

# **Board and Executive Expense Report**

Name Title

Dr. Kathryn Todd SVP, Research

Location

Edmonton

Expenses submitted during the month of November 2012

							Travel (1)								
Date	Source Document	Purpose	Airfare		Me	eals	Accommodat	ion	Other Travel		Total Travel	rofessional evelopment (2)	Working Sessions Hosting and Hospitality (3)	0	ther (4)
November															
2012 November	Expense Claim	Various Meetings/Conference				42	2	07	344	ŀ	593				
2012	Direct Bill	Conference	5	43							543				
Total			\$ 5	43	\$	42	\$ 2	07	\$ 344	\$	1,136	\$ -	\$ -	\$	
Total for the Month	<b>e</b> \$ 1,136														

Maximum meal expense claimed in the month	\$ 21
Maximum daily hotel rate claimed in the month	\$ 184
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	7								
<ul> <li>Enter employee # (old) and Employee # (E-People) if your payroll</li> </ul>	has migrated to the New E-People payroll system	Expense Date From: 1-Nov-12 To 3-Nov-12							
<ul> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>Travel Period from: 1-Nov-12 To 3-Nov-12 (if applicable)</li> </ul>									
• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)  Out-of-Province Travel No  Name: Kathryn Todd  Periton / Titlon   SVP People   SVP Pe									
	Position (Title): SVP, Re	esearch							
Location: 14th Floor, North Tower SSP Dept: Research	DOFA Level: 3b (if applicable) Union:	LAC. 11d							
Employee # (E-People):	Employee # (REQUIRED # prior to E-People migration):	na							
SECTION E: FINANCE CODING & TOTAL CLAIM									
CAPITAL PROJECT CODING ONLY → Project Num	nber P	Project Task Number							
Expenditure Or		Expenditure Type							
Total - Section B: Travel - Pg 2	Total - Section C&D: Other & Foreign E	Evnancas Be 2							
Ral Functional Centre Total	Functional Communication	TOTAL REIMBURSEMENT							
Pg Unit Location (FC) Expense	Bal Unit Location Functional Second Centre (FC) Exper	non Europe							
2A 101 0006 71840400017 \$592.43		10tal Section B \$392.43							
2B		Total Section C&D							
20		Less Cash Advance							
2D		TOTAL CLAIM \$592.43							
		TO IT THE VALUE OF							
\$592.43 NOTE: This section auto fills from page 2A, 2B, 2C & 2D	**User to enter Coding & \$ amounts								
SECTION F: AUTHORIZATION	NOTE: These fields do not automatically fill	for Section C&D							
If applicable, print the name of the person (other than claimant) that pre	epared the claim along with phone number so if there a	ire any questions contact can be easily made							
Employee and approval signatures required as well as DOFA level (dele	egation of authority level) and Position # of the approve	of.							
Claim Prepared by (PRINT ONLY): Loretta Harbison		one # Ext_na							
I hereby acknowledge that I have read the "Travei, Hospitality and Working Sessi I hereby certify that the expenses listed above have not been previously claimed	ion Expenses Policy" of Alberta Health Services and hereby co	onfirm that the expenses claimed are in compliance with such policy.							
Employee Signature: Auxup Joan		1 Nov 2012							
I hereby certify that I have reviewed the expenses and they are in accor	rdance with the applicable policies (Policy #'s 1118, 112	22)							
Approved claim form with receipts should be sent by the approver direct	tly to Accounts Payable for processing.								
Approved By (PRINT ONLY): Deback Rhudel	DOFA Level 25 Position	#_ Phone # Ext							
Signature: Domah Alhados	Title Acting CFU	Date Nov 26/12							
Approved By (PRINT ONLY):	DOFA Level Position	# Phone # Ext							
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 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 at 730-735-0506 or email:

