

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings			384	231	615			
Jul-15	Expense Claim	Meetings				365	365			
Total			\$ -	\$ -	\$ 384	\$ 596	\$ 980	\$ -	\$ -	\$ -

Total for the Month \$ 980

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 199
 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

<u>KAMINSKI, VICKIE</u>	<u>PRESIDENT & CEO</u>	Billing Reporting Period:	<u>20/07/2015</u>
<u>CORPORATE</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	\$686.60 <u>614.60</u>
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>XXXXXXXXXX281725</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/06/2015	394593330	MPARK00020373A, AUTOMOBILE PARKING LOTS AND GARAGES	12.50	CAD	12.50	.60	.00	Parking at Commerce Place to attend Round Table Discusion on Patient Safety.
29/06/2015	395081991	ATS GROUP, LIMOUSINES AND TAXICABS	66.00	CAD	66.00	3.14		Taxi from YEG to SSP (flight was delayed due to lightning, so cancelled flight and returned to SSP to work).
01/07/2015	395261902	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to residence on June 19th (attended HealthCare CAN Meeting/CCHL in PEI).
08/07/2015	395965460	RADISSON HOTEL RED DEE, RADISSON	160.86	CAD	160.86	.00		1 night accommodation in Red Deer to attend AMA function on route to Calgary to work out of the Calgary Office.
08/07/2015	395955449	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from residence to YEG to attend National Launch of Tomorrow Project in Calgary, trip cancelled due to weather conditions.
08/07/2015	396155837	DELTA BOW VALLEY, DELTA HOTELS	303.22	CAD	303.22	.00		2 nights accommodation in Caglary to attend various staff functions, announcements and meetings.

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 ✓
 ✓
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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

J. Hamstra
Signature of Cardholder Designate

July 22, 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

Vickie Kaminski
Signature of Cardholder

Aug 4, 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.

Deb Rhodes
Name of Approver Designate

V.P. Corporate Services & CFO
Approver Designate Position/Title

Deborah Rhodes
Signature of Approver Designate

Aug. 10/15
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

Carl Amrhein
Signature of Approver

AUG 12, 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: _____

Commerce Place
Impark
RECEIPT C2

IN: 24.06.15 14:50
OUT: 24.06.15 16:57
AMOUNT: CAD 12.50
CC-DATA:
MASTERCARD

REF. [REDACTED] 93

ATS GROUP
4608 101 ST NW 7805897099
EDMONTON, AB
T6E-5G9

Term ID: 05646412

Purchase

Entry Method: C

Total: \$ 66.00

2015/06/29 07:15:36

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

Master Card
4444444444444444
01 20 06 06 00 1A 8E
0000000000000000
1000000000000000
01 20 06 06 00 1A 8E

APPROVED
Thank You

Customer Copy

- IMPORTANT -
Retain this copy for your records

GST 847355101

June 24, 2015 (\$12.50)

- Parking at Commerce Place to attend Round-table Discussion on Patient Safety (KPMG).

June 29, 2015 (\$66.00)

- Taxi from YEG to SSP – flight was delayed due to lightning storm, so trip cancelled and returned to SSP to work.



Victoria Kaminski
Canada

Room No. : [REDACTED]
Arrival : 07-05-15
Departure : 07-06-15
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

07-06-15 12:57:51 PM EST

Date	Text	Charges	Credits
07-05-15	Room	147.60	
07-05-15	GST Tax 5%	7.38	
07-05-15	Tourism Levy 4%	5.90	
07-06-15	Mastercard [REDACTED]		160.88
Total		160.88	160.88
Balance			0.00

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

Guest Signature _____

④

July 5, 2015 (\$160.88)

- 1 night accommodation in Red Deer to attend AMA function; on route to Calgary to work out of Calgary Office.

*AMA Got 1 day
on the way to Calgary*

Radisson Hotel Red Deer
6500 67 Street
Red Deer, AB T4P 1A2
Telephone: (403) 342-6567 Fax: (403) 343-3600
GST #R121526081

Jennifer Hamstra

From: tobias tobias [REDACTED]
Sent: Wednesday, July 08, 2015 1:17 AM
To: Jennifer Hamstra; Lorinda Prociuk
Subject: Fwd: Transaction Receipt - Do Not Reply

(5)

Vickie Kaminski
June 29/2015
res>Ap

June 29, 2015 (\$72.00)

- Taxi from Residence to YEG to attend National Launch for the Canadian Partnership for Tomorrow Project in Calgary; trip was cancelled as flights were delayed due to weather conditions.

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Vickie Kaminski
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jul 8 2015 01:16AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

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DELTA

BOW VALLEY

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

GOVT AB
 Ms Vickie Kaminski

Room: [Redacted]
 Folio: [Redacted]
 Cashier: [Redacted]
 Arrival: 07-06-15
 Departure: 07-08-15

Date	Description	Additional Information	Charges	Credits
07-06-15	Deposit Transferred at C/I			223.42
07-06-15	Room Charge		199.00	
07-06-15	Room GST		10.25	
07-06-15	Tourism Levy		8.20	
07-06-15	DMF - Destination Marketing Fee		5.97	
07-06-15	Parking - Valet Service		38.00	
07-06-15	Parking - GST		1.90	
07-07-15	Room Charge		199.00	
07-07-15	Room GST		10.25	
07-07-15	Tourism Levy		8.20	
07-07-15	DMF - Destination Marketing Fee		5.97	
07-07-15	Parking - Valet Service		38.00	
07-07-15	Parking - GST		1.90	
07-08-15	Mastercard	[Redacted]		303.22

GST Summary	
Registration No:	826085417
Room	20.50
F&B	0.00
Other	3.80
Total	24.30

Total	526.64	526.64
Balance Due	0.00	CDN

Calgary
 - stamper breakfasts, EMS, Rocky Mts
 mtg in Hoffman
 Parkville MC Cancer
 announcement
 mtg in ACHF

(6)

July 6 and 7, 2015 (\$303.22)

- 2 nights accommodation in Calgary to attend various events (staff functions, announcements and meeting with the Minister and ACH Foundation). **Note:** the difference between parking and valet parking (\$10.00 per day) was deducted from the employee's expense claim (July 5-8, 2015).

if the indicated person, company, or association fails to

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM
SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 5-Jul-15 **To:** 8-Jul-15
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel: _____

Name: Vickie Kaminski **Position (Title):** President & CEO
Location: [REDACTED] **Dept:** Corporate **DOFA Level:** [REDACTED] **Union:** [REDACTED] **Business Phone #:** [REDACTED] **Ext:** [REDACTED]
Employee # (E-People): [REDACTED]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → **Project Number** _____ **Project Task Number** _____
Expenditure Organization _____ **Expenditure Type** _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71110100074	\$365.32						\$365.32		
2B												
2C												
2D												
				\$365.32	**User to enter Coding & \$ Amounts					TOTAL CLAIM		\$365.32

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
Employee Signature: Vickie Kaminski **Date:** Aug. 6, 2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Carl Amrhein **DOFA Level** _____ **Position #** _____ **Phone #** 780-342-2019 **Ext** _____
Signature: [Signature] **Title:** Official Administrator **Date:** AUG 12, 2015

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Deborah Rhodes **DOFA Level** [REDACTED] **Position #** [REDACTED] **Phone** [REDACTED]
Signature: Deborah Rhodes **Title** [REDACTED] **Date:** Aug. 10/15

Health and Personal information on this form is collected by AHS under 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 Procure 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 3E4

