

AHS Board and Executive Expense Report

Name Vickie Kaminski
Title President & CEO
Location Edmonton

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings				448	448	68		
Total			\$ -	\$ -	\$ -	\$ 448	\$ 448	\$ 68	\$ -	\$ -

Total for the Month \$ 516

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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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> Cardholder's Name	<u>PRESIDENT & CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>CORPORATE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$150.00</u>
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/12/2015	413599399	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	150.00	CAD	150.00	7.14		Transportation of AHS Board members David Carpenter, Hugh Sommerville, Glenda Yeates and Brenda Hemmelgam to/from the Matrix

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Colette Modney</u> <small>Name of Cardholder Designate</small>	<u>Exec. Assistant</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>Jan. 22/16.</u> <small>Date of Signature</small>	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>KAMINSKI, VICKIE</u> <small>Name of Cardholder</small>	<u>PRESIDENT & CEO</u> <small>Cardholder Position/Title</small>	
<hr style="width: 100%;"/> <small>Signature of Cardholder</small>	<hr style="width: 100%;"/> <small>Date of Signature</small>	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Deborah Rhodes</u> <small>Name of Approver Designate</small>	<u>VP Corp Services & CFO</u> <small>Approver Designate Position/Title</small>	
 <small>Signature of Approver Designate</small>	<u>Jan. 28/16</u> <small>Date of Signature</small>	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Sinda Hughes</u> <small>Name of Approver</small>	<u>Board Chair</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>Jan. 29/16</u> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: _____

Colette Mooney

From: tobias tobias [REDACTED]
Sent: Sunday, December 20, 2015 6:55 PM
To: Colette Mooney; Lorinda Prociuk; Jennifer Hamstra
Subject: Fwd: Transaction Receipt - Do Not Reply

Categories: Reference Category

Vickie Kaminski(Hugh Sommerville, Glenda Yeates and Brenda Hemmelgarn)

Nov.23/2015

Matrix>Union Bank Inn>Vickie's res & Return

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Vickie Kaminski
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Dec 20 2015 06:20PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$150.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

November 23, 2015 (\$150.00)

Billed Dec 20/15

- Transportation of AHS Board members David Carpenter, Hugh Sommerville, Glenda Yeates and Brenda Hemmelgarn to/from the Matrix Hotel, Union Bank Inn to/from Kaminski Residence on Nov. 23/2015.

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> Cardholder's Name	<u>PRESIDENT & CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/12/2015</u>
<u>CORPORATE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	\$438.25 \$366.25
<u>LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/11/2015	410461577	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to home re: HealthCareCAN Board meeting in Ottawa on Oct 26/15
22/11/2015	410461578	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from Seventh Street Plaza office to YEG re: Western CEO meeting in Vancouver Oct 29-30/15
22/11/2015	410461579	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from YEG to home re: Western CEO meeting in Vancouver Oct 29-30/15
22/11/2015	410461580	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Taxi from home to YEG re: ELT Retreat in Canmore Nov 2-3/15
22/11/2015	410461581	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	82.00	CAD	82.00	3.90		Taxi with Sharon Lehr and Carmel Turpin from YEG to residence re: ELT Retreat in Canmore Nov 2-3/15
09/12/2015	412286709	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	68.25	CAD	68.25	3.25	.00	Registration fee for Vickie Kaminski to attend ICD event on Jan 13/16

①
②
③
④
⑤
⑥

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.

Colette Mooney
Name of Cardholder Designate

Exec. Assistant
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Dec. 30 / 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

Dec. 31, 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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

Linda Hughes
Name of Approver

Board Chair
Approver Position/Title

[Signature]
Signature of Approver

Jan. 5 / 2016
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: _____

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Colette Mooney

From: tobias tobias [REDACTED]
Sent: Sunday, November 22, 2015 1:08 AM
To: Colette Mooney; Lorinda Prociuk; Jennifer Hamstra
Subject: Fwd: Transaction Receipt - Do Not Reply

Vickie Kaminski
Oct.29/2015
SSP>Ap

October 29, 2015 (\$72.00) *Billed Nov 22/15*
• Taxi from Seventh Street Plaza office to YEG re: Western CEO meeting in Vancouver Oct 29-30/15.

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Vickie Kaminski
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Nov 22 2015 01:04AM
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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Colette Mooney

From: tobias tobias [REDACTED]
Sent: Sunday, November 22, 2015 1:08 AM
To: Colette Mooney; Lorinda Prociuk; Jennifer Hamstra
Subject: Fwd: Transaction Receipt - Do Not Reply

October 30, 2015 (\$72.00) *Billed Nov 22/15*
• Taxi from YEG to home re: Western CEO meeting in Vancouver Oct 29-30/15.

Vickie Kaminski
Oct.30/2015
Ap>Res

INFINITY TRANSPORTATION I

TYPE PURCHASE

ORDER ID [REDACTED]
CUSTOMER ID Vickie Kaminski
CARD NUM [REDACTED]
ACCOUNT MASTERCARD

DATE Nov 22 2015 01:05AM
REF NUM [REDACTED]
AUTH CODE [REDACTED]

AMOUNT (CAD) \$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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- IMPORTANT -

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Colette Mooney

From: tobias tobias [REDACTED]
Sent: Sunday, November 22, 2015 1:53 AM
To: Colette Mooney; Lorinda Prociuk; Jennifer Hamstra
Subject: Fwd: Transaction Receipt - Do Not Reply

Vickie Kaminski
Nov.01/2015
Res>Ap

November 1, 2015 (\$72.00) *Billed Nov 22/15*
• Taxi from home to YEG re: ELT Retreat in Canmore Nov 2-3/15.

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Vickie Kaminski	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Nov 22 2015 01:50AM	
REF NUM	[REDACTED]	
AUTH CODE	[REDACTED]	
AMOUNT (CAD)		----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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Colette Mooney

From: tobias tobias [REDACTED]
Sent: Sunday, November 22, 2015 1:54 AM
To: Colette Mooney; Lorinda Prociuk; Jennifer Hamstra
Subject: Fwd: Transaction Receipt - Do Not Reply

November 3, 2015 (\$82.00)

Billed Nov 22/15

- Taxi with Sharon Lehr and Carmel Turpin from YEG to residence re: ELT Retreat in Canmore Nov 2-3/15.

Vickie Kaminski

Nov.03/2015

Ap>Northern Alberta Jubilee Auditorium>Vickie's Residence

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Vickie Kaminski
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Nov 22 2015 01:51AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$82.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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- IMPORTANT -

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Colette Mooney

From: [REDACTED]
Sent: Tuesday, December 08, 2015 4:21 PM
To: Colette Mooney
Subject: Order Confirmation

Categories: Reference Category

Institute of Corporate Directors

2701-250 Yonge Street, Toronto, ON M5B 2L7

Order Number [REDACTED]
Order Date 12/8/2015
Order Total 68.25
Payment Method [REDACTED]
Name on Card Vickie Kaminski

Qty	Item	Price	Total
1	Governance and Leadership in the Public Sector - Ms Vickie Kaminski	65.00	65.00
	When: 1/13/2016 - 1/13/2016		
	Where: Mayfair Country Club 9450 Groat Rd NW Edmonton, AB		
	Item Total		65.00
	Shipping		0.00
	Handling		0.00
	GST		3.25
	Transaction Grand Total		68.25

GST# 12179 8201

QST# 12048 55478

December 8, 2015 (\$68.25)

- Registration fee for Vickie Kaminski to attend ICD event on Jan 13/16.