

## Official Administrator and Executive Expense Report

**Name** Heather Toporowski  
**Title** Lead, Provincial Primary Care  
**Location** Westlock  
 Expenses submitted during the month of January 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)
Jan-14	P-Card	Meetings and Conference Registration		62	596	167	825	322		
Jan-14	Expense Claim	Meetings		27			27			
<b>Total</b>			\$ -	\$ 89	\$ 596	\$ 167	\$ 852	\$ 322	\$ -	\$ -

**Total for the Month** \$ 1,174

Maximum meal expense claimed in the month \$ 20  
 Maximum daily hotel rate claimed in the month \$ 139  
 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

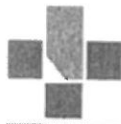
### 3) Hosting and Hospitality expenses

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

TOPOROWSKI, HEATHER

VICE PRESIDENT

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period: 20/01/2014

COMMUNITY & RURAL / PRIMARY

WESTLOCK ADMIN BUILDING

Total Statement Amount: \$1,146.66

Cardholder's Dept

Cardholder's Site/Location

HEATHER.TOPOROWSKI@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 5 digits of the P-Card #: [REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/01/2014	338853500	THE UNDERGROUND TAP G. EATING PLACES, RESTAURANTS	17.10	CAD	17.10	8%		Working lunch meeting with Alberta Health FCC Team
03/01/2014	338853501	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	0%		Parking - Attending AH-FCC Team Meeting
09/01/2014	339442102	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	7%		Parking - AH-FCC Joint Committee Meeting
09/01/2014	339442104	BOOSTERJUICE 162, FAST-FOOD RESTAURANTS	8.91	CAD	8.91	4%		Lunch - AH-FCC Committee Team Meeting
09/01/2014	339442105	IMPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.1%		Parking - Primary Health Care meeting
10/01/2014	339442103	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	7%		Parking Primary Health Care Meeting
10/01/2014	339442106	PAYPAL 'CANADIANFOU, SCHOOLS, BUSINESS AND SECRETARIAL	297.00	CAD	297.00	14.14%		Paid AHS Registration Patient Engagement Education Series (Marie Dirks, Sue Conroy, Donna Ouellette, Stacy Greening, Kate Butler)
10/01/2014	339623885	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	297.80	CAD	297.80	14.18%		Accommodations - Meetings, Primary Health Care, AH-FCC Joint Committee Meetings
14/01/2014	339830328	IMPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	7%		Parking - ADM Cross Ministry Meeting
15/01/2014	339946475	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	4%		Parking - FCC Zone Lead Meeting
15/01/2014	339946476	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	7%		Parking - Primary Health Care meetings
15/01/2014	340137048	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	25.00	CAD	25.00	1.1%		Registration Canadian College of Health Leaders Conference
16/01/2014	340137046	BOOSTERJUICE 162, FAST-FOOD RESTAURANTS	8.91	CAD	8.91	4%		Lunch FCC Joint Committee Meeting
16/01/2014	340137047	IMPARK00020008U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	0%		Parking - FCC Joint Committee Mtg
17/01/2014	340308965	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	316.03	CAD	316.03	16.05%		Accommodations - FCC - Implementation, planning & Joint Committee meetings
17/01/2014	340308966	BOOSTERJUICE 162, FAST-FOOD RESTAURANTS	8.91	CAD	8.91	4%		Lunch - FCC Group Planning Meeting
17/01/2014	340308967	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	36.00	CAD	36.00	0%		Parking - FCC Group Planning Mtg

1 ✓  
2 ✓  
3 ✓  
5 ✓  
6 ✓  
4 ✓  
7 ✓  
8 ✓  
9 ✓  
10 ✓  
11 ✓  
14 ✓  
12 ✓  
13 ✓  
15 ✓  
16 ✓  
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 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>Josie Raines</u> Name of Cardholder Designate  <u>J. Raines</u> Signature of Cardholder Designate	<u>Exec Admin Support</u> Cardholder Designate Position/Title  <u>Jan 22/14</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>TOPOROWSKI, HEATHER</u> Name of Cardholder  <u>H. Toporowski</u> Signature of Cardholder	<u>VICE PRESIDENT</u> Cardholder Position/Title  <u>Jan 22/14</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>Kathy Prodanuk</u> Name of Approver Designate  <u>Kathy L. Prodanuk</u> Signature of Approver Designate	<u>Exec Admin Coordinator</u> Approver Designate Position/Title  <u>Jan 26/14</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>Shelly Rusch</u> Name of Approver  <u>Shelly Rusch</u> Signature of Approver	<u>SVP North Zone</u> Approver Position/Title  <u>Jan 27/14</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: _____

