

Board and Executive Expense Report

Name Dr. Tyrone Josdal
Title ACMO, Physician Access & Capacity
Location Red Deer
 Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	P-Card	Various meetings			160	55	215			
Total			\$ -	\$ -	\$ 160	\$ 55	\$ 215	\$ -	\$ -	\$ -

Total for the Month \$ 215

Maximum meal expense claimed in the month	\$ -
Maximum daily hotel rate claimed in the month	\$ 134
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

<u>JOSDAL, TYRONE</u> Cardholder's Name	<u>SVP & ASSOCIATE CHIEF</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2013</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$214.70</u>
<u>TYRONE.JOSDAL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
1 10/01/2013	305645923	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking
2 14/01/2013	305873097	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	.00	.00	Parking
3 15/01/2013	305963411	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	6.75	CAD	6.75	.00		Parking
4 16/01/2013	306077024	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	3.75	CAD	3.75	.00		Parking
5 18/01/2013	306248262	HOLIDAY INN EXPR DOWNT, HOLIDAY INNS	160.20	CAD	160.20	7.63		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 transaction(s) 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 be 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).

JOSDAL TYRONE

Name of Cardholder

SVP & ASSOCIATE CHIEF

Cardholder Position/Title

Josdal

Signature of Cardholder

Jan 25, 2013

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

David Meegan

Name of Approver Designate

SUP+CMO Clin Ops

Approver Designate Position/Title

David Meegan

Signature of Approver Designate

Jan 28/13

Date of Signature

Approver
By signing this statement

- I hereby certify 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 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)

Name of Approver

Approver Position/Title

Signature of Approver

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 _____

PLACE ON DASH FACE UP
 (SAME DAY 18h00)
 Standard Parking 107 Street
 Machine Web ID = LOT 107
 EXPIRES
10 JAN
18:00 PAID \$18.00C
 ENTRY TIME 10 JAN 13 08:20
 20458
 PLACER SUR LE TABLEAU DU BORD
 CE CÔTÉ VISIBLE

①

→ CMC Update meeting, Edmonton

PLACE ON DASH FACE UP
 (SAME DAY 18h00)
 Standard Parking 107 Street
 Machine Web ID = LOT 107
 EXPIRES
14 JAN
18:00 PAID \$26.00C
 ENTRY TIME 14 JAN 13 14:43
 20583
 PLACER SUR LE TABLEAU DU BORD
 CE CÔTÉ VISIBLE

②

→ Meeting with Dr. Yee and Bill Handas Edmonton

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME

15/01/13 05:37 PM

AMOUNT PAID \$ 6.75 73290000 01:07 PM

2056259



Alberta Health Services
 CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE

DETACH RECEIPT FROM TICKET
 DATE ISSUED TIME ISSUED AMOUNT PAID

15/01/13 01:07 PM \$ 6.75

CREDIT CARD NUMBER

CC

2056259



Alberta Health Services
 RECEIPT

③

→ Parking at RDRHC

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME

16/01/13 06:40 PM

AMOUNT PAID \$ 3.75 73300000 04:10 PM

4113574



Alberta Health Services
 CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE

DETACH RECEIPT FROM TICKET
 DATE ISSUED TIME ISSUED AMOUNT PAID

16/01/13 04:10 PM \$ 3.75

CREDIT CARD NUMBER

CC

4113574



Alberta Health Services
 RECEIPT

④

→ Parking AHS meeting

5



Attending a
CNC Update
meeting in
Edmonton

105

01-17-13

Ty Josdal [Redacted]	Folio No. :	Room No. : 718
	A/R Number :	Arrival : 01-16-13
	Group Code :	Departure : 01-17-13
	Company : AB HEALTH SERVICES	Conf. No. : 67306770
	Membership No. : [Redacted]	Rate Code : IPHQS
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
01-16-13	Parking	10.00	
01-16-13	*Room	134.00	
01-16-13	GST Tax	6.70	
01-16-13	Trsm Levy Tax	5.36	
01-16-13	Municipal DMF Tax	4.02	
01-16-13	Municipal DMF Tax GST	0.07	
01-16-13	Municipal DMF Tax Tourism Le	0.05	

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	160.20	0.00
Balance	160.20	

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.