



## 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 March 2014

								Travel (1)							
Date	Source Document	Purpose	Д	irfare	ı	Meals	Acc	ommodatio	Other Travel	otal ravel	ofessional velopment (2)	Ho	Working Sessions osting and ospitality (3)	01	ther
	P-Card	Meetings							369	369	30	ľ.			
Mar-14	Expense Claim	n Meetings							343	343					
Mar-14	Direct Bill	Meetings		1,173						1,173					
Total		(e-3)	\$	1,173	\$		- \$		\$ 712	\$ 1,885	\$ 30	\$	-	\$	12

**Total for** 

the Month \$ 1,915

Maximum daily single meal expense claimed in the month \$ - Maximum daily base 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



**Total Albertan Satisfaction** 

## **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: February-March 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-02-05	Direct Billing	Other	Flight - Edmonton-Calgary (return) - various meetings	Marlin Travel	\$464.96
2014-02-21	Direct Billing	Other	Flight - Edmonton - Calgary (return) - various meetings	Marlin Travel	\$493.96
2014-03-12	Direct Billing	Other	Flight - Edmonton - Calgary - meeting with Dr. Cowell	Marlin Travel	\$214.48
	Choose One	Choose One			

	Choose One	Choose One	T
Total Paid in the Month			\$1,173.40

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

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

March 5, 2014

Mile(s) Flown: 153

1/2

Page:

Our Reference:

Your Reference:

W CLASS

08:00 AM Equipment: D8 (300 SERIES)

## INVOICE

Flight: 8135

08:53 AM

For

DR VERNA YIU

AC

Wednesday, March 12, 2014

🚄 Air

AIR CANADA

From: EDMONTON INTL AB

AB

To: CALGARY

Stops: 0

AIR CANADA E

AIR CANADA BOOKING REFERENCE

SEAT 4D

Monday, September 8, 2014

Tour

**BSP TASF** 

From: EDMONTON INTL AB

EDMONTON INTL AB

AIR CANADA CONFIRMATION

12:00 AM PACKAGE TOUR

12:00 AM

Cost:

AIR CANADA WEB

AIR CANADA WEB

TKT-

172.00 Tax: 32.48 204.48

10.00

Ticket Total:

To: ALBERTA HEALTH SERVICES



Invoice Number:

Date:

Page:

Your Reference:

Our Reference:



March 5, 2014

## INVOICE

Total:

Grand Total: 214.48

Less Credit Card Payments: 214.48

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.

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

GST Reg#: 885101915 Branch: Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

February 18, 2014 Date: Page:

1/2

Our Reference: Your Reference:

INVOICE

For

DR VERNA YIU

Friday, February 21, 2014

🐝 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY

Stops: 0 AIR CANADA E

AIR CANADA BOOKING REFERENCE

SEAT 3D

≪Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 22Feb14

AIR CANADA E

AIR CANADA BOOKING REFERENCE

SEAT 2C

Flight: 8155 **HCLASS** 

05:00 PM Equipment: D8 (300 SERIES)

05:53 PM

Mile(s) Flown: 153

Flight: 8168

W CLASS

11:10 PM Equipment: D8 (300 SERIES)

12:03 AM

Mile(s) Flown: 153

Cost:

AIR CANADA WEE

414.00 Tax: 69.96

Ticket Total:

483.96

10.00

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

February 18, 2014

Page:

----

Our Reference: Your Reference:



## INVOICE

Total:

Grand Total: 493.96

Less Credit Card Payments: 493.96

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.

