

## Official Administrator and Executive Expense Report

**Name** Vickie Kaminski  
**Title** President & Chief Executive Officer  
**Location** Edmonton  
 Expenses submitted during the month of August 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)
Aug-15	P-Card	Meetings	498		216	108	822			
Aug-15	Direct-Billing	Meetings	1,137				1,137			
<b>Total</b>			\$ 1,635	\$ -	\$ 216	\$ 108	\$ 1,959	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,959

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 190  
 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

<b>KAMINSKI, VICKIE</b>	<b>PRESIDENT &amp; CEO</b>	Billing Reporting Period: <b>20/08/2015</b>
Cardholder's Name	Cardholder's Position/Title	
<b>CORPORATE</b>	<b>SEVENTH STREET PLAZA</b>	Total Statement Amount: <b>\$821.81</b>
Cardholder's Dept	Cardholder's Site/Location	
<b>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</b>		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>
Cardholder's e-mail address		

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/07/2015	998234421	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	✓ 72.00	3.43		Transportation from office to YEG on June 8/15 to attend Patient First Launch at South Health Campus, Calgary
17/08/2015	999941433	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	✓ 12.00	.57	.00	Parking at ATB Place to meet with DMI
17/08/2015	999941434	TERREN *WWTMS HOTEL, TRAVEL AGENCIES AND TOUR OPERATORS	216.88	CAD	✓ 216.88	10.79	.00	Accommodation in Grande Prairie for Northern AB site visits and tours on Aug 20-21/15
17/08/2015	400059174	AIR CAN [REDACTED] AIR CANADA	497.90	CAD	✓ 497.90	.00	.00	Airfare to Grande Prairie for Northern AB site visits and tours on August 20-21/15.
18/08/2015	400059173	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	✓ 24.00	1.14	.00	Parking at ATB Place for meeting with Ministry staff

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <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>		
<u>Colette Mooney</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title <u>Sept. 3/15.</u> Date of Signature	
<b>Cardholder</b> By signing this statement <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>		
<u>KAMINSKI, VICKIE</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>PRESIDENT &amp; CEO</u> Cardholder Position/Title <u>Sept 8/15</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <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>		
<u>Deb Rhodes</u> Name of Approver Designate <u>Deborah Rhodes</u> Signature of Approver Designate	<u>VP Corporate Services CFO</u> Approver Designate Position/Title <u>Sept. 9, 2015</u> Date of Signature	
<b>Approver</b> By signing this statement <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>		
<u>David Carpenter</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>Official Administration</u> Approver Position/Title <u>Sept 10, 2015</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <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>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

Jennifer Hamstra

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**From:** tobias tobias [REDACTED]  
**Sent:** Thursday, July 30, 2015 10:42 AM  
**To:** Lorinda Prociuk; Jennifer Hamstra  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

Vickie Kaminski  
June 08/2015  
Office>Ap

**June 8, 2015 (\$72.00)**

- Transportation from office to YEG on June 8/15 to attend Patient First Launch at South Health Campus, Calgary.

## INFINITY TRANSPORTATION I

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TYPE	PURCHASE
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ORDER ID	[REDACTED]
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CUSTOMER ID	Vickie Kaminski
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CARD NUM	[REDACTED]
----------	------------

ACCOUNT	MASTERCARD
---------	------------

DATE	Jul 30 2015 10:40AM
------	---------------------

REF NUM	[REDACTED]
---------	------------

AUTH CODE	[REDACTED]
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AMOUNT (CAD)	
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	\$72.00
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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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Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

RECEIPT  
Impark Lot 101  
Stall [REDACTED]  
03:42 PM  
AUG 17, 2015

Purchase Date/Time: 01:42pm Aug 17, 2015  
Total Parking: \$11.43  
Total gst: \$0.67  
Total Due: \$12.00  
Total Paid: \$12.00  
Ticket: [REDACTED]  
SN #: 100008440036  
Setting: Lot 101  
Mach Name: Meter 3

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

MasterCard

Auth [REDACTED]

GST #867315638RT0001  
NO IN AND OUT PRIVILEGES

August 17, 2015 (\$12.00)

- Parking at ATB Place to meet with DM.

Budget mtg  
E Deputy, Richard  
Dicerni, Dep. of  
Finance et al

August 18, 2015 (\$24.00)

- Parking at ATB Place for meeting with Ministry staff.

RECEIPT  
Impark Lot 101  
Stall [REDACTED]  
09:02 PM  
AUG 18, 2015

Purchase Date/Time: 05:02pm Aug 18, 2015  
Total Parking: \$22.66  
Total gst: \$1.34  
Total Due: \$24.00  
Total Paid: \$24.00  
Ticket: [REDACTED]  
SN #: 100008440036  
Setting: Lot 101  
Mach Name: Meter 3

Rate: 4 hours - \$24.00  
Payment Type: Card

MasterCard

GST #867315638RT0001  
NO IN AND OUT PRIVILEGES



## Colette Mooney

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**Subject:** Check in at Holloway Inn & Suites  
**Location:** 11710 102 Street, Grande Prairie  
  
**Start:** Thu 8/20/2015 7:30 PM  
**End:** Thu 8/20/2015 8:30 PM  
  
**Recurrence:** (none)  
  
**Organizer:** Vickie Kaminski  
**Categories:** [REDACTED]

## Hotel Confirmation

Thank you for booking your hotel through Air Canada's partner WWTMS. This email is your receipt for the hotel you just booked. Your Booking Number is [REDACTED]. Please include it in all correspondence with [REDACTED]. If you have any questions, please contact us at 800-204-4048.