Working lunch- met with <sup>①</sup>  
Alberta Health

Underground Tap & Grill  
The Underground Tap & Grill  
10004 Jasper Ave  
780-425-1880  
GST# 823839485

Date: Jan 03, 2014 12:52:06

Table: 36

TableTransId: [REDACTED]

TransId: [REDACTED]

Seats: 1

Server: [REDACTED]

1 Tea	2.75
1 Lunch Sandwich	10.95

Subtotal	13.70
GST	0.55
Total	14.25
Balance	14.25

Join Us for our Howe Sound Dinner  
With Dave Fenn on October 17th!  
Tix on Sale NOW!

Visit us online @  
[www.undergroundtapandgrill.com](http://www.undergroundtapandgrill.com)

THE UNDERGROUND TAP  
& GRI  
10004 JASPER AVE  
EDMONTON, AB T5J1R3  
7804251880

### SALE

Server #: 000016

MID: 5667731

TID: 007

REF#: 00000002

Batch #: 304

01/03/14

12:58:05

Cust Ref#: [REDACTED]

APPR CODE: [REDACTED]

MASTERCARD

Chip

AMOUNT	\$14.25
TIP	\$2.85
TOTAL	\$17.10

APPROVED

MasterCard

AID: A0000000041010

TVR: 00 00 00 80 00

TSE: E8 00

THANK YOU  
PLEASE COME AGAIN

CUSTOMER COPY

#2 TX 33885301

Parking- AH- FCC Team mty

RECEIPT  
Impark Lot 101  
Stall #14  
Expiration Date/Time  
EXP 03:57PM  
JAN 03, 2014

Purchase Date/Time: 11:57am Jan 03, 2014  
Total Parking: \$22.85  
Total gst: \$1.15  
Total Due: \$24.00  
Total Paid: \$24.00  
MasterCard  
Ticket #: [REDACTED]  
S/N #: 100008440036  
Setting: Lot 101  
Mach Name: Meter 2  
GST #887315638RT0001

RECEIPT  
PARKING RECEIPT

#3

TX - 339442102  
Parking attended  
All-FCC Joint Committee Mtg.

LEAVE ON DASH - THIS SIDE UP #3

DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
10/01/14	01:23 PM	09/01/14	01:23 PM	\$15.00

AMOUNT PAID  
\$15.00 [redacted] 01:23 PM

CREDIT CARD NUMBER  
CC

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE

Alberta Health Services  
RECEIPT

✓

#4

TX - 339442103  
Parking - Primary Health Care Mtg

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
11/01/14	08:53 AM	10/01/14	08:53 AM	\$15.00

AMOUNT PAID  
\$15.00 [redacted] 08:53 AM

CREDIT CARD NUMBER  
CC

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.  
NON TRANSFERABLE

Alberta Health Services  
RECEIPT

✓

(#5) Tx-339442104  
hunch-AH-FCC Team Intg.



feed the crave.

BOOSTER JUICE  
40, 10025- Jasper Avenue  
Edmonton, Alberta  
(780) 421-4129

MERCHANT ID: 4512127A

SALE

M/C ENTRY METHOD: CHIP

DATE: 2014/01/09 TIME: 14:16:33

INV#: APPR CODE:  
RETRIEVAL #:

AMOUNT CAD\$ 8.91  
TIP CAD\$ 0.00  
=====

TOTAL CAD\$ 8.91

APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

Application Label:  
MasterCard  
AID: A0000000041010  
TVR: 0000008000  
TSI: E800  
RESP CO: 00

NO SIGNATURE REQUIRED

CUSTOMER COPY

✓

Image not exists  
BOOSTERJUICE.BMF

Tbl: 0

Ref: 179917

Chk: 179916

1/9/2014 12:16 pm

Snk#50 Mango Burr 3.95  
Pesto Chick Panini 5.45  
Combo 395/545NM -0.91

SubTotal 8.49  
GST 0.42

Total 8.91

MC 8.91

Amount Paid 8.91

BOOSTER JUICE  
40 - 10025 Jasper Ave  
Edmonton, AB T5J 2B8  
Canada  
Phone: (780) 421-4129