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MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8 GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES

Invoice Number:

Date:

February 4, 2014

Page:

1/2

Our Reference: Your Reference:

INVOICE

For

DR VERNA YIU

Wednesday, February 5, 2014

-Air

AIR CANADA

From: EDMONTON INTL AB

AB

CALGARY To:

Stops:

Seat(s): 08C AIR CANADA E Flight: 8171

W CLASS

07:30 AM Equipment: D8 (300 SERIES)

08:23 AM

Mile(s) Flown: 153

K Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops: AIR CANADA E Flight: 8152

**Q CLASS** 

04:30 PM Equipment: D8 (300 SERIES)

05:23 PM

Mile(s) Flown: 153

Air

AIR CANADA

From: CALGARY

AB EDMONTON INTL AB To:

Stops:

Seat(s): 07D

AIR CANADA E

Flight: 8154

Q CLASS

05:53 PM

05:00 PM Equipment: D8 (300 SERIES)

Mile(s) Flown: 153

To: ALBERTA HEALTH SERVICES



Invoice Number:

Date:

February 4, 2014

Page:

2/2

Our Reference: Your Reference:

## INVOICE

Wednesday, February 5, 2014 Wednesday, October 1, 2014

Tour

**BSP TASF** 

From: EDMONTON INTL AB

EDMONTON INTL AB To:

FILE RETAINER

12:00 AM PACKAGE TOUR

12:00 AM

Cost:

TKT-TKT-

E-TKT

Tax:

10.00 385.00

69.96

Ticket Total:

454.96

Total:

Grand Total:

464.96

Less Credit Card Payments:

464.96

Credit / Balance Due To This Invoice:

**Total Balance Due:** 

0.00 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.

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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0

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## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)											
• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system Expense Date From: 2-Feb-14 To 31-Mar-14											
<ul> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> <li>Travel Period from: 5-Feb-14 To 31-Mar-14 (In the Employee and Your payroll is E-People)</li> <li>Out-of-Province Travel No</li> </ul>											
	Landlers Coverth Pirest Plaza Parts Overthe D.M. discharge Parts Overthe D.M. discharge Coverthe Pirest Plaza										
	(if applicable)	Union: Business Phone #: Ext:									
Employee # (E-People):											
SECTION E: FINANCE CODING & TOTAL CLAIM											
CAPITAL PROJECT CODING ONLY → Project Number Project Task Number											
	Organization	Expenditure Type									
Total - Section B: Travel - Pg 2	Total - Section C&D: Other & Fore	eign Expenses - Pg 3									
Pel Eurotional Total	Ral	Secondary/ Total TOTAL REIMBURSEMENT									
Pg Unit Location Centre (FC) Expense	Unit Location Functional Centre (FC)	Expense Expense Total Section B \$343.32	2								
2A 101 0000 71110000087 \$343.32		Total Section C&D									
2B		Less Cash Advance	$-\mathbf{I}$								
2C			-1								
2D		TOTAL CLAIM \$343.32	2								
\$343.32	**User to enter Coding & \$ Amoun	nts									
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These fields do not automatical	Illy fill for Section C & D	pro								
SECTION F: AUTHORIZATION											
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and th	of Alberta Health Services and confirm expenses being claimed are in compliance with such polices, which such polices that has not been previously claimed by me or on my behalf from Alberta Health Services.	cy.									
I attest that expenses submitted in this cialm have been incurred by using a cost effective method, or strike.		tality and Working Session Expenses Policy - Document# 1122									
i, by signing this form, attest that i am compliant to all the above statements  Employee Signature:		Date Mar. 25/14									
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1722)"		57.									
I attest the expenses enclosed in this cialm are for valid business purposes for Alberta Health Service provides that expenses submitted in this cialm have been incurred by using a cost effective method, otherwise:		Ith Services or any other Organization. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.									
	100 10 10 10 10 10 10 10 10 10 10 10 10	Provides #									
1	DOFA Level	Position # Phone #									
L by signing this form, attact the I am compliant to all the above statements  Signature: Der : Date Man. 28;											
attest that I have read end understand the "Travel, Hospitality and Working Session Egging Policy (1722)" of All atts Health Services and confirm expenses being claimed are in compt now with such bodies.											
I attest the expenses enclosed in this claim are for valid business purposes for Alberta He lith 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.  I affect that expenses submitted in this claim have been incurred by using a cost effect. In method, otherwise rationals and supporting analysis is provided above.											
Approved By (PRINT ONLY):	DOFA Level	Position# Phone# Ext									
L by signing this form, eitest that I am compliant to all the above statements		THOILE W 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.

