

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of February 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)
Feb-14	P-Card	Meetings	-			105	105			
Total			\$ -	\$ -	\$ -	\$ 105	\$ 105	\$ -	\$ -	\$ -

Total for the Month \$ 105

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

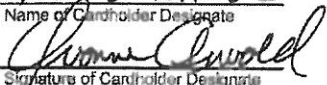
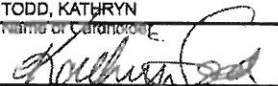

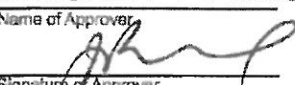
TODD, KATHRYN	SENIOR VICE PRESIDENT	Billing Reporting Period: 20/02/2014
Cardholder's Name	Cardholder's Position/Title	
RESEARCH	SEVENTH STREET PLAZA	Total Statement Amount: \$104.95
Cardholder's Dept	Cardholder's Site/Location	
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/01/2014	340641078	IMPARK00020101A, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	✓ 15.00	.71	.00	Innovation/Collaboratory Mtg_Telus Plaza ①
30/01/2014	341539997	ESSO, FUEL DISPENSER, AUTOMATED	34.60	CAD	✓ 34.60	1.65		Fuel for Fleet Vehicle_RIA Strategy Mtg In Calgary ②
30/01/2014	341539998	PETROCAN, FUEL DISPENSER, AUTOMATED	40.38	CAD	✓ 40.38	1.92		Fuel for Fleet Vehicle_RIA Strategy Mtg In Calgary ③

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
13/02/2014	342938056	AHS PARKING, HOSPITALS	15.00	CAD	✓ 15.00	.71		Parking at Uof A for PRHS Media Event ④

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>March 20/14</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>TODD, KATHRYN</u> Name of Cardholder  Signature of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title <u>March 21/2014</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>Exec Assistant</u> Approver Designate Position/Title <u>March 27, 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>March 28, 2014</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: 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:

① Innovation Meeting
is Collaboratory
AH, IAE, AHS, AINS.

②

Fleet Vehicle
RIA-Strategy
Mtg in 49C
(Colours)
Jan 30/14

IMPARK00020101A
10025 JASPER AVENUE
EDMONTON, AB T5J1S6
7804201976

MERCHANT ID: 97169880093 TERM ID: 101

SALE

MASTERCARD ENTRY METHOD: CHIP
01/22/14 11:26:13
INV #: 000004 APPR CODE:
BATCH #:
REF #:
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

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard

HID: A0000000041010

TIME: 00 00 00 00 00

DATE: 01/22/14

③

RIA Strategy Mtg in Calgary
Fleet Vehicle Jan 30/14
DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
190 E LAKE CRES
AIRDRIE
Alberta T4B 2B8

GST: 809568272 (403) 948-2100
2014-01-30 PC0478916:3708801 17:10
TERMINAL: 023766859 OPER: A
PAYMENT: 023766801

FUEL	(L)	(\$/L)	(\$)
Pump 9			
Regular	36.381	1.109	40.35*
Total Owed			40.35

TOTAL PAID
CREDIT CARD \$ 40.35

*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 1.92

MASTERCARD
INV. AUTH.
Purchase
S 0010010010 00 027

00 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

CUSTOMER COPY

Survey! Earn POINTS
& chance to WIN gas
1-866-826-7779 or
petro-canada.ca/hero

4

Pcard Attestation

The one parking receipt for \$15 on March 13, 2014 was not dispensed from the parking lot machine. The other parking receipt for \$15 on February 13, 2014 was misplaced.

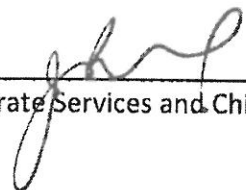
Both expenses were incurred for AHS business. Neither expense has been previously claimed.

Cardholder:


Kathryn Todd, VP Research, Innovation and Analytics

March 26, 2014
Date

Approved:


per: VP Corporate Services and Chief Financial Officer

March 28, 2014
Date