IMP: 01/09/14 14:16:33  
TX: 339442104  
REF: 179917

01/09/14 14:16:33

01/09/14 14:16:33

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01/09/14 14:16:33

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01/09/14 14:16:33

01/09/14 14:16:33

#6 Tx-339442105  
Pickup Primary  
Health Care mdy

AMOUNT \$25.00

✓

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY AMOUNT  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
MERCHANT AGREEMENT IF CREDIT VOUCHER  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TVR: 0000008000  
TSI: E800



Josie Raines

#7

From: service@intl.paypal.com  
Sent: Friday, January 10, 2014 9:39 AM  
To: Heather Toporowski E.R.  
Subject: Your payment to Canadian Foundation for Healthcare Improvement

TX-339442106



You sent a payment of \$297.00 CAD to Canadian Foundation for Healthcare Improvement.

Jan 10, 2014 11:38:55 GMT-05:00  
Receipt No: [REDACTED]

Hello Heather Toporowski,

This charge will appear on your credit card statement as payment to PAYPAL  
\*CANADIANFOU.

Save time with a PayPal account

Create a PayPal account and save your payment information. You won't need to enter your payment information every time you shop online.

[Sign Up Now](#)

Shop with confidence

We keep your financial information secure.

Transactions monitored 24/7

Our fraud specialists help protect your account.

You're protected

Zero fraud liability for eligible unauthorized purchases. [See eligibility](#)

Merchant information:

Canadian Foundation for Healthcare Improvement

[oncall@cfhi-fcass.ca](mailto:oncall@cfhi-fcass.ca)  
<http://www.cfhi-fcass.ca>  
613-728-2238

Instructions to merchant:

None provided

Shipping information

Heather Toporowski

[REDACTED]  
Westlock Alberta [REDACTED]  
Canada

Shipping method

Not specified

Description	Unit price	Qty	Amount
2014-Patient Engagement Series Item #: 2014-PE-Series Email (required at log in): <a href="mailto:Marie.Dirks@albertahealthservices.ca">Marie.Dirks@albertahealthservices.ca</a>	\$297.00 CAD	1	\$297.00 CAD
Total:			\$297.00 CAD

Receipt No: [REDACTED]

Please keep this receipt number for future reference. You'll need it if you contact customer service at Canadian Foundation for Healthcare Improvement or PayPal.

#7

TX-339442106

Payment for  
AHS Participants  
Marie Dirks  
Sue Conroy  
Donna Cucklette  
Stacy Greening  
Kate Butler

Patient Engagement  
Education Series



(#8) Tx- 339623885  
Accommodations.  
Primary Health Care  
+ AH- Fee joint  
Committee mtgs

Mrs. Heather Toporowski  
[REDACTED]  
Westlock AB [REDACTED]  
Canada

Room Number: 1205  
Arrival Date: 01-08-14  
Departure Date: 01-10-14  
Page No: 1 of 1  
Confirmation No [REDACTED]

**INFORMATION INVOICE**

Folio No: [REDACTED]

01-22-14

Date	Description	Charges	Credits
01-08-14	Room Revenue	139.00	
01-08-14	Destination Marketing Fee - 3%	4.17	
01-08-14	Tourism Levy - 4%	5.73	
01-09-14	Room Revenue	139.00	
01-09-14	Destination Marketing Fee - 3%	4.17	
01-09-14	Tourism Levy - 4%	5.73	
01-10-14	Mastercard [REDACTED]		297.80
<b>Total</b>		<b>297.80</b>	<b>297.80</b>
<b>Balance</b>		<b>0.00</b>	

**Signature:**

I agree that my liability for all charges is not waived and 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. G.S.T. #86634 4302 RT 0001



Parking - ADM Cross Ministry Trng.

INT. [illegible]  
GST REGISTRATION

01-14-70: 101

REF ID: A66700

AMOUNT	\$15.00
--------	---------

PIN VERIFIED BY CARD ISSUER  
CARDHOLDER AGREES TO PAY ABOVE  
TOTAL AMOUNT IN ACCORDANCE WITH  
CARD ISSUER'S AGREEMENT  
MERCHANT AGREEMENT IF CREDIT VOUCHER  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CASH/DEF COPY

APPROVED

APPLICATION LABEL: MasterCard  
ID: A00000000041010  
EXP: 00 00 30 80 00  
C: EE

#10 TX-339946475  
Parking. FCC Zone Lead info

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

15/01/14 11:45 AM

AMOUNT PAID

\$10.00 [REDACTED] 09:15 AM

Alberta Health Services

CHARGES ARE FOR USE OF PARKING SPACE. ONLY ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATIENTS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.