#### **EXPENSE CLAIM DETAILS**

asspansas incurred am for multiple FC's please use prage 28,20,20 (after pgg) as there should be one FC per page 0 Rt in more lines are required for the same FC use these additional pages. Enter total amount on site, Do LDT of sepanses were praces (e.g. 527). Secondary/Expresses codes are required in this section as they am pre-defamined by the expression.  CETION B: TRAVEL EXPENSES MOTE: If expenses de not their in these extragenees are the interest of the product of the more continued and the product of the more continued and the product of the more continued and the product of the more product of the more continued and the product of the more product of the more continued and the product of the more product of the more continued and the product of the more product of the more continued and the product of the more product of the more continued and the product of the more product of the more continued and the product of the more product of the more continued and the product of the more prod	E	nter Finance Coding 101 0000	7111000	0087		Emp # (E-P	People)	-						D.	age 2A	٦
SCHOOL STRAVEL EXPENSES MOTE if expenses de not fall into these categories auch as Hospitality, Working Seaston, Rebouldon, Continuing Education, Business Insurance go to SECTION C state data for the following Provision and Provision and Seast and Applications Provision and Seast and Applications of the Provision of the Provisi	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 EC use those additional pages.															
Subtract Annotation (adulant Prop.) where expenses were incomment for death of the Prof. Not. State of Cele of Not. America.  Business Reason for Trival - Detailed Description Required (include destination for distinctive) with state of the Prof. Not. State of the Prof.																
Business Resource for Travel - Detailed Description Of Law (include destraidon, who standaged (mess), who stan	Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter!)  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.															
(include destination, who attended-(if meal), why there was necessary and destiled expension of reason). A coordination of just "lessting" will be returned for clarification of easing and destiled expension of past "lessting" will be returned for clarification of easing and destiled expension of past "lessting" will be returned for clarification of past "lessting" will be returned for past "lessting" will be returned for past the past "lessting" will be returned for past the past "lessting" will be returned for past the past the past "lessting" will be returned for past the past th						F	urther Exp	lanati	If you on is REQUII	RED in the "R	tationale is R	equired" se		page		
where with necessary and decisioned acquaration of realized to 7 states of the control of the co	Date dd-mmm-yy	(include destination, who attended-(if meal),				William Control of the Control of th			. ,	If amount be policy limit	eing claimed i t stated in App	s above the pendix "A"	Rental Carl	1		7
Torvel is Extraction International Algorit stand PPEC and Wisdom Curodi Meriling in Colograp (elumn)  AB Meeting Yes  Ted-14 Tool from International Apport stand AB Meeting Yes  Ted-15 Tool from International Apport stand AB Meeting Yes  Short Term Parking Edementon International Apport standed PPEC AB Meeting Yes  Short Term Parking Edementon International Apport standed PPEC AB Meeting Yes  Short Term Parking Edementon International Apport standed PPEC AB Meeting Yes  Short Term Parking Edementon International Apport standed PPEC AB Meeting Yes  Trivel Is Edementon International Apport Standard PPEC AB Meeting Yes  Trivel Is Edementon International Apport Standard PPEC AB Meeting Yes  Trivel Is Edementon International Apport Standard PPEC AB Meeting Yes  Trivel Is Edementon International Apport Standard PPEC AB Meeting Yes  Trivel Is Edementon International Apport Meeting with Dr. John Cowell AB Meeting Yes  SUBTOTALS  MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle  Total Kins  AB Meeting Yes  SUBTOTALS  MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle  Total Kins  AB Meeting Yes  SUBTOTALS  MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle  Total Kins  AB Meeting Yes  SUBTOTALS  MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle  Total Kins  AB Meeting Yes  SUBTOTAL Travel Is Subtotal Stones  AB Meeting Yes  AB Meeting Yes  Travel Subtotal Stones  AB Meeting Yes  SUBTOTALS  AB Meeting Yes  Travel Subtotal Stones  AB Meeting Yes  Travel Subtotal Stones  AB Meeting Yes  SUBTOTAL Travel S Subtotal Stones  AB Meeting Yes  Travel S Subtotal Stones  AB Meeting Yes  AB Meeting Yes  SUBTOTAL Travel S Subtotal Stones  AB Meeting Yes  Travel S Subtotal Stones  AB Meeting Yes  Travel S Subtotal Stones  AB Meeting Yes  AB Meeting Yes  Travel S Subtotal Stones  AB Meeting Yes  AB Meeting Yes  Travel S Subtotal Stones  AB Meeting Yes  Travel S	,,,	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	expenses	related to?	Used?	Meal Type with		Meal					Parking /			
