

Board and Executive Expense Report

Name Dr. Tyrone Josdal
Title ACMO, Physician Access & Capacity
Location Red Deer
 Expenses submitted during the month of December 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)
November to December 2012	P-Card	Various meetings	602		571	86	1,259			
Total			\$ 602	\$ -	\$ 571	\$ 86	\$ 1,259	\$ -	\$ -	\$ -

Total for the Month \$ 1,259

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 129
 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:			
<ul style="list-style-type: none"> 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 			
JOSDAL, TYRONE Cardholder's Name	SVP & ASSOCIATE CHIEF Cardholder's Position/Title	Billing Reporting Period:	20/12/2012
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	\$1,258.70
TYRONE.JOSDAL@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P Card #:	██████████

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/11/2012	301877023	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67		Parking
23/11/2012	301877024	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67		Parking
24/11/2012	301991911	HOLIDAY INN EXPR DOWNT, HOLIDAY INNS	303.92	CAD	303.92	14.47		HOTEL
29/11/2012	302470826	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.85	.00	Parking
29/11/2012	302470827	COAST EDMONTON HOUSE, LODGING HOTELS, MOTELS, RESORTS	131.01	CAD	131.01	.00	.00	HOTEL
03/12/2012	302755917	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	13.50	CAD	13.50	.64		Parking
17/12/2012	304025526	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	1.24	.00	Parking
18/12/2012	304232477	AIR CAN 0142115626619, AIR CANADA	601.91	CAD	601.91	.00	.00	Flight
19/12/2012	304232478	TRAVRES*Hotelsone.com, TRAVEL AGENCIES AND TOUR OPERATORS	136.38	CAD	136.38	6.82	.00	HOTEL

Signatures

Cardholder Designate (if Applicable)
 By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transactions to the proper cost centre.

 Name of Cardholder Designate

 Cardholder Designate Position/Title

 Signature of Cardholder Designate

 Date of Signature

Cardholder
 By signing this statement

- I hereby certify that the P Card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable)

JOSCAL TYRONE
 Name of Cardholder

SVP & ASSOCIATE CHIEF
 Cardholder Position/Title

Joscal Tyrone
 Signature of Cardholder

Dec 24, 2012
 Date of Signature

Approver Designate (if Applicable)
 By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver

 Name of Approver Designate

 Approver Designate Position/Title

 Signature of Approver Designate

 Date of Signature

Approver
 By signing this statement:

- I hereby certify that the P-card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)

DAVID MEGAN
 Name of Approver

SVP (Info, Clinical Operations)
 Date of Signature

David Megan
 Signature of Approver

Jan 2 / 13
 Date of Signature

Submit approved statement with attachments to Accounts Payable.

<p>Attach:</p> <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030 107 Street Edmonton, AB T5J 3E4</p>
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Accounts Payable only:

Reference # _____ Reviewed by _____ Date _____

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 23/11/12 EXPIRATION TIME 06:00 AM

AMOUNT PAID \$ 14.00 84880000 08:00 AM
UNIVERSITY OF ALBERTA
1311047 NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED 22/11/12 TIME ISSUED 08:00 AM AMOUNT PAID \$ 14.00

CREDIT CARD NUMBER LOT M (1)
UNIVERSITY OF ALBERTA
1311047 RECEIPT GST # R108102831

*CMO Senior
deceiders off-site
meetings*



DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 24/11/12 EXPIRATION TIME 06:00 AM

AMOUNT PAID \$ 14.00 84880000 07:52 AM
UNIVERSITY OF ALBERTA
1311036 NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED 23/11/12 TIME ISSUED 07:52 AM AMOUNT PAID \$ 14.00

CREDIT CARD NUMBER LOT M (2)
UNIVERSITY OF ALBERTA
1311036 RECEIPT GST # R108102831

PLACE ON DASH FACE UP
17 DEC
18:00 PAID \$26.00C
ENTRY TIME 17 DEC 12 12:31
PLACE ON DASH FACE UP
1 (SAME DAY 18h00)
Standard Parking 107 Street
Machine Web ID = LOT 107 B
EXPIRES
2

*CMO
Update
meeting
Edmonton*

PLACE ON DASH FACE UP
(SAME DAY 18h00)
Standard Parking 107 Street
Machine Web ID = LOT 107
EXPIRES
29 NOV
18:00 PAID \$18.00C
ENTRY TIME 29 NOV 12 07:07
19368

