

## Board and Executive Expense Report

**Name** Chris Mazurkewich  
**Title** EVP & Chief Operating Officer  
**Location** Calgary  
 Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	P-Card	Various meetings		4	533	357	894			
<b>Total</b>			\$ -	\$ 4	\$ 533	\$ 357	\$ 894	\$ -	\$ -	\$ -

**Total for the Month** \$ 894

Maximum meal expense claimed in the month \$ 4  
 Maximum daily hotel rate claimed in the month \$ 109  
 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>MAZURKEWICH, CHRIS</u>	<u>EXECUTIVE VICE PRESIDENT &amp;</u>	<u>Billing Reporting Period:</u>	<u>20/01/2013</u>
Cardholder's Name	Cardholder's Position/Title		
<u>FINANCE</u>	<u>SOUTHPORT</u>	<u>Total Statement Amount:</u>	<u>\$894.36</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>CHRIS.MAZURKEWICH@ALBERTAHEALTHSERVICES.CA</u>		<u>Last 6 digits of the P-Card #:</u>	<u>[REDACTED]</u>
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/12/2012	304380569	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	123.98	CAD	123.99	5.90		Hotel in EDM, Budget Mtg with AH
27/12/2012	304721514	YELLOW CAB, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01	.00	Dec 7 taxi, UAH-Airport
02/01/2013	305086899	RED ARROW EXPRESS LTD, BUS LINES	148.00	CAD	148.00	7.05		Bus to/from EDM, Health Sustainability Mtg
09/01/2013	305473401	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	122.24	CAD	122.24	5.82		EDM hotel, Jan 7, Health Sustainability Mtg
16/01/2013	306077211	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	290.68	CAD	290.68	13.84		EDM Hotel, Jan 13-16, Mtg with Minister and JET
17/01/2013	306248693	YELLOW CAB, LIMOUSINES AND TAXICABS	60.50	CAD	60.50	2.88		Jan 17 taxi, Airport to SSP
17/01/2013	306248694	YELLOW CAB, LIMOUSINES AND TAXICABS	60.50	CAD	60.50	2.88		Jan 17 taxi, Leg.to Airport
17/01/2013	306248695	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	25.20	CAD	25.20	1.20	.00	YYC parking Jan 17

<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 the statement in BMO details Online in the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transactions to the proper cost centre.</li> </ul>		
_____ Name of Cardholder	_____ Cardholder Designate Position Title	
_____ Signature of Cardholder	_____ Signature of Designate	
<b>Cardholder</b> By signing this statement: <ul style="list-style-type: none"> <li>I hereby certify that the P-Card issued to me is used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.</li> <li>I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online on my behalf (if applicable).</li> </ul>		
_____ MAJOR/PLURAL CARDS Name of Cardholder	_____ EXECUTIVE VICE PRESIDENTS Name of Designate	
_____ Signature of Cardholder	_____ Signature of Designate	
<b>Approver Designate (if Applicable)</b> By signing this statement: <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and approved this statement in BMO details Online in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approve.</li> </ul>		
_____ Name of Approver Designate	_____ Approver Designate Position Title	
_____ Signature of Approver Designate	_____ Signature of Designate	
<b>Approver</b> By signing this statement: <ul style="list-style-type: none"> <li>I hereby certify that the P-Card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.</li> <li>I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online on my behalf (if applicable).</li> </ul>		
_____ Name of Approver	_____ Name of Designate	
_____ Signature of Approver	_____ Signature of Designate	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original itemized receipts</li> <li>Signed Credit Card Statement Report and copies of electronic signatures if signatures are not on report.</li> </ul> <b>and where applicable:</b> <ul style="list-style-type: none"> <li>Copies of pre-approvals (if used)</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Returns, refund and/or credit receipts</li> <li>Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 4th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 1E4	
<b>Accounts Payable only:</b>		
Reference # _____	Received by _____	Date _____

①

  
**DELTA**  
 EDMONTON CENTRE  
 SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5  
 Tel: 780-429-3900 Fax: 780-426-0562

GOVT AB  
 Mr Chris Mazurkewich  
 AB Health Services  
 [Redacted]

Room: 0535  
 Folio: [Redacted]  
 Cashier: 434  
 Arrival: 12-18-12  
 Departure: 12-19-12

