

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 May 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)
May-14	P-Card	Meetings				133	133	-		
Total			\$ -	\$ -	\$ -	\$ 133	\$ 133	\$ -	\$ -	\$ -

Total for the Month \$ 133

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.




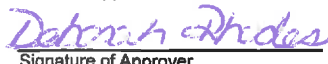
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

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 QUALITY & CMO Cardholder's Position/Title	Billing Reporting Period: 20/05/2014
██████████ Cardholder's Dept	██████████ Cardholder's Site/Location	Total Statement Amount: \$132.55
VERNA.YIU@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: ██████████

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/04/2014	██████████	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	51.50	CAD	✓ 51.50	2.46		Taxi from Calgary International Airport to Southport Tower. Meet with Dr. Cowell ①
24/04/2014	██████████	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	✓ 23.00	.00	.00	Short Term Parking at EIA: Travel to Calgary for Accreditation Meetings ②
05/05/2014	██████████	SHELL, FUEL DISPENSER, AUTOMATED	58.05	CAD	✓ 58.05	.00		Fuel: Travel to Calgary - various meetings ③

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  Signature of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title <u>May 23, 2014</u> Date of Signature	
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  Signature of Cardholder	<u>VP QUALITY & CMO</u> Cardholder Position/Title <u>June 2, 2014</u> Date of Signature	
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  Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title <u>June 2, 2014</u> Date of Signature	
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  Signature of Approver	<u>Acting VP Corp Serv. + CFO</u> Approver Position/Title <u>June 3/14</u> Date of Signature	
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: 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: _____

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

Taxi Service

TYPE: [REDACTED]
CARD: [REDACTED]
EXP: xx/xx
DATA: SWIPED
TerminalID: [REDACTED]
Transaction Reference
Number: [REDACTED]
DATE: 2014/04/24 10:32:35
AUTH: [REDACTED]
IFID: [REDACTED]
DRV: [REDACTED]
VEH: [REDACTED]
GST: 825973720
Meter Start Time:
10:08:04
Meter Stop Time:
10:32:03
Distance: 30.0 Km

FARE 1: \$ 51.50
FLAT : \$ 0.00
TAX : \$ 0.00
TOTAL FARE: \$ 51.50
PAYMENT AMOUNT: \$ 51.50
TIP: \$ 3.00
TOTAL PAYMENT: \$ 55.00

Purchase Auth Complete
Cardholder Name

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 24/04/14 18:52
Receipt [REDACTED]

Short-term parking tkt
HL - No. [REDACTED]
24/04/14 07:39 -
25/04/14 07:38 -
Period 1d0h0'
(Tax) \$23.00

Total \$23.00

Payment Received
[REDACTED] \$23.00

Auth: [REDACTED]
Type: [REDACTED]

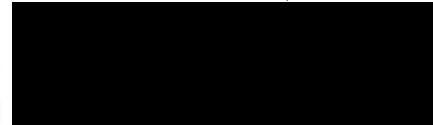
Sub Total \$21.90
Tax 5% 1.10

Taxi: Calgary
Airport to Southport
Tower: Meetings
with Dr. Cowell

①

Short term parking:
EIA - trip to
Calgary - Meetings
with Dr. Cowell

②



WELCOME

Shell Canada
37430 HWY 2 SOUTH
T4E 1B2
RED DEER AB
(403) 346-9230

PURCHASE [REDACTED]

INV No. [REDACTED]
2014/05/05 07:40

AID [REDACTED]
TVR [REDACTED]
AM [REDACTED]

Bronze
PUMP No. 16
LITRES 46.105
PRICE/L \$1.259
TOTAL FUEL \$58.05

01 APPROVED - THANK YOU 001

APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]

VERIFIED BY [REDACTED]

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.76
No. [REDACTED]

TOTAL SALE \$58.05

STORE: [REDACTED]
TRAN: [REDACTED]
2014/05/05 07:42:58

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THANK YOU
Questions?
1-800-661-1600

