

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title Vice President & Medical Leader
Location Edmonton

Expenses submitted during the month of February 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-14	P-Card	Meetings/Conference		77	972	478	1,527	1,074		
Total			\$ -	\$ 77	\$ 972	\$ 478	\$ 1,527	\$ 1,074	\$ -	\$ -

Total for the Month \$ 2,601

Maximum meal expense claimed in the month \$ 42
 Maximum daily hotel rate claimed in the month \$ 292
 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

MADOR, DAVID Cardholder's Name	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period:	20/02/2014
EDMONTON ZONE & NORTHERN Cardholder's Dept	UNIVERSITY OF ALBERTA Cardholder's Site/Location	Total Statement Amount:	\$2,800.94
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA 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
05/02/2014	342268008	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	✓ 23.00	.00	.00	Parking at Airport
10/02/2014	342555598	EXELUCAR LAX, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED <i>Shuttle</i>	275.00	USD	✓ 311.81	.00	.00	Shuttle from Airport to Hotel
11/02/2014	342785957	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	62.30	CAD	✓ 62.30	2.97		taxi from SPPT to airport
12/02/2014	342839191	CANADIAN MEDICAL ASSOC, ORGANIZATIONS, MEMBERSHIP	1,073.50	CAD	✓ 1,073.50	51.12		Conference Registration
13/02/2014	342639180	ESCAPE FISH BAR QQS, FAST-FOOD RESTAURANTS	37.40	USD	✓ 42.11	.00	.00	Dinner w/ receipt
14/02/2014	343105662	TAXI CAB SERVICE, LIMOUSINES AND TAXICABS	16.90	USD	✓ 19.03	.00	.00	taxi from hotel to airport
14/02/2014	343105854	GRAND HYATT SAN DIEGO, HYATT HOTELS	31.00	USD	✓ 34.80	.00	.00	hotel stay while at conference <i>(error) \$10 lunch</i>
15/02/2014	343105853	GRAND HYATT SAN DIEGO, HYATT HOTELS	883.51	USD	✓ 972.19	.00	.00	hotel stay while at conference <i>3 Nights + taxes</i>
18/02/2014	343391519	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	62.10	CAD	✓ 62.10	2.98	.00	taxi from airport to SPPT - ELT meeting

- ① Parked @ airport - flight taken to Calgary for a face-face mtg required to return to Edmonton as co-chair of a mtg in the afternoon
- ② shuttle from LAX to San Diego airport to attend IHI triple arm conference cost effective travel compared to a car rental, flight was direct from Calgary to LAX (no direct flights to San Diego) -
- ③ taxi fare from SPPT to Calgary airport attended Executive Leadership team mtg and Official Administrator
- ④ Registration to conference (conference in April 2014)
- ⑤ Dinner receipt (US funds)
- ⑥ taxi fare from San Diego hotel to airport
- ⑦ lunch receipt (US funds) error on description \$10 lunch
- ⑧ Hotel stay while in San Diego @ IHI triple arm conference
- ⑨ taxi fare from Calgary airport to Southport tower to attend Executive Leadership team and the official administrator

Signature
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.

Name of Cardholder Designate

Signature of Cardholder Designate

Admin Asst
Cardholder Designate Position/Title

21-Feb-2014
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.

MADOR, DAVID

Name of Cardholder

Signature of Cardholder

VP & MEDICAL DIRECTOR

Cardholder Position/Title

21-Feb-2014
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.

Susan Best
Name of Approver Designate

Signature of Approver Designate

Exec. Assistant
Approver Designate Position/Title

March 3, 2014
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.

Deborah Rhodes
Name of Approver

Signature of Approver

Acting VP Corp Serv. & CFO
Approver Position/Title

March 5/14
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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From: reservations@execucar.com
 Sent: Monday, February 10, 2014 9:34 AM
 To: Debbie Fornal
 Subject: ExecuCar Reservation Confirmation [REDACTED]



Dear DAVID MADOR,
 The following information summarizes your confirmed service with ExecuCar.

Guest Information:

Address [REDACTED]

Arrival itinerary (From the airport)

Confirmation Number: [REDACTED]

Pickup Date/Time: Tuesday, February 11, 2014 9:32 PM

Adults	1
Children	0
Service Type	EXECUCAR SEDAN SERVICE MEET AND GREET (UP TO 4 PASSENGERS)
Airport	<u>LAX - LOS ANGELES AIRPORT</u>
Airline	AIR CANADA
Flight #	570 - International
Fare	\$275.00
Tip	\$0.00
Fuel surcharge	\$0.00
Total	\$275.00 VSD ✓

= \$311.81 CAD ✓

Special Instructions

UPON ARRIVAL, FOLLOW THE SIGNS TO THE BAGGAGE CLAIM. YOUR DRIVER WILL MEET YOU IN THE BAGGAGE CLAIM WITH A SIGN DISPLAYING YOUR NAME. IF FOR ANY REASON YOU NEED ASSISTANCE LOCATING THE DRIVER, OR IF YOU HAVE ANY QUESTIONS, PLEASE CALL 1 (800) 801-7800.