Use your Hotel Confirmation Number (located under your Contact Information) in all correspondence with your hotel.

Remember that you can always [view your booking online](#) for the most up-to-date information.

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Hotel Booking Number [REDACTED]

### Customer Information:

Ms. Victoria Kaminski  
[REDACTED]

Hotel Confirmation Number [REDACTED]



Destination: Grande Prairie

### Holloway Inn and Suites

11710 102nd St  
Grande Prairie, AB, CA, T8V7S7  
[Hotel Details Map](#)

Check-in: **20-Aug, 1 Night 2015**  
Check-out: **21-Aug, 2015**

1 Room(s): Kitchen with mw dw  
fullsize fridge and stove separate  
bedroom wking bed wireless  
internet

**Room 1:**

**Best Available Room**

Kitchen with mw dw fullsize fridge  
and stove separate bedroom wking  
bed wireless internet

**August 17, 2015 (\$215.85)**

- Accommodation in Grande Prairie for Northern AB site visits and tours on August 20-21, 2015.

**Billing Summary**

Room 1	(Night: 1, Guests: 2)	\$189.99
Taxes and Fees		\$25.86
Grand Total (CAD)		\$215.85

Actual Nightly Rates per Room:

Thu  
Week 1 \$189.00

Credit Card:

**Hotel Policies**

Name: Mrs Victoria Kaminski

Passenger 1

## Purchase Summary

Passenger: 1 Ticket number

Date of issue

17-Aug 2015

Fare Amount in Canadian dollars:

410.00

(including navigational & other charges)

Taxes, Fees & Charges

Canada Security Charge (CA)

14.25

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

23.71

Canada Airport Improvement Fee (SQ)

50.00

Total Fare in Canadian dollars:

**August 17, 2015 (\$497.96)**

497.96

Ticket particularities:

AC ONLY/NON-REF/CHGE

FEE-BG:AC

- Airfare to Grande Prairie for Northern AB site visits and tours on August 20-21, 2015.

\*Fare calculation:

20AUG15YEA AC YQU Q12.00R193.00AC YEA Q12.00R193.00CAD410.00

END ROE1.00

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287

RC Canada Harmonized Sales Tax (HST) #10009-2287

XQ Quebec Sales Tax (QST) #1000-043-172

## Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable.
- Seat selection charges are per passenger and apply to each individual one-way flight segment in your itinerary. Flight segments are identified by a change in flight number, with each new flight number representing a flight segment. Taxes are not included.
- Please note that you may be moved from your selected seat without notice in the event of an involuntary schedule or airport change (e.g. flight disruption, cancellation), to accommodate a passenger with a disability, or for any other reason that requires Air Canada to move you prior to departure or during the flight. If you are moved from your seat for one of these reasons, you may request a refund for your seat charges. We invite you to read additional [terms and conditions](#) related to seat selection

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

## Baggage Information

Please see below for details on the bags you plan on checking at the baggage counter.



## Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.  
Please bring your itinerary-receipt to the airport.

### Main Contact Information

Booking reference: [REDACTED]

**Name:** Mrs Victoria Kaminski  
**E-mail:** VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA  
**Form of payment:** [REDACTED]

**Customer Care**  
**Air Canada Reservations**  
1-888-247-2262  
**Air Canada Flight Information**  
1-888-422-7533

[International Reservations](#)

Alert me of flight changes

[Flight notification](#)

### Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8363	Edmonton International (YEG)	Grande Prairie (YQU)	DH3	Economy (V)	Confirmed
<i>Operated by:</i>	Thu 20-Aug 2015	Thu 20-Aug 2015			
<i>Air Canada Express-Jazz</i>	08:40	09:51			
Seat number(s) requested:	1D				
AC8366	Grande Prairie (YQU)	Edmonton International (YEG)	DH3	Economy (V)	Confirmed
<i>Operated by:</i>	Fri 21-Aug 2015	Fri 21-Aug 2015			
<i>Air Canada Express-Jazz</i>	15:20	16:29			
Seat number(s) requested:	1D				

### Passenger Information

## 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> Aug-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Aug-15	Direct Billing	Airline Ticket	Flight from Edmonton to Toronto on Aug 13th (invoice number [REDACTED] incorporates flight changes on invoice [REDACTED] and [REDACTED] to attend AHS/DynaLife Meeting. Meeting was cancelled so flight cancelled, credit will be used at a later date.	Marlin Travel	1,136.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 1,136.96</b>

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: August 10, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
MS VICTORIA KAMINSKI  
AC [REDACTED]

Thursday, August 13, 2015

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: TORONTO PEARSON  
Stops: 0 Arrival: 13Aug15  
AIR CANADA CONFIRMATION  
TICKET NUMBER [REDACTED]  
SEAT 13C

Flight: 154 H CLASS  
03:50 PM Equipment: A320  
09:28 PM

Mile(s) Flown: 1671

**Cost:**

AIR CANADA WEB [REDACTED]

AIR CANADA WEB [REDACTED]

**Total:** [REDACTED]

75.00

334.00

Grand Total:	409.00
Less Credit Card Payments:	409.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	727.96
Total Charges Previous Invoices:	727.96
Total Balance Due:	0.00

~~\_\_\_\_\_~~  
\$1136.96  
\_\_\_\_\_