You're protected

Zero fraud liability for eligible unauthorized purchases. [See eligibility](#)



**Merchant information:**  
The Cameron Institute

**Instructions to merchant:**  
None provided



<http://www.cameroninstitute.org>

### Shipping information

**Shipping method**  
Not specified

Description	Unit price	Qty	Amount
Health Policy Assembly V: Challenges with Personalized Medicine - Vickie Kaminski	\$1,000.00 CAD	1	\$1,000.00 CAD
	Discount:		-\$0.00 CAD
	Insurance:		---
	<b>Total:</b>		<b>\$1,000.00 CAD</b>

Receipt No: [REDACTED]

Please keep this receipt number for future reference. You'll need it if you contact customer service at The Cameron Institute or PayPal.

2



### June 5, 2015 (\$1,000.00)

- Conference Fees to attend Health Policy Assembly V: Challenges with Personalized Medicine - professional development.

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: [REDACTED]

Date:

June 22, 2015

Page:

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Our Reference: [REDACTED]

## INVOICE

For  
MS VICTORIA KAMINSKI  
AC [REDACTED]

Friday, June 12, 2015

 Air

AIR CANADA

From: TORONTO PEARSON

To: CHARLOTTETOWN PE

Stops: 0 Arrival: 12Jun15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 2C

Flight: 8822 G CLASS  
02:15 PM Equipment: CRJ JET  
05:21 PM

Mile(s) Flown: 839

Thursday, June 18, 2015

 Air

AIR CANADA

From: TORONTO PEARSON

To: EDMONTON INTL AB

Stops: 0 Arrival: 18Jun15

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

Flight: 157 V CLASS  
06:25 PM  
08:32 PM

Reference: [REDACTED]

Cost:

AIR CANADA WEB [REDACTED]

AIR CANADA WEB [REDACTED]

77.96

50.00

③ + ④

**June 18, 2015 (\$50.00 & \$77.96)**

- Change Fees – flight changed to return to work 1 day earlier from CPSI Conference in Toronto.

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

Invoice Number: [REDACTED]  
Date: June 22, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	127.96
<b>Less Credit Card Payments:</b>	127.96
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	591.25
<b>Total Charges Previous Invoices:</b>	591.25
<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.

**Lorinda Prociuk**

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**From:** Mea Moore [REDACTED]  
**Sent:** Monday, June 15, 2015 11:09 AM  
**To:** Lorinda Prociuk  
**Subject:** FW: Air Canada - MRS VICTORIA KAMINSKI - 18-Jun/YYZ-YEG [REDACTED] - Booking modified

**From:** Air Canada [mailto:confirmation@aircanada.ca]  
**Sent:** Sunday, June 14, 2015 3:18 PM  
**To:** Mea Moore  
**Subject:** Air Canada - MRS VICTORIA KAMINSKI - 18-Jun/YYZ-YEG (booking ref [REDACTED] - Booking modified

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*



## Booking modified

**Your booking is confirmed.** Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Booking Date: **Apr 02, 2015** Passengers **MRS VICTORIA KAMINSKI**  
Agent Name: [REDACTED]  
Agency ID: [REDACTED]

 **Purchase a travel option** Relax in Air Canada's Maple Leaf lounges. Purchase a meal voucher. Purchase On My Way travel assistance.

### Booking Information

Booking Reference	Customer Care
<b>Electronic Ticketing confirmed. This is your official itinerary/receipt.</b> <b>Main Contact</b> Marlin Travel MEA.MOORE@MARLINTRAVEL.CA [REDACTED]	<b>Air Canada</b> 1-888-247-2262*  <b>Flight Arrivals and Departures</b> 1-888-422-7533
<b>Online Services</b>	*For use from phones in Canada, the continental USA,



Air Canada: \$77.96 (Airfare per Adult ticket)

Air Canada: \$50.00 (Change Fee per Adult ticket)

Ticket number XXXXXXXXXX

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## Fare Rules

### Departing Flight Toronto (YYZ) To Edmonton (YEG) - Flex

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD per direction, per passenger. Same-day flights only.
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to a change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Earn 100% Air Canada Status Miles for Air Canada-operated flights.
- Read complete fare rules applicable to this fare.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

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## Baggage Allowance and Fees

### Carry-On Baggage Policy

Oversized carry-on bags are not permitted on our aircraft, and may cause flight delays for all passengers. Please ensure your carry-on bags are inside the maximum allowed size as indicated below; **they are required to fit in the double-size verification device** at check-in or boarding time.

Items which fall within the 2-piece carry on allowance include: One (1) carry-on bag or suitcase (wheels and handles included in the size) and one (1) personal article like a briefcase, laptop computer, diaper bag, camera case, cartons or other similar item. Learn more about [Carry-on Baggage](#) restrictions.

### Checked Baggage Policy

**Lorinda Prociuk**

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**From:** tobias tobias [REDACTED]  
**Sent:** Friday, June 19, 2015 1:39 AM  
**To:** Lorinda Prociuk  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

**Vickie Kaminski**  
**May 27/2015**  
**SSP>AP**

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 15 2015 08:06PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

-----  
\$72.00  
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Ⓢ

**May 27, 2015 (\$72.00)**

- Taxi from SSP to YEG to attend Canadian Forces Liaison Council in 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: YES

<b>Name :</b> Vickie Kaminski	<b>Reporting Period for the Month of :</b> Jun-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
08-Jun-15	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary and return on June 8th (Invoice ) to attend the Patient Ffirst Launch at SCH in Calgary (vendor used a credit on file).	Marlin Travel	100.00
<b>Total Paid in the Month</b>					<b>\$ 100.00</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:

Page:

Our Reference:

Your Reference:

June 8, 2015

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## INVOICE

### For

MS VICTORIA KAMINSKI  
AC

Monday, June 8, 2015

### ✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 08Jun15

AIR CANADA E

Flight: 8226 V CLASS

08:30 AM Equipment: CRJ JET

09:18 AM

Mile(s) Flown: 163

### ✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 08Jun15

AIR CANADA E

Flight: 8140 V CLASS

02:30 PM Equipment: CRJ JET

03:20 PM

Mile(s) Flown: 163

### Cost:

TKT- E-TKT EXCHANGED 100.00

### Total:

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

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

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

[REDACTED]  
June 8, 2015  
2/2  
[REDACTED]

# INVOICE

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](http://WWW.MARLINTRAVEL.CA).