Alberta Health  
Services

DETACH RECEIPT FROM TICKET

DATE ISSUED	TIME ISSUED	AMOUNT PAID
-------------	-------------	-------------

15/01/14 09:15 AM \$10.00

CREDIT CARD NUMBER

CC

Alberta Health Services

RECEIPT

#11

Tx- 337946476

Parking - Primary Health Care 10/1/14

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

16/01/14 01:04 PM

15/01/14 01:04 PM \$15.00

AMOUNT PAID

\$15.00 01:04 PM

CREDIT CARD NUMBER

CC

Alberta Health Services

CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA  
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY  
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE



Alberta Health Services

RECEIPT

BOOSTER JUICE

feed the crave.

BOOSTER JUICE  
40, 10025 Jasper Avenue  
Edmonton, Alberta  
(780) 421-4129

MERCHANT ID: 4512127A

SALE

M/C

ENTRY METHOD: CHIP

DATE: 2014/01/16 TIME: 14:49:51

INV#:

APPR CODE:

RETRIEVAL #: 0058

AMOUNT

CAD\$ 8.91

TIP

CAD\$ 0.00

TOTAL

CAD\$ 8.91

APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

Application Label:

MasterCard

AID:A0000000041010

TVR:0000008000

ISI:E800

RESP CD:00

NO SIGNATURE REQUIRED

CUSTOMER COPY

Image not exists  
BOOSTERJUICE.BMP

Tot:0

Ref:

Chk:

1/16/2014 12:49 PM

Snk#50 Mango Hurr	3.80
BBQ Chick Panini	5.45
Combo 395/545NM	-0.91

SubTotal	8.40
GST	0.42

Total	8.91
-------	------

MC

8.91

Amount Paid	8.91
-------------	------

BOOSTER JUICE  
40 - 10025 Jasper Ave  
Edmonton, AB T5J 2B8  
Canada  
Phone: (780)421-4129

#12

Tx 34013-7046

Lunch - FCC  
Joint Committee  
mtg.



CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

#14 Tx- 340137048  
Registration fee

Thank You!

- Northern Alberta Chapter Event -  
1/16/2014

This is not an invoice

Registration Status:	Finished
Registration Date:	01/15/2014 12:00
Name:	Heather Toporowski
Email:	heather.toporowski@albertahealthservices.ca
Payment Status:	Paid
Registrant 1 Heather Toporowski:	\$0.00
Fees - \$25.00 Members:	\$25.00 ✓
Total:	\$25.00
Total Paid:	\$25.00

**Event Details:**

Northern and Southern Alberta Chapter Event - The Hope and Promise for Health Leaders Alberta

**Event Date:**

- Northern Alberta Chapter Event - 1/16/2014, 01/16/2014 07:30

## Heather Toporowski E.R.

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**From:** Canadian College of Health Leaders [info@cchl-ccls.ca]  
**Sent:** Wednesday, January 15, 2014 10:00 AM  
**To:** Heather Toporowski E.R.  
**Subject:** C.C.H.L. Purchase Receipt

**Categories:** Printed

### INTERNET PURCHASE RECEIPT - CCHL-CCLS

Order Date: 2014-01-15 12:00:05 PM  
Order Number: [REDACTED]  
Bank Auth Number: [REDACTED]  
Order Total: 25.00 CAD

Name on Card: Heather Toporowski  
Card Type: MC  
Email Address: [heather.toporowski@albertahealthservices.ca](mailto:heather.toporowski@albertahealthservices.ca)

#### BILL TO:

Name: Heather Toporowski  
Address Line 1: [REDACTED] ave  
Address Line 2:  
City: Westlock  
State/Province: AB  
Zip/Postal Code: [REDACTED]  
Country: CA  
Phone Number: [REDACTED]

#### SHIP TO:

Name:  
Address Line 1:  
Address Line 2:  
City:  
State/Province:  
Zip/Postal Code:  
Country:  
Phone Number:  
Shipping Method:

#### MERCHANT INFO:

Online Address: <http://www.cchl-ccls.ca>  
Merchant Name: Canadian College of Health Service Executives  
Address: 292 Somerset Street West  
City: Ottawa  
Province: ON  
Postal Code: K2P0J6  
Country: CA  
Phone Number: 613-235-7218