#### EXPENSE CLAIM DETAILS

	Enter Finance Coding 101 • 0006 •					- Indied						
		71840400			Emp # (E-F	People)	RAL TO	Emp # (prior t	to E-people) N	a	P	ane 2A
total \$ amo	s incurred are for multiple FC's please use pages 2B,2 punt on slip, <u>DO NOT</u> separate any taxes (eg. GST).	2C,2D (after Secondary/b	pg3) as ti Expense d	here shou	uld be one F	C per page O	R if more line			C use these a	dditional pa	ges. Enter
SECTION	B: TRAVEL EXPENSES NOTE: If expens	es do not fall i	into these ca	legories eu	ich an Heeriteli	שווים מיים מיים	ii do lifey ale	ore-determined bontinuing Education,	V Ina civetam			
Select from	n dropdown menu (column Province) where expenses	were incurre	ed (Out of	N.Ameri	ca = Inter'l).	ty, troiking dessi	ion, Reiocation, C	onunuing Education,	Business Insuranc	e go to SECTION	IC	
Lisule sej	parate lines are used for claim items that differ in Provin	ce, US and	Out of No.	rth Amer	ica.							
Date	Purpose of Travel	Province, US, or	What is travel	(Sel	Meal ect type from	drondown)	Airfare			T		
dd-mmm-yy	55 characters maximum ¬length of shaded area	Out of N.America	related to?	Туре	w/receipt	w/o receipt or per diem	Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
1-Nov-12	Alberta Coop Taxi	AB	Meeting							- 200.00 /		
1-Nov-12	Associated Cab	AB	Meeting							€ \$62.00 √		
1-Nov-12	Associated Cab	AB	Meeting							<b>ॐ</b> \$48.00 √		
1-Nov-12	Associated Cab	AB	Meeting			<del> </del>				◆ \$15.90 √		
1-Nov-12	A- Meal Per Dieam	AB	Meeting			s \$41.55 √				• \$53.45√		
2-Nov-12	Delta Calgary Airport Hotel	AB	Meeting			G \$41.55 V						
3-Nov-12	National Car Rental	AB	Conf					⊕ \$206.58 √				
2-Nov-12	Banff East Gate	AB	Conf			-			u \$87.15 √			
3-Nov-12	Yellow Cab	AB	Conf				• \$9.80 √					
**			Com							\$68.00√		
			-									
						g100 00 00 00 00 00 00 00 00 00 00 00 00						
		S	UBTOT	ALS		\$41.55	\$9.80	\$206.58	\$87.15	\$247.35		Total Kms
	<u>MEAL PER DIEM</u> <u>B = Breakfast</u> = \$9.20 <u>L = Lunch</u> = \$11.60 <u>D = Di</u>	nner = \$20 76	5 A = AII	MEALS	- \$41 EE		7	Enter \$0.505 km	, \$0.47 km <u>OR</u> r	ate per Union	Agreement	
	BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Di	nner = \$29.95	LD = Lu	nch & Din	ner = \$32.35				(see	Mileage details	to the left)	
	MILEACE Project VIII										Mileage \$	
	MILEAGE - Business Kilometre Rate f  → details of travel location to & from must be included	or Persona	lly-Owner	d Vehicle	e huma					Travel	\$ Subtotal	\$592.43
	<b>\$0.505</b> per km for <u>unde</u>	er 5,000km/v	<u>yr</u>	o naver col	iui (III				Enter on p	page 1 TOTAL	TRAVEL \$	\$592.43
	\$0.47 per km for <u>over</u> or <u>per Union Agr</u>						Note: Tot	al will auto fill into p	ng 1, Section E, i	f form complete	d electronica	
								pg	2s can be found	at end of form		

Dr Kathryn Todd's Expense claim for travel to Calgary / Banff NOV 1-3, 2012.

> NOVI- Various meetings with AHS Staff E UC Stakeholders. NOV2-3- Alberta Concer foundation Conference in Bank. AB

### DATE: 2012/11/81 PICK-UP TIME: 16:27 18:28
PICK-UP TIME: 16:11 812/11/81 DROP-OFF TIME: 16:27
012/11/01 DROP-OFF TIME: 16:27
18:29 TRIP ID: 987176
18:43 LOCATION 873888-45824183787
B CAR NUMBER: 0315 MY4163707 CARU TYPE: VISA S
P023 CARD: EXPIRY: AUTH: AP047243  AP053433
rARE (\$): 15.98
FXTCA (\$): 8 88 42.76 SUBTEL (\$): 15 98 8 88
n2 TB
11P <b>(\$)</b> :
TOTAL (\$):
N. Comments
SIGNATURE:
-
FOR ONLINE TAXI BOOKINGS VISIT
GS VISIT OUR WEBSITE@WWW ASSOCIATEDCAB CA ATEDCAB CA
CUSTOMER'S COPY
gary Cab from FMC to
nc University of Calgary
Campus to meet &
4

Home to Edmonton Airport.