Westorn Council Meeting  AB Meeting Yes  AB Me	5-Feb-14	Travel to Edmonton International Airport: attend PPEC and Wisdom Council Meetings in Calgary (raturn)	AB	Meeting	Yes										116.00	1
Short Term Parking: Edimonton International Alprort: ettended PPEC and Meeting Yes   342.00   116.00    Feb-14 Travel to Edimonton International Alprort: Essective Eduration Program   AB   Educ   Yes   116.00    Feb-14 Travel to Edimonton International Alprort: Meeting with Dr. John Cowell   AB   Meeting   Yes   116.00    Feb-14 Travel to Edimonton International Alprort: Meeting with Dr. John Cowell   AB   Meeting   Yes   116.00    Mar-14 Travel to Edimonton International Alprort: Meeting with Dr. John Cowell   AB   Meeting   Yes   116.00    Mar-14 Travel to Edimonton International Alprort: Meeting with Dr. John Cowell   AB   Meeting   Yes   116.00    Mar-14 Travel to Edimonton International Alprort: Meeting with Dr. John Cowell   AB   Meeting   Yes   116.00    Mill.EAGE - Business Kilometre Rata for Personally-Owned Vehicle   Total Krms   Additional parking	5-Feb-14		AB	Meeting	Yes							\$44.00	v			1
AB Meeting Yes   \$23.00   \$23.00   \$116.00   Feb-14 Travel to Edmonten International Airport: Education Program   AB Educ Yes   \$116.00   Feb-14 Travel to Edmonten International Airport: Meeting with Dr. John Cowell   AB Meeting Yes   \$116.00   Mar-14 Travel to Edmonten International Airport: Meeting with Dr. John Cowell   AB Meeting Yes   \$116.00   Mar-14 Travel to Edmonten International Airport: Meeting with Dr. John Cowell   AB Meeting Yes   \$116.00    SUBTOTALS   \$109.00   Total Kime 464.00    MILEAGE - Business Kilometre Rate for Personality-Owned Vehicle   Find a first week 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   \$0.505 km, \$0.47 km OR rate per Union Agreement   \$0.505 km, \$0.47 km	5-Feb-14		AB	Meeting	Yes							\$42.00	1			1
Feb-14 Travel to Edinostro International Airport: Meeting with Dr. John Cowell AB Meeting Yes 116.00  Mar-14 Travel to Edinostro International Airport: Meeting with Dr. John Cowell AB Meeting Yes 116.00  Mar-14 Travel to Edinostro International Airport: Meeting with Dr. John Cowell AB Meeting Yes 116.00  Mar-14 Travel to Edinostro International Airport: Meeting with Dr. John Cowell AB Meeting Yes 116.00  Travel to Edinostro International Airport: Meeting with Dr. John Cowell AB Meeting Yes 116.00  Total Kms  484.00  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  Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3  Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32  actionale is Required for expenses that are not Cost Effective	5-Feb-14		AB	Meeting	Yes							\$23.00	1			7
In Ceignry (return)  AB Meeting Yes  116,00  Mar-14 Travel to Edmonton International Apport: Meeting with Dr. John Cowell in Ceignry (return)  AB Meeting Yes  116,00  116,00  Total Kms  484,00  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 <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement  Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3  Auto fills on page 1 - TOTAL TRAVEL\$ \$343.32	1-Feb-14		АВ	Educ	Yes										116.00	7
SUBTOTALS  SUBTOTALS  Sing.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  Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3  Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32  attornale is Required for expenses that are not Cost Effective	28-Feb-14		AB	Meeting	Yes										116.00	1
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle	12-Mar-14	Travel to Edmonton International Airport: Meeting with Dr. John Cowell in Calgary (return)	AB	Meeting	Yes										116.00	1
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle				/												1
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  Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3  Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32  actionale is Required for expenses that are not Cost Effective		SUBTOTALS	<b>'</b>									\$109.00				1
Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32		MI FACE - Business Kilomo	E Pote fo	- P 1h	Council V	<u> </u>				Fntar 9	0.505 km \$0.	47 km OP re	to per Union	A ### 4	464.00	H
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3  Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32  attionale is Required for expenses that are not Cost Effective		→ details of travel location to & from must i	e included	above unde	the purpos	se of travel colu	ımn								\$0,505	ı
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3  Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32  ationale is Required for expenses that are not Cost Effective		Kates applicable \$0.505 per km for under 5,000km/	<u>r</u> or <b>\$0.47</b>	per km for <u>ov</u>	er 5,000km	<u>vvr</u> or <u>per Unic</u>	л Agreemen	<u>t</u>						Mileage \$	\$234.32	
Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32	No	te: Total will auto fill into pg 1, Section E, if form comp	oleted elec	tronically -	Additional	pg 2's can b	e found afte	er Pao	e 3				Trave	l \$ Subtotal	\$109.00	1
	Auto fills on page 1 - TOTAL TRAVEL \$ \$343.32									۱						
	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)															

