

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 April 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)
Mar-14	P-Card	Meetings				60	60	-		
Mar-14	Direct Bill	Meetings	217				217			
Total			\$ 217	\$ -	\$ -	\$ 60	\$ 277	\$ -	\$ -	\$ -

Total for the Month \$ 277

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

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: April 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-04-24	Direct Billing	Other	Flight - Edmonton-Calgary - meetings with Official Administrator	Marlin Travel	\$217.48
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

Total Paid in the Month	\$217.48
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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: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: April 17, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Thursday, April 24, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Flight: [REDACTED] W CLASS
09:00 AM Equipment: D8 (300 SERIES)
09:51 AM

Mile(s) Flown: 153

Cost:

[REDACTED]	10.00
AIR CANADA [REDACTED]	175.00
Tax:	32.48
Ticket Total:	207.48

Total:

Grand Total:	217.48
Less Credit Card Payments:	217.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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

Invoice Number: [REDACTED]
Date: April 17, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

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.

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	Billing Reporting Period:	20/04/2014
Cardholder's Name	Cardholder's Position/Title		
QUALITY & MEDICAL AFFAIRS	SEVENTH STREET PLAZA	Total Statement Amount:	\$59.65
Cardholder's Dept	Cardholder's Site/Location		
VERNA.YIU@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/03/2014	347380336	PETROCAN, FUEL DISPENSER, AUTOMATED	55.65	CAD	55.65	✓.00		Travel to Calgary: Tour East Calgary Family Care Centre - Price Family
03/04/2014	347958256	MPARK00020299U, AUTOMOBILE PARKING LOTS AND GARAGES	4.00	CAD	4.00	✓.00		Parking: CN Tower - Participation in Workforce Transformation online

Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Audrey Maione</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	<u>April 22, 2014</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder Designate		
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 		
<u>YIU, VERNA</u> Name of Cardholder	<u>VP QUALITY & CMO</u> Cardholder Position/Title	<u>April 23/2014</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder		
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Susan Best</u> Name of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title	<u>April 23, 2014</u> Date of Signature
<u>[Signature]</u> Signature of Approver Designate		
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Deborah Rhodes</u> Name of Approver	<u>Acting VP Corp Serv. & CFO</u> Approver Position/Title	<u>April 23/14</u> Date of Signature
<u>[Signature]</u> Signature of Approver		
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> 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: <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 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:		
Reference #: _____	Reviewed by: _____	Date: _____

PETRO-CANADA
100-261200 CROSSIR
ROCKY VIEW
ALBERTA T4A 0J6
4037305129

GST #: 855530911

2014-03-28 16:45

PUMP 02
REGULAR
LITRES L 45.283
PRICE/L \$ 1.229
FUEL SALES \$ 55.65*

TOTAL DUE \$ 55.65

TOTAL PAID
CREDIT CARD \$ 55.65

* GST INCL. \$ 2.65

MASTERCARD

PURCHASE
C 0010010010 00 027

MASTERCARD
A0000000041010
0000000000

VERIFIED BY PIN

00 APPROVED
THANK YOU

-- IMPORTANT --
RETAIN THIS COPY
FOR YOUR RECORDS

SURVEY? EARN POINTS
& CHANCE TO WIN GAS.
1-866-026-7779 OR
PETRO-CANADA.CA/HERO

Calgary:
Tour of East
Calgary Family
Care Centre.
with the Price
Family

Parking: Workforce Transfo

PLACE FACE UP ON DASH

Impark Lot 299

Expiration Date/Time

EXP 02:58PM

APR 03, 2014

Purchase Date/Time: 01:58pm Apr 03, 2014

Total Parking: \$3.80

Total gst: \$0.20

Total Due: \$4.00

Total Paid: \$4.00

Rate: \$4 - 1 Hour

Payment Type: Card

Ticket #:

S/N #: 10000247019

Setting:

Mach Name: Meter 1

GST #687315638RT0001

NO IN AND OUT PRIVILEGES

RECEIPT

Expiration Date/Time: 02:58pm Apr 03, 2014

Purchase Date/Time: 01:58pm Apr 03, 2014

Total Parking: \$3.80

Total gst: \$0.20

Total Due: \$4.00

Total Paid: \$4.00

MasterCard

Ticket #:

Setting:

Mach Name: Meter 1

Rate: \$4 - 1 Hour

Payment Type: Card

Auth #:

Parking at CN Tower:
Participation on Workforce
Transformation Online