Billing

Payment Method: PREPAID CREDIT CARD

Card type: [REDACTED]

Card number: [REDACTED]

To change or cancel this reservation, please call 1-800-410-4444.

To view our terms and conditions, click here

Thank you for choosing ExecuCar!

<http://www.supershuttle.com>

We value your safety so please wear your seat belt in your journey with us.

This e-mail is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. Any use, distribution or copying of this e-mail communication is strictly prohibited if you are not the addressee. If so, please notify us immediately by e-mail, and destroy the original. Thank you.

shuttle transport from LAX to
 San Diego
 direct flight ^{available} from Calgary AB to LAX
 cost effective flights transport arrive
 due to time constraints and require
 for attendance @ meeting ✓

From: CCPL Registration [CCPLregistrations@cma.ca]
Sent: Wednesday, February 12, 2014 6:55 AM
To: David Mador
Subject: CCPL Registration Confirmation

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Canadian Conference on Physician Leadership



Canadian Society
of Physician Executives
Société canadienne
des médecins gestionnaires



Canadian Conference on Physician Leadership

April 9 - 12, 2014
Fairmont Royal York Hotel
Toronto, Ontario

Registration Confirmation

Thank you for your participation, we look forward to seeing you at the Canadian Conference on Physician Leadership.

Order date : 2014/02/12

Order reference :

Dr. David Mador
VP and Medical Director

Office telephone: [REDACTED]
Office fax: [REDACTED]
Home telephone:
david.mador@albertahealthservices.ca

Food allergies or food observances:
none

Conference Workshop Preferences

Session 1 : E. Negotiating relationships: authenticity in action
Session 2 : G. Physician performance review: an essential element of physician

✓

Session 2 : G. Physician performance review: an essential element of physician engagement

Session 3 : D. Lean Healthcare tools and techniques to initiate and sustain positive change

Session 4 : H. Physicians as agents of change: lessons from peer networks

Official Receipt

Please keep this copy for your records

Item		Total
2-day CCPL Conference (April 11-12)	1	\$950.00
Subtotal		\$950.00
(CMA no.: [REDACTED]) HST (13.0%)		\$123.50
Grand total		\$1,073.50

Conference Cancellation Policy

Registration fees, less a \$150 administrative charge (or \$250 if it includes a preconference workshop) will be refunded for cancellations received in writing before March 25. No refund will be offered for cancellations received after that time - no exceptions. Participants who request a cancellation may opt to send a substitute.

Accommodation

The Canadian Conference on Physician Leadership has negotiated special rates for the participants.

Note: Hotel reservations are booked on a first-come, first-served basis. Book early to obtain the conference rate.

You may book your accommodation online at www.2014leadership.ca.

Participant list

We create a Conference Participant List including names, city and province to facilitate meeting preparation and networking among conference participants. This list is not used for any other purpose. If you prefer not to be on the participant list, please contact the CMA Registration Officer at CCPLregistrations@cma.ca

GRAND HYATT

Manchester Grand Hyatt San Diego
One Market Place
San Diego, CA 92101
Tel: 619.232.1234
Fax: 619.233.6464

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INVOICE

Payee Dr David Mador

Room No. 2233
Arrival 02-11-14
Departure 02-14-14
Page No. 1 of 1
Folio Window
Folio No.

Confirmation No.

Group Name Institute Healthcare Improvement

Booking No.

Date	Description	Charges	Credits
02-11-14	Group Room	254.00	
02-11-14	Occupancy Tax 10.5%	26.67	
02-11-14	SD TMD Assessment 2.0%	5.08	
02-11-14	CA Tourism Assessment Fee	0.21	
02-12-14	Group Room	254.00	
02-12-14	Occupancy Tax 10.5%	26.67	
02-12-14	SD TMD Assessment 2.0%	5.08	
02-12-14	CA Tourism Assessment Fee	0.21	
02-13-14	Guest Room	259.00	
02-13-14	Occupancy Tax 10.5%	27.20	
02-13-14	SD TMD Assessment 2.0%	5.18	
02-13-14	CA Tourism Assessment Fee	0.21	
02-14-14	Master Card		863.51 USD

Total 863.51 863.51

Guest Signature

Balance 0.00 = 972.19

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 or the full amount of these charges.

We hope you had an exceptional stay at the Manchester Grand Hyatt and look forward to hearing your feedback.