ASSOCIATED CAB ALTA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

Taxi From DATE: 2014/02/05 PICK-UP TIME: DROP-OFF TIME: TRIP ID: Calgary Delki Hotel (Amperi) 11:53 12:21 LOCATION: 073000-45024103707 CAR NUMBER: CARD TYPE: CARD: EXPIRY: AUTH: FARE (\$): EXTRA (\$): 0.00 SUBTTL (\$) 44, 88 TIP (\$):\_\_ TOTAL (\$):\_ SIGNATURE:\_

GST# R128599776

MI L

Edmonton Airports

FOR ONLINE TAXI BOOKINGS VISIT

OUR WEBSITERWWW ASSOCIATEDCAB CA

Can-T5J 2T2 Edmonton Tax CodeCA5%

POF 1st FT 05/02/14 17:56 Receipt

Short-term parking tkt HL - No. 089500 05/02/14 06:28 -06/02/14 06:27 -Period 1d0h0' (Tax) \$23.00

\$23.00

\$23.00

Payment Received VISA

Merch - 82005340013

Auth Type: Swiped

Total

ype: Swi \$21.90

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

Taxi Service

TYPE: CARD: EXP : DATA: SWIPED

TerminalID: 000015918730 DATE: 2014/02/05 16:04:14

AUTH:

IFID: 10180925

DRV : VEH :

GST: 860937646 Meter Start Time:

15:30:18 Meter Stop Time:

16:03:29 Distance: 19.1 Km

FARE 1: \$ 36,29 FLAT : \$ 0.00 TAX 1.81 TOTAL FARE: \$ 38.10 PAYMENT AMOUNT: \$ 38.10 3.90

TOTAL PAYMENT: \$ 42.00 Furchase Auth Complete Caidholder Copy

Take From liniversity of Calgary to Fortena honal Acrport: atkended Wisdom Council Meeting

Short term Parking. Edmonton International Airport, a Hended PPEC and Wisdom Council meetings, calgary

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

VP QUALITY & CMO

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period:

20/03/2014

QUALITY & MEDICAL AFFAIRS Cardholder's Dept

SEVENTH STREET PLAZA Cardholder's Site/Location

Total Statement Amount:

\$399.00

VERNA.YIU@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 6 digits of the P-Card #:

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Am	ount	GST	Freigh Description	
21/02/2014	343739557	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	41.00	CAD	/	41.00	1.95	Taxi: Calgary International Airport to attend Executive Education Program	
22/02/2014	343739558	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	/	23.00	.00	.00Short Term Parking: EIA - meeting a Executive Education Program	t UofC -
26/02/2014	344270885	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	44.00	CAD	1	44.00	2.10	.00Taxl: UofC to Calgary International A meeting - Executive Education Progr	
26/02/2014	344270886	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	55.00	CAD	<b>√</b>	55.00	2.62	Taxi: Southport to Calgary Internatio Airport - meet with Official Administra	
26/02/2014	344270887	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	<b>√</b>	23,00	.00	.00 Short Term Parking - EtA: meeting w Official Administrator in Calgary	rith
06/03/2014	345082783	BUKSA STRATEGIC CONFER, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	30,00	CAD	1	30.00	1,43	Registration: Health Policy Speaker 'Quality, Safety & Value in Healthcare	
07/03/2014	345267422	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	58,00	CAD	1	58.00	2.76	.00 Taxi: Calgary Airport to Southport To meet with Official Administrator	wer -
12/03/2014	345774509	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	54,00	CAD	V .	54.00	2.57	Taxl: Southport to Calgary airport - n Official Administrator	neet wil
13/03/2014	345939868	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	59.00	CAD	1	59,00	2.81	.00Taxi: Calgary airport to Southport To meeting with Official Administrator	wer -
14/03/2014	345774510	MPARK00020004U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	/	12.00	.00	.00Parking: attend Alberta Medical Asso event with AHS CEO	ociation

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			-
	Signatures	CONTRACTOR OF STREET	
,	Cardholder Designate (If Applicable) By signing this statement I hereby certify that I have reviewed Program User Guide and Training. I	and reconciled this statement in BMO Online to the best of my ability i have allocated the transaction(s) to the proper cost centre.	2
	Audrey Maione	Executive HSSIST	ant
	Name of Cardholder Designate	Cardholder Designate Position/Title	-
	MADO 1010 E	May 25/14	
	Signature of Cardholder Designate	Date of Signature	-
	<ul> <li>expenses being claimed are in comp</li> <li>I attest the expenses enclosed in this</li> </ul>	s claim are for valid business purposes for Alberta Health Services and	that this claim has not been previously
	charged is attached.	Alberta Health Services or any other Organization. A personal cheque	Public for the Public Control of the
	provided.	is claim have been incurred by using a cost effective method, otherwise	se rationale and supporting analysis is
	YIU, VERNA	VP QUALITY & CMO	-
		Cardholder Position/Title	t wit
	Old to the state of the state o	Date of Signature	
_	Signature of Cardholder	Date of Signature	
	Approver Designate (If Applicable) By signing this statement  I attest that I have read and understate expenses being claimed are in comp	nd the "Travel, Hospitality and Working Session Expense Policy (1122 liance with such policy.	2)* of Alberta Health Services and confirm
	claimed by the claimant or on their be charged has been obtained.	claim are for valid business purposes for Alberta Health Services and chalf from Alberta Health Services or any other Organization. A person is claim have been incurred by using a cost effective method, otherwise	nal cheque for personal expenses inadvertently
	Ousan Best	Exec. Assista	ant
	Name of Approver Designate	Approver Designate Position/Title	4
	1 Dog Best	march 27, 20	014
	Signature of Approver Designate	Date of Signature	• * /
	Approver By signing this statement		The state of the s
	<ul> <li>I attest that I have read and understa expenses being claimed are in comp</li> </ul>	nd the "Travel, Hospitality and Working Session Expense Policy (1122 iance with such policy.	2)" of Alberta Health Services and confirm
	claimed by the claimant or on their be charged has been obtained.	claim are for valid business purposes for Alberta Health Services and shalf from Alberta Health Services or any other Organization. A person is claim have been incurred by using a cost effective method, otherwise	al cheque for personal expenses inadvertently
	Deborah Rhode	s Acting CFO	
	Name of Approver	Approver Position/Title	ones state
	2	march 28 s	2014
	Signature of Approver	Date of Signature	
	Submit approved statement with attachme	ents to Accounts Payabie:	
•	where required	with documented business reasons including names of participants	Address:  Alberta Health Services Accounts Payable
	<ul> <li>Signed Cardholder Statement Report (of And where applicable;</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta He</li> <li>Return, refund and/or credit receipts</li> </ul>	r copies of electronic signatures if signatures are not on report)	7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
	Disputes letter		

