

Board and Executive Expense Report

Name

Dr. Tyrone Josdal

Title

ACMO, Physician Access & Capacity

Location F

Red Deer

Expenses submitted during the month of October 2012

					Travel (1)					
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Various meetings and								
October 2012		interviews			634	89	723			
October 2012		Car leases				484	484			
October 2012	Expense claim	Per diem meal expenses				125	125			
Total			\$ -	\$ -	\$ 634	\$ 698	\$ 1,332	\$ -	\$ -	\$ -

Total for the

Month \$ 1,332

Maximum meal expense claimed in the month

Maximum daily hotel rate claimed in the month

Non economy air travel in the month

\$ 119 \$ 21

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

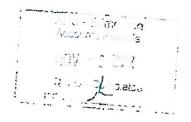
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

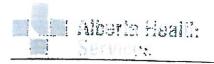


P-Card details Online ® Cardholder Statement Report

- Card	holder AND	ural delailed receipts and supporting doct. Approver's suprables required where indic	Cated below	BING DIDE	as u appears on	mis state	ment	1
osdal, sidholde	TYRONE II 3 Name	SVP & ASSOCIATE (SVP & ASSOCIATE CHILF Cardholder's Position/like		Biding Reporting Percent		20/10/2012	
EDICAL erdhold	AFFAIRS	AHS MICHENER REI						
	001700	Cardho-Jers Site/Loc	alion	ە:	a) Statement Aric	J:K:	57293	1
RONE.	IOSDAL (GA)	RERTAHLALTHSERVICES.CA						
		oress		1.3	st 6 drylls c'lle P	·Caru #		
atament.	of Transaci							
ursacilor le 090c 12	2067444¢	Merchant Name & Description		Current	Trans Ameunt	GST	Fraght Description	
0.2312	29.438268	STAND AND TARKING #3530, A ITOMOBILE PARKING LOTS AND GARAGES	18.	CAD	18 nd	00	OCParaing	
		MPARKCOOZO352U, AUTOMOBILE PARKLIS LOTS AND GARAGES	15.0	CAD	15 00	DC.	on Parlura	
10/2012	297624666	HOLIDAY INN EXPR DOWNT, HULIDAY	151 9	E LAU	151 96	इन्ड	HOIEL	
0 2017	798170345	INNS HIN EXPRODUMNT, HOLIDAY	140 0	CAD	110 90	10 3	HOTEL	
0/2012	298170346	ANS PARKING AUTOVOBILE PARKING	6.0	CAD	8 60	OC.	Parking	
262245	298170347	HOTE S. MOTELS PERORTS	161 2	GAD	161 22	7 40	HOTEL	
0.2512	2763 (1044	HOLIDAY INN EXPRESS LODGING	180 1	CAD	180 11	9 25	HOTEL	
Hachen	s without R	ecespts or supporting documentation		L	LL			
	Tians ID		and the second					N. ASSET
1		Merchant Name & Description	frans Original	Currency	Trans Armount	GST	Freight Description	
		STANDARD PARKING BUST AUTOMOBILE	13 00	GAD	13.00	52	capations	- 7 Un
2012	238408500	SHELL, GAS / SERVICE STATIONS	36 69	CAD	36 68		Gas	Joce