(#15) TR-340308965  
Accommodations -  
FCC mtrg - Implementation  
& planning + joint  
Committee

Mrs. Heather Toporowski  
[REDACTED]  
Westlock AB [REDACTED]  
Canada

Room Number: 1503  
Arrival Date: 01-15-14  
Departure Date: 01-17-14  
Page No: 1 of 1  
Confirmation No: [REDACTED]

**INVOICE**

Folio No: [REDACTED]

01-17-14

Date	Description	Charges	Credits
01-15-14	Room Service Room# 1503 : CHECK# 1915	18.23	
01-15-14	Room Revenue	139.00	
01-15-14	Destination Marketing Fee - 3%	4.17	
01-15-14	Tourism Levy - 4%	5.73	
01-16-14	Room Revenue	139.00	
01-16-14	Destination Marketing Fee - 3%	4.17	
01-16-14	Tourism Levy - 4%	5.73	
01-17-14	Mastercard [REDACTED] [REDACTED]		316.03
<b>Total</b>		<b>316.03</b>	<b>316.03</b>
<b>Balance</b>		<b>0.00</b>	

**Signature:** \_\_\_\_\_

I agree that my liability for all charges is not waived and 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. G.S.T. #86634-4302 RT 0001

Matrix Hotel  
10540-100 Avenue  
GST # 866344302

Check: 1915  
Table: 1-1  
01/15/2014 06:08PM  
Guests: 1

1	VEGGIE SANDWHICH	14.50
	Subtotal	14.50
	G.S.T.	0.73
	<b>Total Due</b>	<b>\$15.23</b>

GRATUITY 3.00

TOTAL 18.23

Signature H. Toporowski

Guest Name H. TOPOROWSKI

Room # 1503

TICKET VOID IF RE-SOLD  
IF RE-SOLD  
PLACE THIS SIDE UP ON DASH  
PLACE THIS SIDE DOWN ON BACK  
DAILY RATE  
TIME: 1:55 AM  
PRICE: 4.01  
CARD: [REDACTED]  
EXT: [REDACTED]  
EXPIRES: [REDACTED]  
6:00 PM THU  
JAN 16 14  
GST NO. 923 663 8000  
INSTRUC TIONS ON BACK

#13 Tx - 340137047  
Parking - Joint FCC  
Committee Mtg.

#16  
BOOSTER JUICE  
feed the crave.

#16  
Tx-340308966  
Lunch- FCC  
Group Planning  
Mtg

BOOSTER JUICE  
40,10025- Jasper Avenue  
Edmonton, Alberta  
(780) 421-4129

MERCHANT ID: 4512127A

SALE

M/C [REDACTED] ENTRY METHOD: CHIP  
DATE: 2014/01/17 TIME: 14:41:21  
INV# [REDACTED] APPR CODE: [REDACTED]  
RETRIEVAL #: 0046

AMOUNT  
TIP  
TOTAL  
CAD\$ 8.91  
CAD\$ 0.00  
CAD\$ 8.91

APPROVED - THANK YOU

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

Application Label:  
MasterCard  
AID:A0000000041010  
TVR:0000008000  
ISI:E800  
RESP CD:00

NO SIGNATURE REQUIRED

CUSTOMER COPY

#16  
Image not exists  
BOOSTERJUICE.BMF  
Ref: [REDACTED]  
Chk: [REDACTED]  
1/17/2014 12:40 PM  
Snr#50 Mango Hurr 3.95  
Pesto Chick Panini 5.45  
Combo 395/545NM -0.91  
SubTotal 8.49  
GST 0.42  
Total 8.91  
MC [REDACTED] 8.91  
Amount Paid 8.91  
BOOSTER JUICE  
40 - 10025 Jasper Ave  
Edmonton, AB T5J 2B8  
Canada  
Phone: (780)421-4129



RECEIPT  
Impark Lot 101 (17)

Stall #13

Expiration Date/Time

EXP 01:22PM  
JAN 17, 2014

Purchase Date/Time: 07:22am Jan 17, 2014

Total Parking: \$34.28

Total gst: \$1.72

Total Due: \$36.00

Total Paid: \$36.00

Rate: 6 hours - \$36.00

Payment Type: Card

MasterCard

Ticket #: 07194410

Auth #: [REDACTED]

S/N #: 100008440036

Setting: Lot 101

Mach Name: Meter 2

GST #887315638RT0001

PARKING RECEIPT PARKING RECEIPT PARKING R

(#17) TX - 340308967

Parking - FCC Group Planning mtg.

