

Official Administrator and Executive Expense Report

Name Dr. Verna Yiu
Title Vice President, Quality & Chief Medical Officer
Location Edmonton
 Expenses submitted during the month of January 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)
Jan-14	P-Card	Meetings				218	218			
Jan-14	Expense Claim	Meetings		83		88	171			
Jan-14	Direct Bill	Meetings	760				760			
Total			\$ 760	\$ 83	\$ -	\$ 306	\$ 1,149	\$ -	\$ -	\$ -

Total for the Month \$ 1,149

Maximum meal expense claimed in the month \$ 21
 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

YIU, VERNA

Cardholder's Name

VP & CHIEF MEDICAL OFFICER

Cardholder's Position/Title

Billing Reporting Period: 20/01/2014

QUALITY & MEDICAL AFFAIRS

Cardholder's Dept

SEVENTH STREET PLAZA

Cardholder's Site/Location

Total Statement Amount: \$218.10

VERNA.YIU@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/01/2014	339623992	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	54.10	CAD	54.10	2.58	✓	Taxi from Southport, Calgary to International Airport - meetings with Dr. Cowell et al.
10/01/2014	339623993	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	.00	✓	Short term parking - meetings with Dr. Cowell et al.
14/01/2014	339946691	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	58.00	CAD	58.00	2.76	✓	Taxi from Calgary International Airport to Southport Tower - meeting with Dr. Cowell et al.
15/01/2014	340137502	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86	✓	Taxi from Southport Tower to Calgary International Airport - CLS tour and other meetings in Calgary
15/01/2014	340137503	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	.00	✓	Short term parking - Edm International Airport - CLS tour and other mtgs in Calgary

✓
Approved on-line
PRG

Signatures**Cardholder Designate (if Applicable)**

By signing this statement

- 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.

Audrey Maione

Name of Cardholder Designate

Audrey Maione

Signature of Cardholder Designate

Exec. Assistant

Cardholder Designate Position/Title

Jan. 28/2014

Date of Signature

Cardholder

By signing this statement

- 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.

YIU, VERA

Name of Cardholder

Signature of Cardholder

VP & CHIEF MEDICAL OFFICER

Cardholder Position/Title

Jan 30/2014

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Susan Best

Name of Approver Designate

Susan Best

Signature of Approver Designate

Executive Assistant

Approver Designate Position/Title

Feb. 3, 2014

Date of Signature

Approver

By signing this statement

- 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.

Deborah Rhodes

Name of Approver

Deborah Rhodes

Signature of Approver

Acting VP Corp Serv. & CFO

Approver Position/Title

Feb. 5/14

Date of Signature

Submit approved statement with attachments to Accounts Payable:**Attach:**

- 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.

3

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/01/10
PICK-UP TIME: 10:02
DROP-OFF TIME: 10:28
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: **/**
AUTH: [REDACTED]

FARE (\$): 58.00
EXTRA (\$): 8.00
SUBTTL (\$): 58.00

TIP (\$): _____

TOTAL (\$): _____

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

1

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: MasterCard
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
Terminal ID: [REDACTED]
Transaction Reference
Number: [REDACTED]
DATE: 2014/01/10 15:08:40

AUTH: [REDACTED]
IFID: [REDACTED]
DRV: 5833
VEH: 701
GST: 859740736
Meter Start Time:
14:38:41
Meter Stop Time:
15:07:58
Distance: 29.7 Km

FARE 1: \$ 48.67
FLAT: \$ 0.00
TAX: \$ 2.43
TOTAL FARE: \$ 51.10
PAYMENT AMOUNT: \$ 51.10
TIP: \$ 3.00

TOTAL PAYMENT: [REDACTED]
Purchase Auth Complete

2

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

POF 1st E1 10/01/14 17:54
Receipt [REDACTED]

Short-term parking tkt
HL - No. 032664
10/01/14 08:05 -
11/01/14 08:04 -
Period 1d0h0'
(Tax) \$23.00

Total \$23.00

Payment Received
MC \$23.00

Merch: [REDACTED]

Type: Swiped

Sub Total \$21.90
Tax 5% 1.10

©2007/76C - 1/1

Taxi - Southport Tower
to Calg. International
Airport - Mtgs E
Dr. Cowell, et. al.

Short term parking -
Edm. International Airport
meetings with Dr. Cowell, et. al
in Calgary.

Taxi: Calgary
Intern. Airport to
Southport Tower -
Mtgs E Dr. Cowell, et. al.

