

Board and Executive Expense Report

Name **Title**

Dr. Kathryn Todd SVP, Research

Location Edmonton

Expenses submitted during the month of October 2012

								Travel (1)							
Date	Source Document	Purpose	Airf	are	М	eals	Acc	ommodation	Other Travel	Total Travel		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Otho	
October 2012 E October 2012 D		Meetings/Health Symposium Conference		453				182	348	530 453					
Total			\$	453	\$	-	\$	182	\$ 348	\$ 983	3 \$	-	\$ -	\$	_
Total for the	¢ 083														

Month 983

Maximum meal expense claimed in the month	\$ -
Maximum daily hotel rate claimed in the month	\$ 162
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



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 your will select the New E-People payroll system Expense Date From: 17-Oct-12 To 30-Oct 	30-Oct-12
Name: Kathryn Todd	
Position (Title): SVP, Research Location: 14th Floor, North Tower SSP Dept: Research DOFA Level: 3h	
Employee # Union: na Business Phone #:	xt: na
Emproyee # (REQUIRED # or or to E-Ps. Lie migration): na	
SECTION E: FINANCE CODING & TOTAL CLAIM	
CAPITAL PROJECT CODING ONLY > Project Number Project Number Expenditure Organization Expenditure Type	
Pg Bal Location Functional Centre Total Bal Unit Location Functional Secondary/ Total TOTAL REIMBURSE	MENT
Centre (PC) Expense Expense Total Section B	\$529.29
2A 101 0006 71840400017 \$529.29 Total Section C&D	
Less Cash Advance	
20	\$529.29
\$529.29 ***User to enter Coding & \$ amounts	4023.23
NOTE: This section auto fills from page 2A, 2B, 2C & 2D NOTE: These fields do not automatically fill for Section C&D	
SECTION F: AUTHORIZATION	
If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.	
Claim Prepared by (PRINT ONLY) Lights Harbison	
I hereby acknowledge that I have refer the "Towel House Hous	
Mill the state of	
Employee Signature: MUSAN 2812	
I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s 1118, 1122). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.	
Approved by (PRINT ONLY): Deboys h Khodes DOFA Level Poetries # Approved By (PRINT ONLY):	
Signature: Dohnon Rhodon	Ext
Approved By (PRINT ONLY): DOFA Level Position #	
Signature: Title Date	Ext

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 Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palka, Director Accounts Payable et 700-735-0508 or email:

EXPENSE CLAIM DETAILS

	Enter Finance Coding 101 • 0006 •					OCTAILO .					
		71840400	1017		Emp # (E-I	People)		Emp # (prior)	to E-people) Na		Page 2A
total \$ amo	s incurred are for multiple FC's please use pages 2B, punt on slip, <u>DO NOT</u> separate any taxes (eg. GST).	2C,2D (after Secondary)	pg3) as th	here sho rodes se	uld be one F	C per page O	R if more line	s are required for	or the same FC	use these additional p	ages. Enter
						a mi umo occilio	ii as lifey ale l	ire-delemninan n	W MARYS ANT VI		
Select from	n dropdown menu (column Province) where expenses	were incum	ed (Out of	N.Amer	ica = Inter'il	ty, Working Sasa	ion, Relocation, Co	ntinuing Education,	Businees Insurance	go to SECTION C	
Ensure sep	parate lines are used for claim items that differ in Provin	ice, US and	Out of No.	rth Ame	rica.						
Date	Purpose of Travel	Province,	What is		Meal		Airfare				Т
do-mmm-;y	55 characters max : I'm ~lang() = 1 shaded area	US, or Out of	travel related		lect type from	w/o receipt or	Bus/LRT	Hotel	Rental	Taxi Fuel	Mileage
		N.America	to?	Туре	w/receipt	per diem	Parking		Car	Luel	(km)
17-0 ::-12	Parking at Edmonton International Airport	AB	Conf				@ \$36 OU				+
16-0c÷-12	Aus Car Rental	AB	Conf					 	≥ \$154.10 \/		-
18-0a-12	Stonendge Resort	AB	Conf					# \$181.63 V	0104.10		-
30-Oct-12	Dr.va to AHS Board & E. e.: Strategy Session (Return)	AB	Meeting					. 4101.00	l		
											<i>a</i> 312.00
					<u> </u>						-
						 					