CDN ✓

Please e-mail your comments to:
Chad Eding at chad.eding@hyatt.com
Lost & Found: gordana.leger@hyatt.com
Phone 1.888.552.7410 Fax 1.918.512.4083

For inquiries concerning your bill please call 855-869-0846 or email
NA.CustomerService@Hyatt.com

Please remit payment to:
Manchester Grand Hyatt
P O BOX 94054
Seattle, WA 98128

✓

ASSOCIATED TAXI & LIM. CO.
397 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

Feb 11/14

taxi fare from Calgary Airport to Southport tower
to attend Executive Leadership team mtg

DATE: 2014/02/11
PICK-UP TIME: 08:22
DROP-OFF TIME: 08:47
TRIP ID: 8
LOCATION: 873000-45824183787
CAR NUMBER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$): 55.18
EXTRA (\$): 0.00
SUBTL (\$): 55.18

TIP (\$):

\$ 7.00

TOTAL (\$):

\$ 62.10

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

1.000.000.000.000

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GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st FI 05/02/14 13:33
Receipt [REDACTED]

Short-term parking tkt
HL - No. [REDACTED]
05/02/14 06:40 -
06/02/14 06:39 -
Period 1d0h0
(Tax) \$23.00
Total \$23.00

Payment Received \$23.00

Sub Total \$21.90
Tax 5% 1.10

①
Airport Parking
flight taken to Calgary
to attend mtg

Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB. T2A 1X2
403-299-9999

Taxi Service
MasterCard

Terminal ID: 00001472D798
Transaction Reference

Author: [REDACTED]
Date: 2014/02/11 17:03:29

ID: [REDACTED]

AKV: [REDACTED]

SR: 851

Enter Start Time: 16:39:16

Enter Stop Time: 17:02:36

Distance: 29.8 Km

FARE 1: \$ 49.81

FAT: \$ 0.00

TAX: \$ 2.49

GRAT FARE: \$ 52.30

PAYMENT AMOUNT: \$ 52.30

TIP: \$ 10.00

TOTAL PAYMENT: \$ 62.30

③
Cabs from southport
tower to Calgary
airport

ESCAPE

738 5th Ave

San Diego, CA

(619) 702-9200

***** Reprint *****

Date: 02/13/2014 08:05PM

Card Type: MASTERCARD

Acct Num: [REDACTED]

Exp Date: [REDACTED]

Customer: MADOR/DAVID.

Card Entry: SWIPED

Trans Type: PURCHASE

Auth Code: [REDACTED]

Check: 1180

Table: 2-1

Server: 120 Lawrence

Amount: \$32.40

Tip: 5.00

Total: \$ 37.40

Signature: _____

Sign voucher and return to cashier

dinner

⑤

dinner

\$37.40 USD = \$ 42.11 CDN

Difference is reasonable

RIDE RECEIPT

ORANGE CAB

TRIP # 16859

DATE 02/14/14

DATE USED: 1

PASSENGERS: 1

START END MILES

TIP: \$ 3.00

TOTAL: \$ 16.00

CARD: [REDACTED]

HF #: [REDACTED]

[REDACTED]

⑥

taxi fare

from hotel to

airport

San Diego CA

✓

\$16.90 USD =

19.03 CDN

MANCHESTER GRAND HYATT SAN DIEGO

1005 ERICK

TBL 47/1

CHK [REDACTED] GST 1

FEB14'14 9:56AM

1 *ADULT BUFFET 25.00

SUBTOTAL 25.00

* TAX 2.00

PAYMENT DUE 27.00

+ 4.00 tip

Tip: _____

Total: \$31.00

total:

Room: _____

Name: _____

Signature: _____ ✓

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

⑦

lunch

\$31 USD = \$ 34.90 CDN

Diff Amt. is reasonable

compared to max.

ESCAPE
738 5th Ave
San Diego, CA

(619) 702-9200

120 Lawrence

Check: 1180
Table: 2-1

Guests: 1

02/13/2014 07:21PM

6	Oysters	12.00
1	Halib Taco	18.00
	Fries	

SUBTOTAL	30.00
Tax	2.40

TOTAL DUE \$32.40

Thank You!

Please Come See Us Again!

www.escapefishbar.com

+ 5.00 tip
= \$37.40

Order Number: [REDACTED]

dinner

(5)

dinner
(2 receipt to a max \$40)

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	
Destination: San Diego, California, USA			
Name: Dr. David Mador		Employee #: [REDACTED]	
Report To: Dr. Verna Yiu			
Department: Medical Affairs		Office Location: [REDACTED]	
Business Phone #: [REDACTED]			
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input checked="" type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0006	7111010002	81000000
Dates: From (day/month) 11/02 (year) 2014 to (day/month) 13/02 (year) 2014			
Purpose of Trip: Attending Triple Aim Collaborative - Learning Session 2			
Employee Signature:		Date:	
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval - Travel Policy Appendix A)			
Approved By: (please print) Dr. Verna Yiu		Title: CMO & VP, Quality	Phone #: [REDACTED]
Signature: [Signature]		Date: 2013/12/19	
Approved By: (please print) [Signature]		Title: VP Quality + CMO	Phone #: [REDACTED]
Signature: [Signature]		Date: Dec 20/13	

B. ESTIMATE OF EXPENSES <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 2 Nights at \$235.75 US	\$300.00
2. Meals	Three dinners - February 11, 2014	62.75
3. Registration	None	0.00
4. Airfare or Other Travel Costs	Flight via Marlin Travel	2,800.00
5. Other Expenses (please specify)	Airport Parking	69.00
Taxis to & from San Diego airport		40.00
Total Estimated Travel Costs		\$3,671.75

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.