P-Card details Online ® Cardholder Statement Report

Program there did and hereby approve the transactions at listing I ben'by carry that the Program there did and hereby approve the transactions at listing I ben'by carry that the above Approver the transactions at listing I ben'by carry that the above Approver the transactions at listing I ben'by carry that the above Approver Designation has composed reviews and approvale in BMC dotate Online's on my behalf (if approache) A; por Position Title Signulate at Approver Date of Signulation Original discreted today: Signulation of the above Approvals for traver Cop as of pre approvals for traver Cop as of pre approvals for traver Personal checked payable to "Auberta Health Sen ces" Edmenton, AS TSJ 31 4	Signatures	
hereby certify that I have revoewed and reconciled line statement in RMO details. Ordered to the bast of my shifty in accordance to A IS Curporate Policies, Program User Guide and Tueling. Have allocated the transcription to the proper cost certife. No relief Countries of Charles and Tueling. Have allocated the transcription to the proper cost certife. No relief Countries of Charles and Program User Guide and Tueling. The transcription to the program User Guide and Program User Guide. Lecthorwholder By springing his statement. I hereby cut rifly has the P-Card issued to be was used for teglitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and Program		
Cardholder Sy spring the statement Thereby configurate the Broad issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS Proard Program User Guide I dechnowledge that the above Cardholder Designa's has completed reviews and reconcisation in BMO details Online® on my behalf if applicable). Sys & Associate CHIEF Cardholder Sys & Associate CHIEF Cardholder Date of Signature Approver Dosignate (If Applicable) By asping this statement I hareby contribute the review of indiapstured this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User. Never of Approver Oseignate Approver Designate and Indianance of the Approver Designate the season of the Indianance of AHS Corporate Policies, Program User. Never of Approver Oseignate Approver Oseignate (If Applicable) Program User Cardholder Thereby contribute of Approver Oseignate the season of the Indianance of the AHS Corporate Policies, Program User. Approver Oseignate Washington of the Approver Oseignate the season of the Indianance of the Indianance of the AHS Corporate Policies, Program User. Indianance of Approver Oseignate the Indianance of In	. I bereby certify that I have represent and connected this and	nent in RMO details OnlineS to the best of my ability in accordance to A-IS Corporate se transaction(s) to the proper cost centre.
Cardholder By spining this statement I hereby oxitify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Galde I schowdrodge that the above Cardholder Designal e has completed reviews and reconcisation to BMO deta's On-ne® on my behalf if applicable). Sonature of Cardholder White of Cardholder White of Cardholder Spinature of Cardholder Dote of Signature I hereby confly that I have it received and approved this studence in BMO details Onlyne® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. Never of Approver Designates I hereby cardy this the P-sud resurd to be was used for legitimate responsibility for the time program User Cardon and Received to the suppose of the transactions as fasted I hereby cardy this the P-sud resurd to be was used for legitimate responsibility for the program User Cardon and Received to the suppose of the transactions as fasted I hereby cardy this the P-sud resurd to be was used for legitimate responsibility for the program User Cardon and Received to the suppose of the transactions as fasted I hereby cardy this the P-sud resurd to be was used for legitimate responsibility for the program User Cardon and Received to the suppose of the transactions as fasted I hereby cardy this the P-sud resurd to be was used for legitimate responsibility for the program User Cardon and Received to the suppose of the transactions as fasted I hereby cardy this the P-sud resurd to be was used for legitimate responsibility for the program of the transactions as fasted I hereby cardy this the P-sud resurd to the was used for legitimate responsibility for the program of the transactions as fasted to the program of the transactions as fasted to the program of the program o	Name of Careholie (Chalgruin	Cuidno der Designats Position Tire
By signing this statement I hereby card fighted the process of the statement I hereby carding that the process of the statement I declarate of Postgram User Garding I declarated the statement I declarated the statement with the process of the statement with the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement I hereby cardy that the process of the statement that the statement program the statement I hereby cardy that the process of the statement that the statement program that the program the statement that the statement that the statement program that the statement with the statement that the statement with the statement cardinal that the statement that the statement with the statement with the statement cardinal that the statement with the statement w	Synature of Caldholds Plesignate	Dule of Signature
