

Board and Executive Expense Report

Name Dr. Verna Yiu
Title EVP & Chief Medical Officer, Quality & Medical Affairs
Location Edmonton
 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)
November 2012 to January 2013	Expense Claim	Various meetings	-	-	-	49	49	-	-	-
January 2013	Expense Claim	Mandated educational material	-	-	-	-	-	-	-	43
January 2013	Direct Bill	Board and various meetings	387	-	-	-	387	-	-	-
Total			\$ 387	\$ -	\$ -	\$ 49	\$ 436	\$ -	\$ -	\$ 43

Total for the Month \$ 479

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

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A: Employee Details (for AHS Staff ONLY)

Travel Period from: _____ to _____

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name: Dr. Verna Yiu Position (Title): EVP & CMO, Quality and Medical Affairs Employee # (E-People): [Redacted] Employee # (Legacy): [Redacted]
 Location: [Redacted] SSP Dept: Quality and Medical Affairs Union: [Redacted] Business Phone #: [Redacted] Ext: [Redacted] Out-of-Province Travel: [Redacted]

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu

SECTION E: Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number: _____ Expenditure Organization: _____ Project Task Number: _____ Expenditure Type: _____

Total - Section B: Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0000	71110000087	\$39.00
2B				49.00
2C				
2D				
				\$39.00 49.00

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total
101	0000	71110000087	61500000	43.04
				\$43.04

TOTAL REIMBURSEMENT	
Total Section B	\$39.00
Total Section C&D	\$43.04
Less Cash Advance	
TOTAL CLAIM	\$82.04 92.04

**User to enter Coding & \$ amounts
 NOTE: These fields do not automatically fill for Section C&D

SECTION F: Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Audrey Malone Phone #: [Redacted] Ext: [Redacted]

I hereby acknowledge that I have read the "Travel, Hospitality and Hosting Expense Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: Feb 1, 2013

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s CF-03, CF-04).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Deborah Rhodes DOFA Level: ab Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]
 Signature: [Signature] Title: Acting CFO / SVP Finance Date: Feb. 5/13

Approved By (PRINT ONLY) _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Marijke Polita, Director Accounts Payable at 720-725-0506 or email: Marijke.Polita@albertahealthservices.ca

EXPENSE CLAIM DETAILS

SECTION C: Other Expenses	Emp # (E-People)	Emp # (Legacy)	Page 3
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ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

- If expenses are for travel, gas, etc., go to **Section B** on pg 2. Relocation, Continuing Education, Business Insurance, miscellaneous expenses are claimed in Section C - Other Expenses.
- If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted.

Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
		Bal Unit	Location	Functional Centre					
7-Jan-13	Book - mandated educational material	101	0000	71110000087	81500000		\$43.04	\$43.04	

SECTION D: Foreign Currency	ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.		
Please click on the following link for the Bank of Canada exchange rate using the date of expense	Bank of Canada Currency Converter → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column		

Date dd-mmm-yy	Purpose of Expense 70 characters maximum (length of shaded area)	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
		Bal Unit	Location	Functional Centre					

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization
 - 3 of 3 -

CPSA :
12-11-12 11:11

12-11-12 11:11

5.00

③

GST# R128599770

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CAS%

PDF 1st Fl 30/11/12 17:05
Receipt 088075

Short-term parking tkt
HL - No. 092613
30/11/12 06:06 -
01/12/12 06:05 -
Period 1d0h0'
(Tax) \$23.00

Total \$23.00

Payment Received
VISA \$23.00

Merch: 82005340013
Auth: 017176
Type: Swiped

Sub Total \$21.90
Tax 5% 1.10

Trip to Calgary ④

PDF 1st Fl 30/11/12 17:05
Receipt 088075

21/01/13 10:16 AM \$ 6.00
21/01/13 10:16 AM \$ 6.00
21/01/13 10:16 AM \$ 6.00
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EZMA/AMA Meeting ①

UofA Cont Prof Learn mtg / Q.I

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 21/01/13 11:46 AM
AMOUNT PAID \$ 6.00 84888888 10:16 AM
UNIVERSITY OF ALBERTA

DATE ISSUED 21/01/13 10:16 AM \$ 6.00
CREDIT CARD NUMBER LOT M
UNIVERSITY OF ALBERTA

Paid cash TRW → ACH

Driver #	[REDACTED]	Car #	1372
To:	ACH		
From:	FHH		
Date:	JAN 01 13	Amount:	\$10.00
① SST #	865918665		

Checker [unclear]



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Verna Yiu [redacted]

Your receipt No.168044693334

1 message

iTunes Store <do_not_reply@itunes.com>
To: [redacted]

Tue, Jan 8, 2013 at 4:55 AM



Receipt

Billed To:

[redacted]
Verna Yiu
[redacted]

Order ID: [redacted]
Receipt Date: 01/07/13
Order Total: \$43.04
Billed To: [redacted]

Item	Artist	Type	Unit Price
Pursuing the Triple Aim Report a Problem	Maureen Bisognano	Book	\$40.99
			Subtotal: \$40.99
			G.S.T./H.S.T.: \$2.05
			Order Total: \$43.04

Please retain for your records

Please See Below For Terms And Conditions Pertaining To This Order.

Apple Canada, Inc.

You can find the iTunes Store Terms of Sale and Sales Policies by launching your iTunes application and clicking on Terms of Sale or Sales Policies

Tax Registration #R100236199

Answers to frequently asked questions regarding the iTunes Store can be found at <http://www.apple.com/ca/support/itunes/>

Apple ID Summary • Purchase History

Apple respects your privacy
Information regarding your personal information can be viewed at [redacted]

[redacted]

[redacted]

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: Dr. Verna Yiu

Reporting Period for the Month of: January 2013

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2013-01-30	Direct Billing	Other	Flight - Edmonton-Calgary return - Board and various meetings	Marlin Travel	\$386.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$386.96

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MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
[REDACTED], NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : ZCH0095797C
AGENT : [REDACTED]

I N V O I C E

INV NO: 87254
DATE: 23JAN13
PAGE: 1

FOR: DR VERNA YIU
[REDACTED]

----- I T I N E R A R Y -----

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8131 T	HK 30JAN	5:35A	6:28A		
		DS (300 SERIE SEAT 03D						
CALGARY	EDMONTON INTL	AIR CANADA	8164 T	HK 31JAN	8:55P	9:52P		
		DH1 SEAT 08D						
		AIR CANADA E						

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01SEP13 AT 12:00A
TO EDMONTON INTL RET01SEP13 AT 12:00A
1 PACKAGE TOUR
FILE RETAINER

----- C O S T -----

AIR CANADA	TKT NO	AC	2524 282841	(INCL 64.96 TAX)	376.96
BSP TASF	TKT NO	954 0004 991958			10.00

*** SUB-TOTAL EXCLUDING GST/EST & APT	386.96
*** TOTAL CHARGES THIS INVOICE ***	386.96
PAYMENT BY [REDACTED] TKT 2524282841	376.96
PAYMENT BY [REDACTED] TKT 0004991958	10.00
*** BALANCE DUE THIS INVOICE ****	0.00
BALANCE DUE TO DATE	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCPTEED:.....DECLINED:.....

CONTINUED ON NEXT PAGE

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

TO: ALBERTA HEALTH SERVICES
[REDACTED], NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : ZCH0095797C
AGENT : [REDACTED]

I N V O I C E

INV NO: 87254
DATE: 23JAN13
PAGE: 2

DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.