

## Official Administrator and Executive Expense Report

**Name** David Mador  
**Title** Medical Director Northern Alberta  
**Location** Edmonton  
 Expenses submitted during the month of May 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)
May-14	P-Card	Meetings				25	25			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -

**Total for the Month** \$ 25

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

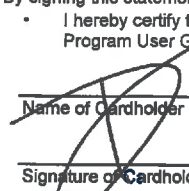

**Instruction:**

- 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>MADOR, DAVID</u>	<u>VP &amp; MEDICAL DIRECTOR</u>	<u>Billing Reporting Period:</u>	<u>20/05/2014</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>	<u>Total Statement Amount:</u>	<u>\$25.00</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>	<u>Last 6 digits of the P-Card #:</u>	<u>[REDACTED]</u>
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u>			
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
07/05/2014	[REDACTED]	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	.00	.00	parking at YEG airport

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<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>		
 <hr style="border: none; border-top: 1px solid black;"/> Name of Cardholder Designate	<i>Executive Assistant</i> <hr style="border: none; border-top: 1px solid black;"/> Cardholder Designate Position/Title	<i>21-MAY-2014</i> <hr style="border: none; border-top: 1px solid black;"/> 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>		
<i>MADON, DAVID</i>  <hr style="border: none; border-top: 1px solid black;"/> Name of Cardholder	VP & MEDICAL DIRECTOR <hr style="border: none; border-top: 1px solid black;"/> Cardholder Position/Title	<i>23 May 2014</i> <hr style="border: none; border-top: 1px solid black;"/> 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>		
<i>Susan Best</i> <hr style="border: none; border-top: 1px solid black;"/> Name of Approver Designate	<i>Exec. Assistant</i> <hr style="border: none; border-top: 1px solid black;"/> Approver Designate Position/Title	<i>May 23, 2014</i> <hr style="border: none; border-top: 1px solid black;"/> 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>		
<i>Deborah Rhodes</i> <hr style="border: none; border-top: 1px solid black;"/> Name of Approver	<i>Acting VP Corp. Serv. + CFO</i> <hr style="border: none; border-top: 1px solid black;"/> Approver Position/Title	<i>May 26/14</i> <hr style="border: none; border-top: 1px solid black;"/> 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)</li> </ul> And where applicable: <ul style="list-style-type: none"> <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: _____

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd Fl 07/05/14 16:30  
Receipt 034505

Short-term parking tkt  
PL - No. 019406  
07/05/14 06:05 -  
08/05/14 06:04 -  
Period 1d0h0'  
(Tax) \$25.00

Total \$25.00

Payment Received  
MC \$25.00  
XXXXXXXXXXXX8195  
Merch:82005340013  
Auth:183136  
Type: Swiped

Sub Total \$23.80  
Tax 5% 1.10

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