Thereby carrify the I have neveral and approved this statement of personal to AHS Corporate Policies, Program Use. Thereby carrify the I have neveral and approved the transport of personal to AHS Corporate Policies, Program Use. Name of Cardholdor Approver Dosignate (if Applicable) Page spring this statement Thereby carrify that I have neveral and approved this statement in BMO details Onlines in accordance to AHS Corporate Policies, Program Use. Name of Cardholdor Approver Dosignate (if Applicable) Page spring this statement Thereby carrify that I have neveral approved. Name of Cardholdor Name of Cardholdor Approver Dosignate (if Applicable) Program Use of Public of the I have neveral approved. Name of Cardholdor Name of Cardholdor Approver Dosignate (if Applicable) I have by carrify that the Page of neveral to be was used for legitimate rusiness purposes in accordance to AHS Corporate Policies, Program Use. I have by carrify that the Page of never display the transport of the transport of the program Use of Page of the International Cardinal Policies (in approach) The Cardinal Policies (in approach) The Cardinal Policies (in approach) Approver Dosignate (in approach) The Cardinal Policies (in approach) The Cardinal Policies (in approach) The Cardinal Policies (in approach) Approver Dosignate (in approach) The Cardinal Policies (in approach) Approver Dosignate (in approach) Approver	Cardholder	
Syn a ASCOCIATE CHIEF Carch. Je Position/fide Out Job Coll Signature Date of Signature of Cardholdor Approver Dosignate (if Applicable) By syning this statement I hereby contry that have no viewed and approved this statement in BNO details non-ness in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. Ner it of Approver Designate Approver Designate Approver Designate Approver Designate (if Applicable) I hereby cardy that he per and need to be was used for legitimate rusiness purposes in accordance to AHS Corporate Policies and AHS P. Date I hereby cardy that he per and need to be was used for legitimate rusiness purposes in accordance to AHS Corporate Policies and AHS P. Date I hereby cardy that he per and need to be was used for legitimate rusiness purposes in accordance to AHS Corporate Policies and AHS P. Date I beckey cardy that he per and need to be remarkable to a state on my behalf (if approache) I beckey cardy that he above Approver Designate has comprised rows and approvate in BMC usually on my behalf (if approache) Approver Designate that the above Approver Designate has comprised rows and approvate in BMC usually on my behalf (if approache) Approver Designate that the above Approver Designate has comprised to the control of	I hereby of tiffy that the P-Card issued to be was used for legiting Program User Gride	male business purposes in accordance to AHS Corporate Policies and AHS P-Card
Signature of Catcholder Signature of Catcholder Approver Designate (if Appfloable) By signing this statement Thereby confly that I have in viewed and approved this statement in BNO details Onlines in accordance to AHS Corporate Policies, Program User. Outdoor and Training on behalf of a authorized approver. Approver Designate Position/Tale District Approver Understate Approver Justification of the above Approver Designate has complete resistance of the above Approver Designate resistance of the above Approver Designate has complete resistance of the above Approver Designate resistance of the Approver Designation of the Approver Approver Designation of the Approve	- I acknowledge that the above Cardholder Cesigna'e has ownpi	leted reviews and reconcination in BMO details Online® on my behalf (if applicable).
Signature of Cardholdor Carchi. Jer Position/falle Out. Jb., Jour. Approver Dosignate (if Applicable) By againg this statement I hereby cardy that I have in viewed and approved this statement in BMO details Onlines in accordance to AHS Corporate Policies, Program Use. Guide and Training on behalf of a authorized approver. Ner it all Approver Oesignate Approver Designate Approver Designate Approver Designate Approver Designate Thereby cardy had the Paraditional to be was used for legitimate rusiness purposes in accordance to AHS Corporate Policies and AHS Paraditional Policies and hereby approve the financionas at list-of Program User Guide and hereby approve the financionas at list-of Program User Guide and hereby approve the financionas at list-of rowers and approvate in BMC outside Onlines on my behalf (if approache) Approver Approver Approver Date of Signature Approver Designate Thereby cardy had hereby approve the financionas at list-of rowers and approvate in BMC outside Onlines on my behalf (if approache) Approver Approver Approver Date of Signature Thereby cardy had hereby approve the financionas at list-of rowers and approvate in BMC outside Onlines on my behalf (if approache) Approver Approver Approver Date of Signature The Had prover of Signature Thereby cardy had been approved to AHS Corporate Policies and AHS Page of Signature Approver Approver Approver Date of Signature Thereby cardy had been accordance to AHS Corporate Policies and AHS Page of Signature Approver Approver Approver Date of Signature Thereby cardy had been accordance to AHS Corporate Policies, Program User Approver Approver Date of Signature Date of Signature Approver Approver Approver Approver Approver Approver Approver Approver Approver Date of Signature Date of Signature Date of Signature Approver A		SVP & ASDOCIATE CHIEF
Date of Signature Approver Dosignate (if Applicable) By syning this statement I hereby cartify that I have in viewed and approved this statement in BNO details Onwhole in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. Ner is all Approver Designate Approver Approver Designate Position/Tale Approver Designate Position/Tale Approver Designate Position/Tale Designate Position/	Name of Carrier	
Date of Signature Approver Dosignate (if Applicable) By syning this statement I hereby cartify that I have in viewed and approved this statement in BNO details Onwhole in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. Ner is all Approver Designate Approver Approver Designate Position/Tale Approver Designate Position/Tale Approver Designate Position/Tale Designate Position/	4	OOF 25 ans