Accounts Payable only

 Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

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Merculant tupy

ASSOCIATED CAB ALTA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

DA1E: 2014/02/21
PIUK-UP TIME: 18:12
DROP-OFF TIME: 18:36
TRIP ID: 073000-45024103707
CAR NUMBER:
CARD TYPE:
CARD TYPE:
CARD:
EXPIRY:
AUTH

44. 99

H. AR

44, 00

Calgary Airport to Uor C, downtown -attend. Executive Education Program \* TRANSACTION RECEIPT \*
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

TYPE: Ce
CARD:
EXP:
DATA: SWIPED
TerminalID: 00001138678F
Transaction Reference
Number:
DATE: 2014702721 21:36:10
AUTH:
IFID: 10302339
DRV:
VEH:
GST: 876771516

FLAT : \$ 41.00 TAX : \$ 0.00 TOTAL FARE: \$ 41.00 PAYMENT AMOUNT: \$ 41.00 TIP: \$ 0.00

Purchase Auth Complete

Taki: Uyc downtown campus to Calgary Arportatend Executive Seucation Program

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TIP (\$):\_\_\_\_\_

FARE (\$):

EXTRA (\$):

SUBTTL (\$):

TOTAL (\$): 44.00

SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT OUR WEBSITEGWWW ASSOCIATEDCAB CA

CUSTOMER'S COPY



GST# R128599776

Edmonton Airports

Can-TSJ 2T2 Edmonton Tax CodeCA5%

POF 1st F1 22/02/14 00:17
Receipt

Short-term parking tkt
HL - No. 027903
21/02/14 16:02 22/02/14 16:01 Period 1d0h0'
(Tax) \$23.00

Payment Received

MC \$23.00 Merch:82005340013 Auth: Type: Swiped

Sub Total Tax 5%

\$21.90 1.10 Short term parking: EIA altend Executive Education Program in Calgary, ug C downtown Campus.

ASSOCIATED CAB ALIA LTO 307 - 41 AVE NE (403) 299 1111 INSISI ON THE PROFESSIONALS

DA!C: PICK-UP TIME DROP-OFF TIME TRIP ID: 2014/02/26 11 12:14 LOCATION: 073000-45024103/07 CAR NUMBER: CARD TYPE: CARD: EXPIRY: AUTH: FARE (\$):

EXTRA (\$):

SUBTTL (\$):

TIP (\$):\_\_\_\_

TOTAL (1):\_

SIGNATURE:

CHOTOMER

58, 99

0 00

58. c

Taxi: Calgary Airport to Southport with official Alministrator

\* TRANSACTION RECEIPT \* Checker/Yellow Cabs 316 Meridian Road SE Calgary, AB, T2A 1X2 403-299-9999 Taxi Service Calgary Airport. Meet with Official Administra

DATA: SWIPED TerminalID: 00001592852B

Transaction Reference Number:

DATE: 2014/02/26 14:35:39 AUTH:

IFID: 10338081

DRV : VEH :

TYPE:

CARD:

EXP :

GST: 847392792 Meter Start Time: 14:08:46

Meter Stop Time:

14:35:03 Distance: 29.4 Km

FARE 1: \$ 48.29 FLAT : 0.00 TAX 2.41 TOTAL FARE: \$ 50.70 PAYMENT AMOUNT: \$ 50.70 TIP: 4.30

TOTAL PAYMENT: \$ 55,00 Purchase Auth Complete Cardholder Copy

FOR ONLINE TAXI BUOKINGS VISIT OUR WERSITERWAY ASSOCIATEGED! CO

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton Tax CodeCA5%

POF 1st F1 26/02/14 16:40 Receipt Short-term parking tkt HL - No. 039071 26/02/14 10:04 -27/02/14 10:03 -Period 1d0h0'

(Tax) \$23.00 Total \$23.00

Payment Received

\$23.00

Auth Type: Swiped Sub Total \$21.90 Tax

short term
Parkerg: EIA
- Meet with Official
Administrator in Calgary



## Health Policy Speaker Series presents:

# Dr. Harvey V. Fineberg Quality, Safety and Value in Health Care

THE HEALTH (CONOMICS

Presented by the Institute of Health Economics and Alberta Innovates - Health Solutions

Friday, March 14, 2014 | 7:30am - 9:00am Westin Edmonton | Breakfast Included



#### Receipt

Reference Number

Issued By

BUKSA Associates Inc.