(4)

*Edmonton
ZMAC*

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 03/12/12 EXPIRATION TIME 07:13 PM

AMOUNT PAID \$13.50 76340000 04:13 PM
2161397
Alberta Health Services
NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED 03/12/12 TIME ISSUED 04:13 PM AMOUNT PAID \$13.50

CREDIT CARD NUMBER CC (6)
2161397
Alberta Health Services
RECEIPT

*Patient Safety
Strategic Planning
Session*

* CMO Seniors
leaders off-site
meetings



3

124

11-23-12

Ty Jurdal	Folio No. :	██████████	Room No. :	818
██████████	A/R Number :	██████████	Arrival :	11-21-12
CA DESCRIPTION	Group Code :	██████████	Departure :	11-23-12
	Company :	Government of Alberta	Conf. No. :	61313695
	Membership No. :	██████████	Rate Code :	IMCGV
	Invoice No. :	██████████	Page No. :	1 of 1

Date	Description	Charges	Credits
11-21-12	Parking	10.00	
11-21-12	*Room	129.00	
11-21-12	GST Tax	6.45	
11-21-12	Trsm Levy Tax	5.16	
11-21-12	Municipal DMF Tax	1.29	
11-21-12	Municipal DMF Tax GST	0.06	
11-22-12	Parking	10.00	
11-22-12	*Room	129.00	
11-22-12	GST Tax	6.45	
11-22-12	Trsm Levy Tax	5.16	
11-22-12	Municipal DMF Tax	1.29	
11-22-12	Municipal DMF Tax GST	0.06	
11-23-12	MasterCard ██████████		303.92

Thank you for staying at Holiday Inn Express Downtown Edmonton. 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. We look forward to welcoming you back soon.

Total	303.92	303.92
Balance	0.00	

Guest Signature: _____

I have received the goods and/or services in the amount shown herein. 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.

Holiday Inn Express Downtown
Edmonton 10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
0GST #896724515
www.hiexdowntown.com



* CMO Update meeting
Invoice

5

10205-100 Avenue,
Edmonton, Alberta T5J 4B5
Tel: (780) 420-4000 Fax: (780) 420-4364

Dr Ty Josdal
Red Deer Regional Hospital
Red Deer AB T4N 6R2
CANADA

Preview

Invoice date 11/29/2012
Our reference CEH-FC172080 /
GST Number 10343 8925 RT0004

Guest	Dr Ty Josdal	Arrival	11/28/2012	Departure	11/29/2012	Room	1409
Date	Description	Quantity	Unit Price	Total (CDN)			
11/28/2012	Room Charge	1	119.00	119.00			
11/28/2012	GST Taxes	1	6.01	6.01			
11/28/2012	Tourism Levy	1	4.81	4.81			
11/28/2012	Destination Market Fee	1	1.19	1.19			
				Total invoice	131.01		
				Total Paid	0.00		
				Total Due	131.01		

Total GST 6.01

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature _____

Please remit all payments to Hotel's Name, 10205 - 100th Avenue, Edmonton, AB T5J 4B5
If you need assistance, please contact our accounting office at (PH), 780-420-4000 or (FAX) 780-420-4364
Please submit payments within 30 days to avoid interest charges of 1.5% applied to account.

For reservations: www.coasthotels.com or 1-800-663-1144

* Flight to Grand Prairie to
conduct Medical Staff Interviews.

Jelena Clarke

From: FlightNetwork Sales Department [sales@flightnetwork.com]
Sent: Tuesday, December 18, 2012 1:46 PM
To: Jelena Clarke
Subject: Booking Confirmed - FlightNetwork Electronic Ticket - Air Canada - Booking Confirmation MB6171
Attachments: Electronic_Ticket_and_Invoice_814560_Josdal_20Dec2012.pdf
Follow Up Flag: Follow up
Flag Status: Completed

8



THIS IS YOUR ELECTRONIC TICKET - Print for your record.

Date of Transaction Tue Dec 18 15:46 PM

TICKET DETAILS:

FlightNetwork® Booking ID:2576222

Flight Confirmation number is - **MB6171**
Your electronic ticket(s) number(s) 0142115626619

Your flight has been booked with **Air Canada** using FlightNetwork®. Please check in directly with **Air Canada** as your electronic ticket number(s) is/are listed above.