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		S	UBTOT	ALS			\$36 00	\$181.63	\$154.10		Total Kms
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	B = Breakfast = \$9.20	inner = \$20.75	A = ALI	L MEALS	= \$41.55			must some KIII	, au.a/ km <u>UR</u> rat <u>(s</u> ee A	to per Union Agreement fileage details to the left)	\$0.505
	DO - DIGARIAN & D	<u> </u>	D=LU	nch & Dir	<u>nner</u> = \$32.35						9457.50
	MILEAGE - Business Kilometre Rate	for Persona	lly-Owner	d Vehici	a					Mileage \$	\$157.56
	details of travel location to & from must be include	d above under t	he purpose o	of travel co	elumn					Travel \$ Subtotal	\$371.73
	\$0.505 per km for <u>und</u> \$0.47 per km for ove								Enter on pa	ge 1 TOTAL TRAVEL \$	\$529,29
	or per Union Age		-				Note: Total	al will auto fill into p	g 1. Section F if f	orm completed electronia	ally Addit
							_	pg	2s can be found a	it end of form	any - muuudiis

Dr Kathryn Todd's Expenses for Canmore meeting Oct 17/18,2012. Bringing Opening Remarks for Symposium Patient-Reported Outcomes Measurement in Alberta: Potential as the EQ-50*

(2)

FC: 101.0006.71840400017

(i)GST# R128599776 Edmonton Airports Can-T5J 2T2 Edmonton Tax CodeCA5% P3 South E 18/10/12 17:42 Receipt 075900 Short-term parking tkt DL - No. 089083 17/10/12 15:47 -18/10/12 17:46 Period 1d2h0' \$36.00 (Tax) \$36.00 Total Payment Received VISA \$36.00 Merch: 82005340013 Auth:032577 Type: Swiped Sub Total \$34.29 Tax

Thank you for renting from us. We value your business. Merci de louer chez hous. Nous apprécions votre clientèle.

968313301 31555952 E GSJNSWATTS 10000668 BRELEVÉ DE TRANSACTION TORDU, KATHRYN, BR MANBER M DANNITHE DE 287/800 DU TENCULE CLASSIFICATION DU VEHICULE CV -OUT YYC 170CT12/1928 KM = 11626 IN YYC 180CT12/1417 KM = 11870 .00 = 244 KM@ 19 HR@ 39.01 = DY@ 52 00 = . MINIMUM CHARGE 52.00 용GST TAX 문 \$6/DY FEE 급 * * 15.61% FEE 7.34 6.00 = 19.01 ENERGY RECOVERY .98 🕏 TAXABLE SUBTOT 77.99 PST .000% .00 GAS SVC OPTION TOTAL CHARGES = C CUSTOMER FACILITY CHARGE CUSTOMER FACILITY CHARGE 99~ \$8/DY:WED 1 DY RNTL

Thank you for renting from us. We value your business. Merci de louer chez hous. Nous apprécions votre clientèle.

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* Car Rental Calgary to Cammore & Canmore to Calgary





Drivers Lic Number 2

HANH

West Worldwide Disc : BLEEKTA PREVIOLIAL CONCREMENT

Methods of Payment : VISA

METERATION NUMBER 15454641-00-AVIS DIN 18300 1 G E 5 5 7 5 2

Place Hoster in the STORGY

Ten Description : SPE CHEUSDALT INTALA 400, LITTER

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HTHL: 1956.00

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157 NO F100361939

. You have questions regarding this rental, call us at 400-221 1700. This vehicle was rented to you by Charak.

3).