1.

Dr Kathryn Todd's Expense Claim for travel to Calgary/Banff Nov 1-3, 2012.

5.

NOVI - Various meetings & AHS Staff & UC Stakeholders. NOV 2-3 - Alberta Comcer Foundation Conference in Banff.

4.

ALLIED LIMO ASSOCIATED 307 41 AVENUE NE T2E2N4 CALGARY 21640631 1111 PURCHASE 1111 11-01-2012 17:51:07 Acct # Date Card Type V' 3: KATHRYN TODD 00000031010 Visa Cree . ce # 040017 FV21640631AC .h # 031318 RRN 001001114 \$45.30 Purchase \$8.15 Tip \$53.45 Total (00) APPROVED-THANK YOU Terain this copy for your records Tunion Clif

NOU 1,2012 Meal Per diem A= All meals = \$41.55

Cab from UC to the Hotel





## CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8 Tel: 403-291-2600 Fax: 403-250-6121

AB HEALTH SERVICES Kathryn Dr Todd

Room:

603

Folio:

107

Cashier: Arrival: 427 11-01-12

Departure:

11-02-12

Date	Description	Additional Information	Charges	Credits
11-01-12	Laundry Charge	H288278	9,79	
11-01-12	Laundry Charge GST		0.48	
11-01-12	Room Charge		184.00	
11-01-12	Room Destination Marketing Fee		5.52	
11-01-12	Room Tourism Levy		7.58	
11-01-12	Room GST		9.48	
11 <b>-</b> 02-12	Visa		07.10	216.85
		Total	246.05	040.05

<b>GST Summar</b>	У
Registration N	lo: 846543619
Room	9.48
F&B	0.00
Other	0.48
Total	9.96

 Total
 216.85
 216.85

 Balance Due
 0.00 CDN

- 216, 85 - 9, 79 , 48

206.58

FC. 101.0006.71840400017

Guest Signature:

Dr Kathryn Toddis Expense claim for travel to Calgary/Banff NOU 1-3, 2012.

NOVI-Various meetings with AHS Staff & uc stakeholders. Nov 2:3 - Alberta Cancer Foundation Conference in Barry AB

7.



GST/HST 688850179RT0001

RA 164762528 BII 0
Renta! 02-NOV-2012 11:19 AM
CALGARY INTL ARPT
Return 03-NOV-2012 09:38 AM
CALGARY INTL ARPT

KATHRYN TODD
Vehicle # CN528779
Model ALTIMA
Class Driven FCAR
License# Class Charged ICAR
State/Province AB
M/Kms Driven 314
M/Kms In 21218

ALBERTA HEALTH SERVICES
Charges No Unit Price Amount
REFUELING 28 Litre 1.64 45.78\*
T & M 1 Days 20.05 20.05\*
UNLIM H/KM 0 M/Kms 0.00\*
CONCESSION RECOV FEE CLUSTOMER FACILITY CHARGE VEH LICENSE FEE 0.77\*
CA GST ALBERTA 85.000 % 4.15

Total Charges CAD 87.15

Deposit Visa

Amount Due CAD 87.15

\* Taxable Items Subject to Audit Customer Service Number 1-800-468-3334

Car rental to drive from Calgary to Bants (return) 8.