**Date Registered** 

Statement Date

Thursday, March 6, 2014

Thursday, March 6, 2014

**Event** 

Health Policy Speaker Series

**Event Details** 

The Westin Edmonton 10135 - 100 Street NW Edmonton Alberta

Canada

**Event Date** 

Friday, March 14, 2014

Selection

Ticket fee:: Vema Yiu

Sub Total:

Total

\$CAD30.00 \$CAD30.00 \$CAD30.00

### **Billed To**

**Billing Company** 

Name

Address Line 1

Address Line 2

City

**US State** 

Billing Zlp/Postal Code

Country

**Email Address** 

Alberta Health Serivces

Verna Yiu



Canada



Date

**Transaction Type** 

Thursday, March 6, 2014 Thursday, March 6, 2014 Transaction Amount
Online Credit Card Payment

Balance

\$CAD30.00 \$CAD-30.00 \$CAD0.00

**Terms and Conditions** 

Your credit card statement will read "BUKSA Associates Inc." A receipt will be emailed to you upon completion of this form.

**Cancellation Policy** 

No refunds will be issued for tickets purchased.

Receipt

**BUKSA Associates Inc.** 

Health Policy Speaker Series c/o BUKSA Strategic Conference Services Email: SpeakerSeries@buksa.com



ASSOCIATED CAB ALTA LTD 307 - 41 AVE NE (403) 299-1111 INSIST ON THE PROFESSIONALS

DATE: PICK-UP TIME: UROP-OFF TIME: TRIP ID. LOCATION: 0799: CAR NUMBER: CARD TYPE: CARO: EXPIRY: AUTH:	2014/03/12 08:59 09:25 09:47-45024103707
FARE (\$): EXTRA (\$): SUBTTL (\$):	59 00 <b>0.</b> 00 59. 00
TIP (\$):	To the state of th
TOTAL (\$):	
SIGNATURE:	
FOR ONLINE TAXI BOOK	

Toyi: Calgary Airport to Southport Tower-meeting with Official Administrator

CUSTOMER S ELRY



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

Taxi Service TYPE: CARD: EXP DATA: SWIPED

TerminalID: 00001591F35D Transaction Reference

DATE: 2014/03/12 11:26:27 AUTH:

Number :

IFID: 10447398

DRV : VEH :

GST : 838062677 Meter Start Time:

11:04:18

Meter Stop Time: 11:25:45

Distance: 29.6 Km

FARE 1: FLAT 0.00 TAX 2.37 TOTAL FARE: \$ 49.70 PAYMENT AMOUNT: \$ 49.70 4.30

\$ 5400 TOTAL PAYMENT: Purchase Auth Coarlie Cardholder Copy

Taxi: Southport Tower to Calgary Airport -Meeting with Official Administrator



## PLACE FACE UP ON DASH

NO IN AND OUT PRIVILEGES IMPARK LOT 4

Expiration Date/Time

## 11:00 PM MAR 14, 2014

Purchase Date/Time: 05:24pm Mar 14, 2014 Total Parking: \$11,43 Total gst: \$0.57 Total Due: \$12,00 Rate: \$12- until 11pm Total Paid: \$12.00 Payment Type: Card Ticket #:

S/N #: 500012360958 Setting: Lot 4 Mach Name: Meler 1

Master Card GST #887315638RT0001

#### RECEIPT

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 11:00pm Mar 14, 2014 Purchase Date/Time: 05:24pm Mar 14, 2014 Total Parking: \$11.43 Total gst: \$0.57

Total Due: \$12.00 Total Paid: \$12.00 Ticket # Setting: Lot 4

Mach Name: Meter 1

Rate: \$12- until 11pm Payment Type: Card

Master Card



Parking: Alberta Medical Association event with CED