Stoneridge Resort 30 Lincoln Park Canmore, AB T1N 3E9

GST#873770648RT005

Kathryn Dr Todd

Room	Folio	Checkin	CheckOut	Balance
219		10/17/12	10/18/12	0.00
Maste	er Folio		Corporate Rate	

Direct Bill: 151921197

			1: 151921197		
Date .	Room	Description / Voucher	Charges	Credits	Balance
10/17/12 10/17/12 10/17/12 10/17/12 10/18/12	219 219 219 219 219 219	Room Taxable Resort Tourism Levy - 3.000% Alberta Tourism Levy - 4.000% GST - 5.000% Visa AP: 081814	161.95 4.86 6.48	0.00 0.00 0.00 0.00	161.95 166.81 173.29 181.63
		Summary and Taxes Taxable Sales Resort Tourism Levy 3.00% Alberta Tourism Levy 4.00% GST 5.00%	0.00	181.63	0.00 0.00 161.95 4.86 6.48 8.34
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		To atten	of sperment		

Check for Specials www.stoneridgeresort.ca Toll Free Direct 1-877-675-5001 Thank you for Staying with Us!





Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions.
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes igtimes No igcup

Name: Dr. Kathryn Todd	Reporting Period for the Month of: October 2012
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-10-17	Direct Billing	Transportation	Return Flights From Edmonton to Calgary to bring opening remarks at a Conference	Marlin Travel - Government Centre	\$452.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

Total Paid in the Month \$442.96

MARLIN TRAVEL

BRANCH: N61107

O-O PERCY HUNT TRAVELGROUP INC

MAIN FLOOR, 9929 108TH ST. GST REG# 885101915

EDMONTON, AB T5K 1G8

PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

YOUR REF : 101000671840400017

LOCATOR : NXDNSC

OUR REF : ZCH0091334C AGENT : ASHLEY QUACH

INVOICE *** D U P L I C A T E ***

INV NO: 83290

DATE: 150CT12

PAGE: 1

FOR: DR KATHRYN TODD

AC

101000671840400017

*** AIR/RAIL/BUS ***

FROM TO CARRIER FLT/CL ST DATE DEPART ARRIVE MEALS BAGS

EDMONTON INTL CALGARY

WESTJET AI 348 V HK 170CT 6:15P 7:01P 73W

EDMONTON INTL WESTJET AI 259 L HK 180CT 5:50P 6:37P

73W

*** CAR RESERVATION ***

CALGARY

1 INTERMEDIATE CAR CONFIRMATION NO: 15456841CA1 AVIS

FROM 170CT 7:01P TO 180CT 5:50P RATE 52.00 PER DAY

FREE MILEAGE: UNLIM MILES

AVIS

DROPOFF: CALGARY

*** HOTEL RESERVATION ***

CALGARY TRAVELINK

CONFIRMATION NO: 151921197 1 SK1

FROM 170CT 12:00A TO 180CT 12:00A RATE 161.96 PER DAY

STONERIDGE MOUNTAIN

30 LINCOLN PARK, CANMORE

AB, CA T1W 3E9

PHONE 4036755000

FAX 4036755002

GUARANTEED

*** TOUR ***

BSP TASF

DEPARTING FROM EDMONTON INTL ON 01JUN13 AT 12:00A

EDMONTON INTL RET01JUN13 AT 12:00A TO

1 PACKAGE TOUR FILE RETAINER

MARLIN TRAVEL

BRANCH: N61107

O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST.

GST REG# 885101915

EDMONTON, AB T5K 1G8

PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

YOUR REF : 101000671840400017

LOCATOR : NXDNSC

OUR REF : ZCH0091334C AGENT : ASHLEY QUACH

INVOICE

*** D U P L I C A T E *** INV NO: 83290

DATE: 150CT12

PAGE: 2

 WESTJET AIR
 TKT NO
 WS
 2523
 609494

 BSP TASF
 TKT NO
 954
 0004
 901372

(INCL 88.96 TAX) 442.96

10.00

*** SUB-TOTAL EXCLUDING GST/HST & APT

452.96

452.96

*** TOTAL CHARGES THIS INVOICE ***
PAYMENT BY
PAYMENT BY

TKT 2523609494 TKT 0004901372

442.96 10.00

*** BALANCE DUE THIS INVOICE ****
BALANCE DUE TO DATE

0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE ACCEPTED:.....DECLINED:....

DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD....PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER......PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.