Approver Dosignate (if Applicable) By signing this statement I hereby carrily that have in viewed and approver. Neire all Approver Designate Approver Designate Position/Tale Thereby carry that the Position of the was used for legitimate resines purposes in accordance to AHS Corporate Policies, Program List Program United Guide and hereby approve the transactions at history Program United Business Position of the Position o	Signature of Cardholder	Date of Standard
Approver App		
Approver By signing this statement Then by carry thit the Pourid restrict to be was used for legitimate recordance to AHS Corporate Policies and AHS Pourid Tacknowledge that the above Approver Designate has concrolled reviews and approvate in BMC cotate Oniciation may behalf (if approach) As prover Position Table Date of Signature and extraction and with other ments to accounts Payable Itachnowledge Statement Report (or copied of electronic standards) is signatured it signatures are not on report. Address. Address. Address. Address. Address. Address. Address. Accounts Payable This relat Plaza 1001 noor, North Tower, 10330–107 Street Edmenton, AB TSJ 31 4		As prover designata Position/14 e
Program User Guide and hereby approve the transactions to failed 1 ben'by carry that the Program User Guide and hereby approve the transactions to failed 1 ben'by carry that the above Approver Designate has composed roweves and approvate in 8MG details Only on my behalf (if oppropries) 1 ben'by carry that the above Approver Designate has composed roweves and approvate in 8MG details Only on my behalf (if oppropries) 1 ben'by carry that the above Approver Designate has composed roweves and approvate in 8MG details (if oppropries) 1 ben'by carry that the above Approver Designate has composed roweves and approvate in 8MG details Only approved on my behalf (if oppropries) 2 composed that the above Approver Designate has composed and the approved to the approved to the above Approver of Signature and the approved to t	advalure of Approver designate	17. de- of agriatice
1 acknowledge that the above Approver Designate has composed devices and approvate in BMC sotale Onlines on my behalf (if approache) Approve Approve Signal-treat-Approve Signal-treat-Approve Date of Signal-treat Date of Signal-treat Approve Date of Signal-treat Address Signat Caronoudar Statement Report (or collectronic standardine if signatures also not on report) And where applicable Cor as of pre approvals for trave Personal create payeble to "About a realth Sen ces" Personal create payeble to "About a realth Sen ces" Personal create payeble to "About a realth Sen ces" Edmenton, AB TSJ 31.4	Approver by signing this statement I herby cardy that the Palled its and to be was used for legitum Program User Guido and hereby approve the transportance in the	ale rusiness purposes in accordance to AHS Corporate Polices and AHS P-Daid
Signahuse at Approve. As prover Positic at Tale Date of Signa: fire As prover Positic at Tale Date of Signa: fire As prover Positic at Tale Date of Signa: fire Address. Address. Address. Address. A write already Services accounts Payable Address. A write already Services accounts Payable Accounts Payable: The Signatures all and on report The Signatures are not o	. 1 acknowledge that the above Approver Designate has one state	d this is a second of the seco
Date of Signs: fit Itach: Original iterrused users the month with one at mente to Accounts Payable Itach: Original iterrused users: Signat Caronoldar Statement Report (or co) let of electronic standardors it signatures are not on report: And where applicable: Cor as of pre approvals for trave: Personal creature payable to "Auberta Health Sen cest" Personal creature payable to "Auberta Health Sen cest" Edmonton, AS TSJ 3: 4 Toward Production:	4-1 Line Charles	Arrow r Positic a Tale
Address. Original iterruced coasins Signed Caronolder Statement Report (or co) let of electronic standaures it signatures also not on report: And where applicable: Cor as of pre approvals for trave: Petsonal creque payable to "Auberta Health Sen ces" Potum, refund and/or credit receipt Cuspules in ther	Signahae at April	Date of Signes for
Original Sterroced Casepts Signed Caronolder Statement Report (or co) let of electronic standards it signatures alle indo no report: And where applicable: Cor as of pre approvals for trave: Petsonal cheque payable to "Auberta Health Sen ces" Potum, refund and/or credit receipt Cosquira Provational;	of this sprances the most with the monte to be county Papello	The state of the second
Signed Caronoder Statement Report (or co) let of electronic standaures it signatures also not on report? And where applicable. Coy as of pre approvals for trave! Personal cheque payable to "Aberta Health Sen ces" Potum, refund and/or credit receips Cisquies Inflict Cisquies Inflict Conduct Payable col;	ttach:	Addings
Accounts Polyubly: And where applicable: Cot as of pre approvals for trave: Personal create payable to "Auberta Health Sen cest" Personal create payable to "Auberta Health Sen cest" Cosquies Inflor Cosquies Inflor Cosquies Inflor Cosquies Polyubly: Accounts Polyubly: This Size it Plaza 10th noor, North Tower, 10330–107 Street Eumenton, AS TSJ 31 4	Original starrated (SISE/TREP) Report for the less of a controller Signed Catonoider State/Trep) Report for the less of a controller	
And where applicable Cor as of pre approvals for trave! Personal credue payable to "Alberta riealth Sen ces" Potum, refund and/or credit receipt Cisquies Inter Conduct Payable sol;	signatures if signatures are not on report!	
Cot as of pre approvals for traver Personal cheque payable to "Aberta riealih Sen ces" Poturi, refund and/or credit receipt Cisquies Inter Cisquies Payable coli		
Personal chaque payrille in "Aberta Health Senices" Potum, refund and/or credit receipt Cisquies Inflor Total Programmes For one #		
Cospules Inter	Personal cheque payable to "Alberta riealth Sen ces"	
ries are #		
efer ner #	Clayura R (IC)	
eference # Reviewed by Date	citation Productionly	
	clerunch # Reviewed by_	Date