✓

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 1-Jan-14 To 22-Jan-14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Heather Toporowski Position (Title): Lead, Provincial Primary Care

Location: Westlock Dept: Primary Health Care DOFA Level: █ (# applicable) Union: MOS Business Phone #: █ Ext: █

Employee # (E-People): █

**SECTION E: FINANCE CODING & TOTAL CLAIM**
**CAPITAL PROJECT CODING ONLY →**

Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization 101 . 0013 . 71110500000 Expenditure Type \_\_\_\_\_

**Total - Section B: Travel - Pg 2**

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0013	71110500000	\$26.51
2B				
2C				
2D				
				<b>\$26.51</b>

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**Total - Section C&D: Other & Foreign Expenses - Pg 3**

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

\*\*User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

**TOTAL REIMBURSEMENT**

Total Section B	\$26.51
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$26.51</b>

**SECTION F: AUTHORIZATION**

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: *Heather Toporowski*

Date Jan 22/14

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Shelly Pusch

DOFA Level █

Position # █

Phone # █ Ext █

I, by signing this form, attest that I am compliant to all the above statements.

Signature: *Shelly Pusch*

Title SVP North Zone

Date Jan 27/14

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): \_\_\_\_\_

DOFA Level \_\_\_\_\_

Position # \_\_\_\_\_

Phone # \_\_\_\_\_ Ext \_\_\_\_\_

I, by signing this form, attest that I am compliant to all the above statements.

Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procedure to Pay program.

## EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0013 7111050000	Emp # (E-People)				Page 2A							
If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. <b>DO NOT</b> separate any taxes (eg GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.														
<b>SECTION B: TRAVEL EXPENSES</b> <span style="float:right">NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C</span>														
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter) Ensure separate lines are used for claim items that differ in Province, US and Out of North America				Completion of the "Cost Effective Method Used" Column is <b>REQUIRED</b> . If you select "No" in this column, Further Explanation is <b>REQUIRED</b> in the "Rationale is Required" section on this page										
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
9-Jan-14	FCC Leadership Meeting	AB	Meeting	Yes			D	\$19.95						
15-Jan-14	FCC Zone Lead Meeting	AB	Meeting	Yes			L	\$6.56						
<b>SUBTOTALS</b>								\$26.51					Total Kms	
<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> - details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement								Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)						
								Mileage \$						
								Travel \$ Subtotal		\$26.51				
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3								Auto fills on page 1 - TOTAL TRAVEL \$		\$26.51				
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)														

hunch - FCC Zone Lead  
mtg

Starbucks Coffee Canada #4289  
3227 Calgary Trail Southbound  
Edmonton, AB T6W 1A1

CHK 710043  
01/15/2014 12:01 PM  
1453787 Drawer: 2 Reg: 1

Quinoa Bean Wrap	6.25
Visa	
Subtotal	6.25
GST 5%	31
Total	
Change Due	\$0.00
Check Closed	6.56
01/15/2014 12:01 PM	

GST: 88585 3535

Make a purchase before 2PM  
then show your receipt after  
2PM the same day to get one  
grande drink for \$2 + tax.  
Select Canada stores only.  
Jan 7 to Jan 19

Form ID: 65073836

10/10/2010

Entry Method: C

Tip: \$

2014-01-09

Seq #: 0016800020

Appr Code: [REDACTED]

Resp Code: 81/827

SCOTIABANK VISA

NOV 21 1964

59 C3 69 C8 BD 62 A2 68

50 60 70 80 90

40 1A 27 7F EC 08 62 36

APPROVED  
Thank You

Customer Copy

1975-1984

10

5 [REDACTED]

check: 1459

Guests: \*

Table: 32-1

01/09/2014 05:37PM

1	HOUSE SALAD	12.25
---	-------------	-------

*add chicken	6.75
--------------	------

Subtotal	19.00
----------	-------

G.S.T. 0.95

Total Due \$19.95

GRATUITY

TOTAL 95

Signature \_\_\_\_\_

Guest Name \_\_\_\_\_

Room # \_\_\_\_\_

Supper-  
attended FCC  
Joint Committee  
Leadership  
Team mtg