In addition, you may use our E-ticket Retrieval program on www.flightnetwork.com/etickets to view your E ticket(s).

PASSENGER INFORMATION:

Adult Mr. Tyrone Josdal
(Pay Meal Pref: Regular)

DETAILS:

Flight Details

Reference/Confirmation #: MB6171

Outbound Flight: Thursday December 20, 2012

Departs from	Arrives	Airline
Edmonton, AB - Edmonton International (YEG) 8:20am Thu Dec 20	Grande Prairie, AB - Grande Prairie (YQU) 9:31am Thu Dec 20	Air Canada # 8359 Operated by: Air Canada Jazz
Flight Duration: 1h 14m		

Inbound Flight: Thursday December 20, 2012

Departs from	Arrives	Airline
Grande Prairie, AB - Grande Prairie (YQU) 8:54pm Thu Dec 20	Edmonton, AB - Edmonton International (YEG) 9:58pm Thu Dec 20	Air Canada # 8365 Operated by: Air Canada Jazz
Flight Duration: 1h 08m		

Airline Reconfirmation Number

You are responsible for reconfirming your flight times with Air Canada(AC) at 888-422-7533 / 888-247-2262 at least 24 hours prior to your flight departure or check with your local airport authority. You must check in at least 3 hours prior to your flight departure.

Insurance Details

DECLINED

You have DECLINED travel Insurance. Travel Insurance is designed to make travel a worry-free experience. Emergencies can occur even to the most well prepared of frequent traveller. Travel insurance protects you against these unforeseen incidents and ensures that financial help is readily available to you. Purchasing travel insurance is purchasing 'Peace of mind'. For assistance contact our offices at 1-877-496-4815.

PRICING DETAILS:

Flight

Traveller Fare	#Pax	Selling	GST	Other Taxes	Total
Adult	1	\$ 490.00	\$ 28.66	\$ 83.25	CAD \$ 601.91
Flight Total					CAD \$ 601.91
Total Trip cost					CAD \$ 601.91

PAYMENT DETAILS:

Charge

Flight Credit Card: MasterCard Amount: CAD \$ 601.91

** All charges are charged by the supplier directly, any Surcharges are charged by FlightNetwork®

*** If your credit card payment is declined or if you have not provided us accurate credit card billing information your reservation is liable to be cancelled without notice. Proof of documents for bookings using a third party credit card may be required, back and front of card and copy of drivers license.

CONTACT/BILLING DETAILS:

Contact Name: [REDACTED]

Email: jelena.clarke@albertahealthservices.ca

Telephone: [REDACTED]

Billing Address: [REDACTED]

PROMOTIONS:

Congratulations, this flight is eligible for UNLIMITED Price Drop Protection™ on your base fare prior to taxes. [Log into My FlightNetwork®](#) at any time to check for Price Drop Savings! Click on the My Trips tab. If you've asked us to create a My FlightNetwork® Account for you, you will receive an email shortly with your login and temporary password.

ADD TO YOUR FLIGHT :

	<p>FlightNetwork® offers more than 50,000 hotels worldwide at competitive rates. Click here to check our hotel rates in or anywhere around the globe.</p>	<p>Do you need a car in ? FlightNetwork® offers fantastic rates on car rentals in or anywhere around the globe. Click here to check our competitive rates.</p>
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Change and Cancellation:

Tickets are Non-Refundable and NAME CHANGE ARE NOT PERMITTED

Changes: The minimum change fee for your flight is \$150-\$200 CAD per ticket, plus any difference in fare and all applicable taxes.

Cancellations:

For all other cancellations, a minimum fee of CAD \$60.19 is charged at the time of cancellation and an airline fee is applied at the time of rebooking. If permitted by the airline, the remaining funds may be available within one year of the cancellation. However, please note that the travel credit is available only to the passenger listed on the original ticket.

No Show:

Customers who do not appear or 'no show' for their flight will forfeit the entire fare paid. To avoid this, please contact us at least 3 hours before the original departure time of your flight to check the exact fare rules of your ticket. If you arrive at the airport late or are denied boarding you will forfeit the entire fare paid.