Ty Josdei, MD
Associale Chief Medical officer
43 Michener Bend, Red Door, AB, T4P 0H6
Phone, 503 406-5523, Fax: 403-309-2809
lyrono joshakiyaiborrahawkhicewices.ca

Total Albertan Salislaction

November 28, 2012

Attestation for lost receipts

I attest that the following expenses were incurred and related to AHS business and have not been claimed previously. Original receipts have been lost.

Transactions without Receipts or supporting documentation:

04/10/2012 207624889 STANDAHD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES

*Attended Provincial Senior Leadership Meeting in Calgary

13.00 CAD

11/10/2012 298408508 SHELL, GAS / SERVICE STATIONS

"Attended AHS meetings in Medicine Hat

36.68 CAD

Cardholder:
Ty Josdal

Date:

proceeding all serve

Date:

NOV. 28/12

/

Approver.

Verna Yiu

PLACE ON DASH FACE UP

(SAME DAY 18h00)

Standard Parking 107 Street

Nachine Web ID = LOT 107

EXPIRES

26 SEP

18:00 PAID \$18.00C

ENTRY TIME 26 SEP 12 08:32

16942

ACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE COTE VISIBLE

(3)

ALBERTA HEALTH SERVICES
MEDICINE HAT REGIONAL HOSPITAL
PARKING SERVICES
666 5TH STREET SW

MHRH \$ 6.00 Total Fee \$ 6.00 MASIER CARD \$ 5.00

Approval No.:194904_
Reference No.:0000001300
Change Due \$ 0.00
THANK YOU
DRIVE SAFELY
COMMENTS OR CONCERNS
403.502.8648
PARKINGMALBERIAHEAL (HSERVICLS.CA

Meeting ee: Trugereled Initial assessment in Medicine Hat PLACE FACE UP ON DASH Impark Lot 352 Expiration Date/Time

EXP 06:00PM OCT 03, 2012

Parchase Date/Time: 10:50am Oct 03, 2012

Total Parking: \$14.20

Total Parking: \$14.20

Total Due: \$15.00 Rate: \$15 - All Day To 6PA

Total Patch \$15.00 Payment Type: Card

Total Patch \$15.00 Auth #: 125:00

Total Patch #8.202770 Auth #: 125:00

S/N #: 100008450023

S-tiling: Lot 352

Nach Name: Heter 1

GST #887315638RT0001

RECEIPT Inpark Lot 352

Expiration Date/Time: 05:00pm Oct 03, 2012 Purchase Date/Time: 10:50am Oct 03, 2012

Ictal Parking: \$14.28
Ictal gst: \$0.72
Ictal Due: \$15.00
Ictal Paid: \$15.00
Rate: \$15 All Day To 6Pt
ExsterCard
It.ket # 62021740
Setting: Lot 362

Tisket # 82021740
Stitling: Lot 362
Heich Name: Heter 1

Melbing With
Policy (Helen Stokes)





10-04-12

		10-04-12
Ty Josdal	Folio No. : A/R Number : Group Code : Company : Alberta Health Services Membership No. : Invoice No. :	Room No. : 513 Arrival : 10-03-12 Departure : 10-04-12 Conf. No. : 60477445 Rate Code : ILLYG Page No. : 1 of 1

Date	Description		Charges	Credits
10-03-12	Parking		10.00	W-14-1
10-03-12	*Room		129.00	
10-03-12	GST Tax		6.45	
10-03-12	Trsm Levy Tax		5.16	
10-03-12	Municipal DMF Tax		1.29	
10-03-12	Municipal DMF Tax GST		0.06	
10-04-12	MasterCard		0.00	151.96
ms stay w	for staying at Holiday Inn Express Downtown Edmonton. Qualifying points for il automatically be credited to your account. To make additional reservations ate your account information or view your statement please visit www.	Total	151.96	151.96
priorityclub	.com. We look forward to welcoming you back soon.	Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and ogroe to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

A Provincial Senior Leadership Meeting





124

Edmonton

10-10-12

1						
Ty Josdal	Folio No.	;	144967	Room No.	:	801
	A/R Number	:		Arrival	:	10-09-12
	Group Code	:		Departure	:	10-10-12
			Alberta Health Services	Conf. No.		
	Membership No.	;		Rate Code		
	Invoice No.	:		Page No.	:	1 of 1

Date	Description		Charges	Credits
10-09-12	Parking		10.00	
10-09-12	*Room		119.00	
10-09-12	GST Tax		5.95	
10-09-12	Trsm Levy Tax		4.76	
10-09-12	Municipal DMF Tax			
10-09-12	Municipal DMF Tax GST		1.19	
10-10-12	MasterCard		0.06	140.96
inis stay wi	for staying at Holiday inn Express Downtown Edmonton. Qualifying points for il automatically be credited to your account. To make additional reservations ate your account information or view your statement please visit www.	Total	140.96	140.96
riorityclub	.com. We look forward to welcoming you back soon.	Balance	0.00	

Guest Signature:	t Signatur	e:
------------------	------------	----

I have received the goods and / or services in the amount shown heren. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

As A Londed PPEC in Education

affenoled

Holiday Inn Express Downtown Edmonton10010 - 104 Street Canada T5J 0Z1 Edmonton, AB Telephone: (780) 423-2450 Fax: (780) 426-6090 OGST #896724515 www.hiexdowntown.com





5 10-11-12

Ty Josdal RED DEER

Folio No.

Company

Invoice No.

: 110014

Room No. : 317

CA

A/R Number Group Code

Membership No. :

: Alberta Health Services

Arrival : 10-10-12 Departure : 10-11-12

Conf. No. : 66635635

Rate Code : ILCORSBF Page No. : 1 of 1

Date	Description		Charges	Credits
10-10-12	*Accommodation		145.00	
10-10-12	DMF		2.90	
10-10-12	GST		7.40	
10-10-12	Tourism Levy		5.92	
10-11-12	MasterCard		0.02	161.22
Thank you for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit www.priorityclub.com.		Total	161.22	161.22
Ne look for	ward to welcoming you back soon.	Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

A Medicine Hat - Interviews-





5 10-12-12 Ty Josdal Folio No. : 110089 Room No. : 303 CA AR Number Arrival 10-11-12 Group Code Departure : 10-12-12 ALBERTA HEALTH SERVICES - CPS Conf. No. : 68992338 Company Membership No. : Rate Code : ILCORSBF Invoice No. Page No. : 1 of 1

Date	Description		Charges	Credits
10-11-12	*Accommodation		162.00	
10-11-12	DMF		3,24	
10-11-12	GST		8.26	
10-11-12	Tourism Levy		6.61	
10-12-12	MasterCard		0.01	180.11
will automa	for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay tically be credited to your account. To make additional reservations online, account information or view your statement please visit www. priorityclub.com.	Total	180.11	180.11
We look for	ward to welcoming you back soon.	Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my liablify for this bill is not walved and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full emount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the leaver.