(4)

TRANSACTION RECEIPT =

Checker/Yellow Cabs
318 Meridian Road SE
Calgary, AB T2A 1X2
403 299-9999

ACCT TYPE: CREDIT CARD
CARD NUMBER: [REDACTED]

CARD TYPE: MC
DATE/TIME:
14/01/15 18:28:28
AUTH#: [REDACTED]

VOL/DRV: 0629 / 4668
GST#: [REDACTED]
TXN ID: [REDACTED]

FARE:	\$ 54.19
FLAT:	\$000.00
EXTRAS:	\$000.00
GST	\$ 2.71

FA+FL+EX+TAX:	\$ 56.90
TIP:	\$ 3.10
DISCOUNT:	\$000.00

TOTAL: \$ 60.00 ✓

SIGNATURE:

Taxi: Southport Tower
to Calg. International
Airport - CLS Tour and
other Mtgs

(5)

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st E1 15/01/14 20:44
Receipt [REDACTED]

Short-term parking tkt

HL - No. 043638

15/01/14 05:53 -

16/01/14 05:52 -

Period 1d0h0'

(Tax)	\$23.00
Total	\$23.00

Payment Received	
MC	\$23.00 ✓

Merch: [REDACTED]

Auth: [REDACTED]

Type: Swiped

Sub Total	\$21.90
Tax 5%	1.10

62065554 - 1/1

Short term parking
CLS tour + other Mtgs
in Calg.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 7111000087

Emp # (E-People)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B, 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: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (Include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
10-Jan-14	Travel to Edmonton International Airport: attend meetings with Dr. Cowell in Calgary (return)	AB	Meeting	Yes	A-\$41.55	\$41.55	✓						58.00	
15-Jan-14	Travel to Edmonton International Airport: CLS tour and other meetings in Calgary (return)	AB	Meeting	Yes	A-\$41.55	\$41.55	✓						58.00	
16-Jan-14	Travel to Respiratory SCN launch - Leduc (return)	AB	Meeting	Yes									58.00	
SUBTOTALS						\$83.10							Total Kms 174.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

\$0.505

Mileage \$ \$87.87

Travel \$ Subtotal \$83.10

Auto fills on page 1 - TOTAL TRAVEL \$ \$170.97

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

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 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-01-10	Direct Billing	Other	Flight - Edmonton-Calgary (return) - meetings with Dr. Cowell	Marlin Travel	\$437.96
2014-01-15	Direct Billing	Other	Flight - Edmonton - Calgary (return) - CLS Tour and other meetings	Marlin Travel	\$321.96
	Choose One	Choose One			
	Choose One	Choose One			

	Choose One	Choose One			
Total Paid in the Month					\$759.92

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]

Agent: [REDACTED]

Tel: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]

Date:

January 7, 2014

Page:

1/2

Our Reference: [REDACTED]

Your Reference: [REDACTED]

INVOICE

For

DR VERNA YIU

AC [REDACTED]

Friday, January 10, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION KKWGJA

TICKET NUMBER [REDACTED]

SEAT 1D

Flight: 8226

W CLASS

09:00 AM Equipment: D8 (300 SERIES)

09:53 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATION KKWGJA

TICKET NUMBER [REDACTED]

SEAT 3C

Flight: 8152

W CLASS

04:30 PM Equipment: D8 (300 SERIES)

05:23 PM

Mile(s) Flown: 153

Cost:

TKT [REDACTED]

[REDACTED] 10.00

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: January 7, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Cost:

AIR CANADA WEB [REDACTED]

358.00

Tax: 69.96

Ticket Total: 427.96

Total:

Grand Total: 437.96

Less Credit Card Payments: 437.96

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

*Meetings with Dr Cowell, et.al
- Calgary*

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: January 8, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Wednesday, January 15, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION KPPRCM
TICKET NUMBER [REDACTED]
SEAT 1C

Flight: 8133 G CLASS
07:00 AM Equipment: D8 (300 SERIES)
07:53 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION KPPRCM
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8225 G CLASS
07:30 PM Equipment: D8 (300 SERIES)
08:23 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEE [REDACTED]

242.00

Tax:

69.96

Ticket Total:

311.96

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:
Date:
Page:
Our Reference:
Your Reference:

January 8, 2014
2/2

INVOICE

Cost:

TKT-

10.00

Total:

Grand Total: 321.96

Less Credit Card Payments: 321.96

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
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.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

*CLS Tour + other acts
- Calgary*