BANFF EAST GATE

101 MOUNTAIN AVENUE
PO BOX 900

BANFF AB T1L1K2

MERCHANT ID: 17322722018 TERM ID: 302

SALE

VISA ENTRY METHOD: CHIP
11/02/12 12:45:05
INV #: 000080 APPR CODE: 034450
BATCH #: 000083
REF #: 080

MOUNT

\$9.80

PIN VERIFIED BY CARD ISSUER
CHROHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
MERCHANT HURCEMENT IF CREDIT "OUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

MERCHANT COPY

APPROVED

APPLICATION LABEL: Visa Credit AID: A0000000031010

1,4: ... 1. 01 83 00 1. · · E1 · ·

BANFF NATIONAL PARK PARC NATIONAL BANFF 11/02/2012

Banff Park

while in

pass to park

Barry at

the ACF

Conference

'alid/Valide - 16h: 11/03/2012

 DAY:AD IND/JR:1 ADULTE
 9.80

 Total
 9.80

 GST/TPS
 0.47

 Credit
 9.80

 12:44 PM B.F.
 9.80

 GATE/BARRIERE-BANFF?
 181

To alle & ACF meeting

FC 101,0006, 71840400017

Dr Kathryn Todd's Expenses for travel to Calgary & Barnto NOV 1-3, 2012

CHARGE TO:

VELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.

G.S.T. J

TIME

DAY

MO.

VELLOW CAB (780) 462-3456

PRESTIGE (780) 462-4444

ADMINISTRATION (780) 465-8500

AUTH. NO.

TIME

DAY

MO.

VELLOW CAB (780) 462-3456

PRINT

TO

THE ISSUER OF THE CHARGE TO HAVE THE ME AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON BUBLECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF OTHER CHARGES DUE THEREON

SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF OTHER CHARGES DUE THEREON

Cab to go home from Edmonton Airport





# **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 No

Name: Dr Kathryn Todd	Reporting Period for the Month of: November 2012

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-11-01	Direct Billing	Transportation	Return flight travel from Edmonton to Calgary for meetings / conference	Marlin Travel - Government Centre	\$542.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

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

YOUR REF : 101000671840400017

SUITE 800, NORTH TOWER

LOCATOR : S7FPGG OUR REF : ZCH0092168C

10030-107 ST

EDMONTON AB, T5J 3E4

AGENT : ASHLEY QUACH

INVOICE

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

INV NO: 84142 DATE: 300CT12

PAGE: 1

FOR: DR KATHRYN TODD

AC

101000671840400017

\*\*\* AIR/RAIL/BUS \*\*\*

FROM TO

CARRIER FLT/CL ST DATE DEPART ARRIVE MEALS BAGS AIR CANADA 8171 V HK 01NOV 7:30A 8:22A

EDMONTON INTL CALGARY

D8 (300 SERIE

SEAT 04D

AIR CANADA E

CALGARY EDMONTON INTL AIR CANADA 8140 W HK 03NOV 11:30A 12:22P

D8 (300 SERIE

SEAT 04D

AIR CANADA E

\*\*\* CAR RESERVATION \*\*\*

CALGARY

NATIONAL CAR 1 INTERMEDIATE CAR CONFIRMATION NO:197331251COUNT

FROM 01NOV 8:22A TO 03NOV 11:30A RATE 19.21 PER DAY

FREE MILEAGE: UNLIM KMS NATIONAL CAR RENTALS DROPOFF: CALGARY

\*\*\* HOTEL RESERVATION \*\*\*

CALGARY

DELTA HOTELS 1 NSD CONFIRMATION NO: 131246032

FROM 01NOV 12:00A TO 02NOV 12:00A RATE 184.00

PER DAY

DELTA CALGARY AIRPO 2001 AIRPORT RD NORTHEAST

CALGARY

CA

ABT2E 6Z8

PHONE 4032912600

FAX 4032508722

GUARANTEED

CONTINUED ON NEXT PAGE

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 : S7FPGG

OUR REF : ZCH0092168C AGENT : ASHLEY QUACH

INVOICE

\*\*\* D U P L I C A T E \*\*\* INV NO: 84142

DATE: 300CT12

PAGE: 2

\*\*\* TOUR \*\*\*

DEPARTING FROM EDMONTON INTL ON 01JUL13 AT 12:00A TO EDMONTON INTL RET01JUL13 AT 12:00A BSP TASF

1 PACKAGE TOUR FILE RETAINER

AIR CANADA TKT NO AC 2523 717209 BSP TASF TKT NO 954 0004 920722

(INCL 64.96 TAX)

532.96 10.00

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

542.96

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

TKT 2523717209 TKT 0004920722

542.96 532.96

PAYMENT BY \*\*\* BALANCE DUE THIS INVOICE \*\*\*\*

10.00 0.00

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.