* Medicine Hat - Interview8

I loliday Inn Express Medicine Hat #9 Strachan Bay Medicine Hat, Alberta T1B 4Y2 Telephone: (403) 504-5151 Fax: (403) 504-0055 Toll Free: 1-877-504-5151 g.s.t. no. 896 932 449





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: Tyrone Josdal	Reporting Period for the Month of: Octiber, 2012

Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
Direct Billing	Transportation	Fleet Vehicle lease		\$483.85
Choose One	Choose One		Timi detisom eeuse	7403.63
Choose One	Choose One			
Choose One	Choose One			
Choose One	Choose One			
		I		\$483.85
	Direct Billing Choose One Choose One Choose One	Direct Billing Transportation Choose One Choose One Choose One Choose One Choose One Choose One	Direct Billing Transportation Fleet Vehicle lease Choose One Choose One Choose One Choose One Choose One Choose One	Direct Billing Transportation Fleet Vehicle lease Jim Pattisom Lease Choose One Choose One Choose One Choose One Choose One Choose One



Fleet Invoice Summary

Customer Service: JPLinvoice@iplease.com 1-877-575-9555

ALBERTA HEALTH SERVICES - GOA 5855 TYRONE JOSDAL

Account Number 205327 Invoice Number: FM031089 Invoice Due Date. 01-Nov-2012

Invoice Date: 22-Oct-2012 GST Reg. 11940 5502 RT0020

Charge Group	Billed
DOING TO	\$383.62
ROUIE 10	\$93.48
APPROVER	\$6.75
	\$0.00
POINT TO	\$0.00
	\$483.85
THE PROPERTY OF THE PARTY OF TH	

Wessage Centre	
Did you know that Jim Pattison Lease now offers a-billing? You can now go paperless and access your bills online, 247, Interested? Contact your local customer service rep today.	
	9





	T	ax Sumn	nary
Prov	PST/QST	GSTMST	HST - Prov Portion
AB	\$0.00	\$0.00	\$0.00
0.000	\$0.00	\$0.00	
	Taxe	induded in th	e Inveice.

"Please remove and submit the section below with your payment ""



Conada's Leader in Customized Fleet Management

Account Number: Involce Number Invoice Due Date: Net Invoice Total:

205327 FM031089 01-Nov-2012 \$483,85

Payment Amount

Please write in the amount of your payme

Attention: TYRONE JOSDAL ALBERTA HEALTH SERVICES - GOA 5855



Remit To: Jim Pattison Lease - Accounts Receivable

1235-73rd Ave SE Calgary, AB T2H 2X1

Invoice Summary

19/24/2012 7:25:51 AM

FM031089 - Summery

	n Pattison er in Customized Ree			leet l	invoice				Invoice Invoice Oate:	Maria Maria	4031089 -Nov-2012	
Customer Muncher: 265327											-Oct-2012	
			Customer		ALBERTA HEALTH SERVI	CES-GOA 5855			Invoice Group: AHS FRANCOI			IS BELANGER
Cuts COUNT Plate / U 391 Unit VIII	lpa Prov - Dinor Harma I Website Description	Supplier Trans	Card 8 Transpolen Oute	Supplie Them I			άΤΥ	Contlini	Are	PSTOST	GSTIMEST	Total
	I JABIJAB CR 1467		1-00-01900	Here L	RACE AND	٠.						
	SOUTH STATE OF THE PROPERTY FIRST	ENJEROX										
		20185045	600037 13323 9179 0	FAS GA	SOLLTO HAY 24 E HAY 42							
			1/2/2012 11/05/00	PENIO	LD AS							
					REGULAR UNLEADED	ti.	28.01	\$1.15	\$27.55			
	*							Transaction Total	\$27.53	\$9.00	\$0.00	\$27.55
		20185193	OUTTRESECT VERICE		S DIL LTD HWY 2A & HHAY 42							
			952012 (9:59:20)	PENNO	Access to the second se							
	•				REGULAR UNLEADED		45.22	\$1,14	\$43.65			
		20201294	100007 13323 9179 O	ELE ALI	S OIL LTD 510 BOW VALLEY TI	N.		Transaction Total	Miss	20.00	\$0.00	\$43,65
		entehth	918801230d200	CANNO		ent						
			*1000 IE CANDON	MAS AN	REGULAR UNLEADED		51,72	\$1.19	\$233			
					THE STATE OF THE S			a r. rs Transaction Total	252.13	\$0.00	***	
		00525045	600007 13323 9179 0	FEDERA	TED CO-OPERATIVE LIMITED	COORSOIN STREET	,	MINISTERN LINES	332.0	2000	\$0.00	552.23
			8,145015	INISTA								
					REGULAR UNLEADED	:	32.60	\$1.14	\$40.02			
							1	fransaction Total	\$40.02	50,00	S0.00	S40.82
		0008714560	600037 13322 8178 0	SHELL C	AKADA PRODUCTS LAMITED L	EVA AVENUE - RED D	DEER					
			\$75001216-07:00	RED DEE	RAB							
		× 5			REGULAR UNLEADED	6	14.29	\$0.59	\$63.51			
								ransaction Total	\$53.51	\$000	\$0.00	56161
		0036715766	600037 13323 9179 0		WADA PRODUCTS LIMITED LI	EVA AVENUE - RED D	EER					
			10/2/00/12 18: 22:00	REO DEE								
					REGULAR UNLEADED	6	AL16	19.39	53.49			
		0035717227	60037 13323 9179 0	EVELL CI	WADA PRODUCTS LINGTED LE	NA HOUSE ASA		ransaction Total	2010	\$0.00	\$0.00	\$63.49
		Area insti	1092012 19:32:00	REDOEE		WARTENUE - NEU D	EER					
				3.55	DECUA AR UNI FADED		0.47	\$0.99	\$40.05			
		-					-	icto) Ictol nobsecu	\$40.05	\$0,00	PARA	* es ar
		410728190	ECORD 13323 51790		NADA PRODUCTS LIMITED RE	DGE RD - STRATHAO		automatalit (feltit	240.00	WW.	\$0.00	\$40.05
			10/10/00/12 15:04:00	STRATION	ORE AB							
			*******		REGULAR UNLEADED	52	197	\$1,00	\$52.92			
		90. 90. 5.					Th	ensection Tetal	252.52	\$6.00	\$0.00	\$32.00
								Fuel Total	2383-03	\$0.00	\$0.00	\$303.62
	Maliotenance	· rad i a papar pa			maredon 11 c.							
	545-COG 000007 13323 9179 0 MR. LURE											(*)
			9 160012	RED DEER				200	1			
					LOF LUBE OIL FILTER	1.	.00	\$91.48	\$93.48			
		tas es sum	AMERICAN STREET					insaction Total	\$93.45	\$2.00	20.00	591.48
								rdenance Total	\$10.48	\$0.00	\$0.00	\$83.4

Rectionice Due on: 01-Nov-2012

FM031009-Details 1 of 2

Charcount Pilling	Pata I Usa Pror VIN	Orner Name I Vehicle Disolption Program Fee	Supplier Trans	Cord # Transaction Date	Suppler Trans Locato	Charge Description	אַנּט	CostUra	Ant	PSTAGST	CSTAST	Tetal
				600137 13323 9139 0 11/12012	A							•
						PROGRAM FEE - 01 NOY 2012	100	\$6.75	\$6.35	\$0.00	\$000	56.75
							Trans	section Total	\$5.75	\$0.00	\$0.00	\$675
							Progn	um Fee Total	\$5.75	\$0.00	\$0.00	\$6.75
							Custom	er Unit Yold	5403.05	\$0.00	50.00	\$483.15
Unit Count: 1								Brand Yotals	\$403.85	\$0.00	\$0.00	\$400.65

Fleel throice Duson:

FM031009- Dotterls 2 of 2



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SE	SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)												
* Enter employee # (old) and Employee # (E-People) if your payoli has manated to the New E-People 2017													
	mondate IVA in the Employee # (E-People) if Voir pavioli has not minmind to the New E-People could be a seried and the New E-People and												
Ma	Name: Tv. Insidal Quit-of-Province Travel												
-	Position (Title): ACMO												
	Location: Michener, Red Deer Dept: Medical Affairs DOFA Level: (if applicable) Union: N/A Business Phone #: Ext:												
Employee # (REQUIRED # prior to 5-Pouple migration);													
SECTION E: FINANCE CODING & TOTAL CLAIM													
Г,	APITAL	PPO JECT	CODING ONLY →	Project Nu	mbor			Bentan			-		
IL.	WALLER POR	- MOSEC!	CODING CHELY ->	Expenditure C	Organizatio	a .			Task Number Expenditure Type		-		
		Total - S	ection B: Travel - I										
-	Del	1000 - 5			Iot	al - Section	n C&D: Other & F	oreign Expe	nees - Pg 3	TOTAL	O Pillana		
Pg	Bal Location Functional Centre Total					Location	Functional	Secondary/	Total	IUIA	KEINBU	RSEMENT	
2A	101	0000	(FC)	Ехропоо			Centre (FC)	Expense	Expense	Total Sec	Total Section B		
2B	101	0000	71110000012	\$124.55						Total Section	on C&D	\$124.65	
										Lese Cash A	dana		
2C											WVIIIO5		
2D										TOTAL C	LAIM	\$124.55	
				\$124.65		**User to e	nter Coding & \$ amo	L L L L L L L L L L L L L L L L L L L					
Ц_	NOTE: T	his section a	uto fills from page 2A	2B, 2C & 2D	N		fields do not automa		etlen CCD				
SE	CTION F	: AUTHOR	RIZATION			The second second			The second secon				
If ap	plicable, g	<u>rint</u> the nan	ne of the person (other	than claimant) that p	repared the	daim along	with phone number so	if there are any	mustions contact	tan ha oosilu mada			
		approval sij od by (PRINT			legation of	authority leve	d) and Position # of in	e approver,	Annual tolling	an de easily made.			
								Phono #		Ent			
I hen	by certify t	ist the expen	ive read the "Travel, Hosp ass listed above have not	itality and Worldny See been previously daime:	sion Expense d by me ar on	is Policy" of All	berte Health Services en	d hereby confirm (hat the expenses claim	ned are in compliance w	ith such polic	ly.	
			18. Taphing		,	ing some inch	is separate separate des Alde	a ot ornat difficulti	i it is				
I her	eby cartify	that I have	reviewed the expenses	and they are in acco	rdance with	the applicat	do noticion (Dellas dis	1110 1100	4 160 26				
John	OAGE CIGHT	S ROSELLI AMORA L	eceipis snomid de sent	by the approver direct	tily to Acco	unts Payable	for processing,	1110, 1122).					
App	roved By	PRINT ONLY	DI NEAM	flu				Position 4		Phone :		001	
_	ature:		100/				TIES EUP+C	MO. Qua	Dity + Medica	ED Afferirs 1	JOUAT	$\overline{I_{2}}$ —	
		PRINT ONLY):			DOF/		Position #		Phone #	AUNCELL		
Sign	sture:						Title			_ Date		Ent	
Hants	and Comme												