Date	Description	Additional Information	Charges	Credits
12-18-12	Room Charge		109.00	
12-18-12	Room - GST		5.50	
12-18-12	Room - Tourism Levy		4.40	
12-18-12	Room - Destination Mkt. Fee		1.09	
12-19-12	Cocoas - Grats	CHECK# 1008 5.00 Split Into 4.00 And 1.00 Mazurkewich Chris	4.00	
		#0535=>Platinum Breakfast (PH 9623)		
		#9623 Platinum Breakfast (PH 9623)		
		#9623=>Mazurkewich Chris #0535		
12-19-12	Mastercard	[Redacted]		123.99

*see attached*

Total	123.99	123.99
Balance Due	0.00	CDN

GST Summary	
Registration No:	899111215
Room	5.50
F&B	0.00
Other	0.00
<b>Total</b>	<b>5.50</b>

Hotel in Edmonton, Dec 18-19  
 In-person Budget Meeting with AH

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.

Delta Edmonton Centre Suite Hotel

Check Detail

DELTA EDMONTON CENTRE SUITE HOTEL  
10122 - 13 STREET  
EDMONTON, ALBERTA T5C 1G7  
100 [REDACTED]  
2011 01 01 CH 1 00  
10/11/11 10:44AM

DELTA EDMONTON CENTRE SUITE HOTEL	10.00
ADDITIONAL	10.00
TAXES	10.00
PROPERTY	10.00
MANAGE FEE	10.00
ROOM CHARGE	10.00
DELTA EDMONTON CENTRE SUITE HOTEL	10.00

Only expensed \$4.00 of breakfast charge.  
Personally paid for balance.



CHARGE TO: ACCOUNT NO.

**YELLOW CAB (780) 462-3456**  
**PRESTIGE CABS (780) 462-4444**  
 ADMINISTRATION (780) 465-8500

*UAH to airport*

GST # 100403070 AUTH NO. UNIT NO. 315

G.S.T.# TIME 15:00 DAY 17 MO. 11 YR. 2013

FROM *U of A* 4408511

TO *Airport*

PRINT NAME *CHRIS MARUCKOWICH*

CUSTOMER'S SIGNATURE *Chris Maruckowich*

FARE INTL GRATUITY TOTAL *65.00*

MasterCard VISA AMERICAN EXPRESS

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.

CUSTOMER COPY

②

December 7  
 Taxi: University of Alberta Hospital  
 to Airport  
 President's Speaker Series at UAH

780-462-3456

Item Id: 4502412478251  
 Item #: 0815  
 MasterCard  
 PURCHASE  
 Card #: [REDACTED]

AID: A0000000041010

APPROVED *from airport*

Amount: CAD\$55.00  
 TIP CAD\$5.50  
 TOTAL *Taxi* CAD\$60.50

Ref. #: C  
 Auth. #: 104729  
 Resp. Code: 00  
 TrR: 4000000000  
 TSI: E800

*AFC meeting*

BOOK ON LINE AT EDMTAXI.COM  
 THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2013/01/17 Time: 08:47:28  
 Response: AUTH 104729

\*\*\*

780-462-3456

Item Id: 4502412478259  
 Item #: 0667  
 MasterCard  
 PURCHASE  
 Card #: [REDACTED]

AID: A0000000041010

APPROVED *from legs*

Amount: CAD\$55.00  
 TIP CAD\$5.50  
 TOTAL CAD\$60.50

Ref. #: C  
 Auth. #: 200325  
 Resp. Code: 00  
 TrR: 4000000000  
 TSI: E800

*tax to airport*

BOOK ON LINE AT EDMTAXI.COM  
 THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2013/01/17 Time: 18:03:24  
 Response: AUTH 200325

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CALGARY AIRPORT  
 AUTHORITY

STATION C50  
 IN: 01/17/13 05:55  
 OUT: 01/17/13 21:20  
 PAID: \$ 25.20  
 (GST INCLUDED)  
 GST No. 122556194  
 MASTERCARD  
 [REDACTED]  
 REF. 52  
 YOU HAVE 15 Min.  
 TO EXIT  
 THANK YOU FOR  
 YOUR VISIT

⑥

January 17  
 Taxi: Airport to 7th St Plaza  
 Audit & Finance Committee

⑦

January 17  
 Taxi: Legislature Building  
 to Airport  
 AH/AHS Leadership Team Mtg