MANDATORY INFORMATION:

Important Information Please Read

Thank you for choosing FlightNetwork®. Please double check your booking information below and in the booking receipt attached to this email to verify the flight details and the spelling of your name matches the legal name as it appears on the valid passport or government issued photo id, as most tickets NON- REFUNDABLE and NON-CHANGEABLE. If the entire information is accurate, you do not need to contact us.

If there is a problem, please call us at 1-877-496-4815 or at 1-905-829-8699 as soon as possible. We are open 24 hours a day, 7 days a week.

Baggage Allowance and Restrictions - To view detailed information on Air Canada Baggage Allowance review your electronic ticket or please visit the following link.

<http://www.aircanada.com/en/travelinfo/airport/baggage/index.html>

Seat Selection:

Advance seat selection for Tango fares is available starting at \$22.00 per person (per direction). For all other fare types seat selection is free of charge.

Complimentary seat selection is also available when you check in online 24 hours prior to departure by visiting www.aircanada.com and click on "check in".

Terms and Conditions

I accept the FlightNetwork®'s Terms and Conditions which are stated here <http://www.flightnetwork.com/terms> and which covers important topics such as Flight Confirmation, Passports/Visas, Cancellation and Changes and Lost Tickets.

I understand that even after pressing the Purchase Button that a reservation is not confirmed until I receive a confirmation email.

I verify that jelena.clarke@albertahealthservices.ca is the correct email address.

I understand that my credit card will be charged a total of CAD \$601.91 Dollars which includes the fare, taxes and all surcharges, and my statement may show one or more charges that equal the total charge listed here. Your statement will show a charge from Air Canada (CAD \$601.91).

I thank you for booking with FlightNetwork®.

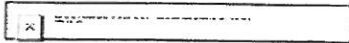
FlightNetwork®
2947-A Portland Drive
Oakville, Ontario
Canada
L6H 5S4

Tel: (905)829-8699 / (1-877)496-4815

Fax: (905)829-9102

E-mail: sales@flightnetwork.com

x |



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Page 1 of 1
Printed on 11/14/2014 10:10:14 AM
C:\Users\j\Documents\11-14-14

Jelena Clarke

* Overnight stay prior to flying out to

From: reservations@hotelsonone.com
Sent: Tuesday, December 18, 2012 9:04 AM
To: Jelena Clarke
Subject: HotelsOne.com Itinerary #: 104661368

Grand Prairie 9



Executive Royal Inn Leduc-Nisku at the Edmonton Airport

★★★☆☆
8450 Sparrow Drive
Leduc AB T9E7G4

YOUR RESERVATION HAS BEEN BOOKED!

Your Itinerary Number: **104661368**
HotelsOne.com Confirmation Number(s): **111282040074 Guest: Ty Jisdal**
Please refer to your itinerary number above if you contact Customer Service for any reason.

RESERVATION DETAILS

Check-in: **December 19, 2012**
(Check in time 16:00) **1 Adults, 0 Children**

Check-out: **December 20, 2012**
(Check out time 11:00) **Deluxe Two Queen Beds**
Guest: Ty Jisdal

Rates per Room

(excluding tax recovery charges and fees)

Tax Recovery Charges and Fees **CAN\$11.26 CAD**

Total Charges **CAN\$136.36 CAD**

The above charges to your credit card were made by Travelscape, LLC - your credit card statement will say TSP*Hotelsone.com. To view our full Terms & Conditions please go to our [Terms & Conditions](#) page

Payment Information

Payment Method: **Master Card**

Card Number: [REDACTED]

Amount Charged: **CAN\$136.36 CAD**

Balance Due: **CAN\$0.00 CAD**

Billing Information

Billing Name: **Tyrone Jisdal**

Billing Address: [REDACTED]

Phone Number: [REDACTED]

Email Address: jelena.clarke@albertahealthservices.ca

Cancellation Policy

We understand that sometimes your travel plans change. We do not charge a change or cancel fee. However, the third party (Executive Royal Inn Leduc-Nisku at the Edmonton Airport) imposes the following penalty for its customers that we are required to pass on. Cancellations or changes made after 6:00 PM (GMT-07:00 Mountain Time (US & Canada)) on Dec 19, 2012 are subject to a 1 Night Room & Tax penalty.