Health and Fersonal information on this form is collected by AHS under the authority of section 20(s) of the Health Information Act (HIA) and asofons 33(s) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administrance AHS Procure to Pay program. For more information, question or concern about two collection, use or disclosure of your health and personal Information, placer contact Mark Palitis, Director Accounts Payable of 750-735-0506 or amalt.

EXPENSE CLAIM DETAILS

EXPENSE CLAIM DETAILS													
Enter Finance Coding 101 • 0000 • 71110000012 Emp # (E-People) Emp # (prior to E-people) Page 2A													
trespenses incurred are for multiple FC's please use pages 28,2C,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, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.													
SECTION B: TRAVEL EXPENSES NOTE: f expenses do not fell into these categories such as Hospitality. Working Session, Relocation, Continuing Sidentification, Continuing Sid													
Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Interi). Ensure separate lines are used for claim items that differ in Province, US and Out of North America.													
	Province What is Meal												
Date dd-rimm-yy	Purpose of Travel	US, or	travel	(Se	lect type from d	(nwobdown		Airfare	Makel	Rental			Mileage
	55 characters maximum -length of shaded area	Out of N.America	related to?	Туре	w/receipt	w/o receipt or per diem		us/LRT arking	Hotel	Car	Taxi	Fuel	(km)
3-Ocl-12	Policy meeting in Edmonton	AB	Meeting	LD		\$32.25					-	 	
4-Oct-12	Provincial Senior Leadership meeting, Edmonton	AB	Meeting	В		\$9.20						-	
10-Oct-12	PPEC, Edmicriton	AB	Meeting	В		\$9.20				 			
10-Oct-12	Travel to Medicine Hat. Interviews.	AB	Meeting	D		\$20.75				 	 		
11-Oct-12	Interviews in Medicine Hat	AB	Meeting	Α		\$32.35					 	-	
25-Oct-12	CMO Update meeling, Edmonton	AB	Meeting	BL		\$20.80				 	 	 	ļ
										 	-		
											 		
								-+					
				•									
									· · · · · · · · · · · · · · · · · · ·				
													_
		S	UBTOT	ALS !		\$124.55							Total Kms
	MEAL PER DIEN	RATES					7		Falsa en por :	. 20 (2) . 55			
	B = Breakfast = \$9.20 L = Lunch = \$11.60 D = D BL = Breakfast & Lunch = \$20.80 BD = Breakfast & D	nner = \$20 7	5 A=AL	LMEALS	= \$41.55		11		enter şo.sus kn	n, \$0.47 km <u>OR</u> r (\$66	ate per Unior <i>Mileage deta</i>		
	SE - Steamast & Luncii - \$20.00 ED = Bleakast & Di	<u>nner</u> = \$29.9.	b LD=Lu	inch & Di	nner = \$32.35		Į.					Mileage \$	
	MILEAGE - Business Kilometre Rate	for Persona	Ily-Owne	d Vehic	le		=			The	Yenre	1 \$ Subtotal	2404.55
	details of travel (coation to & from must be included)	apove hudel	the purpose	of travel co	olumn		I						\$124.55
	\$0.505 per km for <u>und</u> \$0.47 per km for <u>ove</u>						1			Enter on	page 1 TOTA	LTRAVEL \$	\$124.55
	or per Union Agr		<u>.</u>					Note: Tota	l will auto fill into p	pg 1, Section E, i g 2s can be found	if form comple d at end of fon	led electronic	ally - Additional
		The second second											