⑧

January 17  
 Calgary Airport Parking  
 Day trip to Edmonton for  
 AH/AHS Leadership Team Mtg

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Kristina Russell

From: Reservations [itinerary@redarrow.ca]
Sent: January 02, 2013 8:30 AM
To: Kristina Russell
Subject: Invoice

Red Arrow, Jan 7-8
Calgary to Edmonton and return
Health Sustainability Leadership Team Mtg
and Executive Committee

Invoice

Date: 2013-01-02

Bill To You can reach us at

Website User

Table with columns: Order#, Ordered, Customer#, P.O., Group Name, Departing, Returning, Sales Rep, Sales Agent. Row 1: 993751, 2013-01-02, [Redacted], -, -, 2013-01-07, 2013-01-08, -, Website User

Travellers:

Mazurkewich/Chris

Table with columns: Product, Details, Duration, Price Basis, Qty, Each, Billed. Rows for CEEXP 06:00 and ECEXP 16:30 with departure/arrival times and pricing.

Payments Received

Table with columns: Date, From, Reference, Amount. Row: 2013-01-02, Chris Mazurkewich, [Redacted], 148.00 CAD

Base Price: 140.96 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
GST: 7.04 CAD
Invoice Total: 148.00 CAD
Received: 148.00 CAD
Balance: 0.00 CAD

Red Arrow reserves the right to conduct baggage checks at any time.
When travelling with Red Arrow you may be asked for ID at any time.
GST# BN139981476
CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. PLEASE REMIT PAYMENT TO THE ADDRESS LISTED ON YOUR STATEMENT. THANK YOU.
IF YOU WISH TO MAKE ANY CHANGES TO THIS RESERVATION - time change, date change, or cancel for a full refund - we require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures.
Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication



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10222 - 102 Street, Edmonton, Alberta T5J 4C5  
Tel: 780-429-3900 Fax: 780-426-0562

GOVT AB  
Mr Chris Mazurkewich  
AB Health Services

Room: 0718  
Folio: [REDACTED]  
Cashier: 434  
Arrival: 01-07-13  
Departure: 01-08-13

Date	Description	Additional Information	Charges	Credits
01-07-13	Room Charge		109.00	
01-07-13	Room - GST		5.61	
01-07-13	Room - Tourism Levy		4.36	
01-07-13	Room - Destination Mkt. Fee		3.27	
01-08-13	Mastercard	[REDACTED]		122.24
<b>Total</b>			<b>122.24</b>	<b>122.24</b>
<b>Balance Due</b>			<b>0.00</b>	<b>CDN</b>

GST Summary	
Registration No:	899111215
Room	5.61
F&B	0.00
Other	0.00
<b>Total</b>	<b>5.61</b>

Hotel in Edmonton, Jan 7-8  
Health Sustainability Leadership Team Mtg  
and Executive Committee

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.




  
**DELTA**  
 EDMONTON CENTRE  
 SUITE HOTEL


⑤

10222 - 102 Street, Edmonton, Alberta T5J 4C5  
 Tel: 780-429-3900 Fax: 780-426-0562

GOVT AB  
 Mr Chris Mazurkewich  
 AB Health Services



Room: 0712  
 Folio:   
 Cashier: 434  
 Arrival: 01-13-13  
 Departure: 01-15-13

Date	Description	Additional Information	Charges	Credits
01-13-13	Room Charge		109.00	
01-13-13	Room - GST		5.61	
01-13-13	Room - Tourism Levy		4.36	
01-13-13	Room - Destination Mkt. Fee		3.27	
01-13-13	Parking - Self Parking		23.10	
01-14-13	Room Charge		109.00	
01-14-13	Room - GST		5.61	
01-14-13	Room - Tourism Levy		4.36	
01-14-13	Room - Destination Mkt. Fee		3.27	
01-14-13	Parking - Self Parking		23.10	
01-15-13	Mastercard			290.68
			<b>Total</b>	<b>290.68</b>
				<b>290.68</b>
			<b>Balance Due</b>	<b>0.00 CDN</b>

GST Summary	
Registration No: 899111215	
Room	11.22
F&B	0.00
Other	2.20
<b>Total</b>	<b>13.42</b>

Hotel in Edmonton, Jan 13-15  
 Meeting with Minister of Health, Jan 14  
 Joint Executive Team Meeting, Jan 15

Drove to Edmonton on Jan 13th  
 due to inclement weather

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.