

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 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	-			12	12			
Total			\$ -	\$ -	\$ -	\$ 12	\$ 12	\$ -	\$ -	\$ -

Total for the Month \$ 12

Maximum meal expense claimed in the month \$ -
 Maximum daily 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

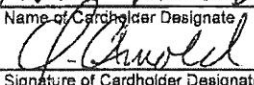
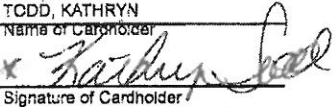


Instruction:

- 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

TODD, KATHRYN	SENIOR VICE PRESIDENT	Billing Reporting Period:	20/01/2014
Cardholder's Name	Cardholder's Position/Title		
RESEARCH	SEVENTH STREET PLAZA	Total Statement Amount:	\$12.00
Cardholder's Dept	Cardholder's Site/Location		
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/01/2014	339946685	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.67	✓	Scientific Directors Dinner Meeting - Parking

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>YVONNE ARNOLD</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>EXEC. ADMIN ASSIST</u> Cardholder Designate Position/Title <u>Jan 22/14</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>KATHRYN</u> Name of Cardholder  Signature of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title <u>Jan 29/2014</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>SUSAN BEST</u> Name of Approver Designate  Signature of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title <u>Jan. 28, 2014</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>DEBORAH RHODES</u> Name of Approver  Signature of Approver	<u>ACTING CFO</u> Approver Position/Title <u>Feb. 5/14</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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:

YVANK ANKOR (@-GILBERT-H/S-TRUCK)

P
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your parking authority

RECEIVED from Kathryn T. T. T. the sum of 01/15 20 14

Account # 123456789 Violation # xy 100 DOLLARS \$ 512 00

☐ ☐

THANK YOU IMPERIAL PARKING CANADA CORPORATION

G.S.T. # 68731 5638 RT0001

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