

Official Administrator and Executive Expense Report

Name David Mador
Title Medical Director Northern Alberta
Location Edmonton

Expenses submitted during the month of June 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)
Jun-14	Expense	Meetings		21		47	68			
Jun-14	Direct Billing	Meetings	874				874			
Total			\$ 874	\$ 21	\$ -	\$ 47	\$ 942	\$ -	\$ -	\$ -

Total for the Month \$ 942

Maximum daily single meal expense claimed in the month \$ 21
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

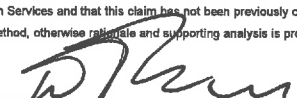

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)			
<ul style="list-style-type: none"> • 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) 		Expense Date From: 1-Apr-14 To: 30-Jun-14 Travel Period from: _____ To: _____ (if applicable) Out-of-Province Travel: Yes	
Name: David Mador		Position (Title): VP and Medical Director Northern Alberta / EZMD	
Location: UAH-WMC		Dept: Medical Affairs	DOFA Level: _____ (if applicable)
Employee # (E-People): 01096022		Union: _____	Business Phone #: _____ Ext: _____

SECTION E: FINANCE CODING & TOTAL CLAIM				
CAPITAL PROJECT CODING ONLY →		Project Number _____	Project Task Number _____	
		Expenditure Organization _____	Expenditure Type _____	
Total - Section B: Travel - Pg 2			Total - Section C&D: Other & Foreign Expenses - Pg 3	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0006	71110106003	\$41.51 ✓
2B	101	0006	71110106003	25.80 ✓
2C				
2D				
				67.31 ✓
NOTE: This section auto fills from page 2A, 2B, 2C & 2D ✓				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
**User to enter Coding & \$ Amounts				
NOTE: These fields do not automatically fill for Section C & D				
			TOTAL REIMBURSEMENT	
			Total Section B	67.31
			Total Section C&D	
			Less Cash Advance	
			TOTAL CLAIM	\$ 67.31 ✓

SECTION F: AUTHORIZATION				
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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				
I, by signing this form, attest that I am compliant to all the above statements Employee Signature: 		Date: 30 JUNE 2014 <small>Travel, Hospitality and Working Session Expenses Policy - Document# 1122</small>		
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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				
Approved By (PRINT ONLY): Deborah Rhodes		DOFA Level: _____	Position #: _____	Phone #: _____ Ext: _____
I, by signing this form, attest that I am compliant to all the above statements Signature: 		Title: Acting VP Corp Services and CFO		Date: July 31/14
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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.				
Approved By (PRINT ONLY): _____		DOFA Level: _____	Position #: _____	Phone #: _____ Ext: _____
I, by signing this form, attest that I am compliant to all the above statements 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

Enter Finance Coding 101 0006 71110106003 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!)
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-mmm-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						
1-May-14	Travel to WMC from Sherwood Park Hospital, <i>to meet with Minister of Health</i>	AB	Meeting	Yes								18.00		
8-May-14	Travel from WMC to RAH for Clinical Assistant meeting	AB	Meeting	Yes								7.50		
9-May-14	Travel from SSP to WMC <i>various meetings throughout the day</i>	AB	Meeting	Yes								3.50		
13-May-14	Travel to/from Tawa Centre to SSP - 2030 Planning Presentation	AB	Meeting	Yes								27.00		
13-Apr-14	Travel from SSP to WMC - various meetings	AB	Meeting	Yes								3.50		
15-May-14	Travel from WMC to MIS for EZMSA Council meeting	AB	Meeting	Yes								9.60		
16-Jun-14	Travel from SSP to WMC (LAB RFP) - <i>Lab Request for proposal</i>	AB	Meeting	Yes								3.50		
19-Jun-14	Travel from WMC to MIS for EZMSA Council meeting	AB	Meeting	Yes								9.60		

SUBTOTALS												Total Kms
												82.20

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 <i>(see Mileage details to the left)</i>	\$0.505
Mileage \$	\$41.51

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

Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$	\$41.51

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)



Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy
- Pre-Approval form MUST be attached to the actual expense claim.

Employee Information					
First Name David		Last Name Mador		Employee Number [REDACTED]	
Phone Number [REDACTED]			Reports To		
Department Vice President and Medical Director Northern Alberta			Office Location UAH		
Travel Details					
Purpose of Trip Lab site visit to various locations in USA					
Destination Various locations in USA			From 9-Jun-2014	To 14-Jun-2014	
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0005		Functional Centre / Primary 71110500078		
Project Coding					
Project	Task	Expense Type		Expense Org	
Estimate of Expenses:					
Category	Description				Amount
Accommodation Charge	5 Nights X \$250.00 US Dollars				\$1,250.00
Meals	6 Days X \$100.00 US Dollars				\$600.00
Registration					
Airfare					\$2,200.00
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Parking & mileage for airport, taxi, etc.				\$400.00
Other Expenses (please specify)					
Currency <input type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER					\$4,450.00
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$4,450.00
*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					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)					
Employee Signature 			authorization table		
Approved by (Print Name) Rick Tromp			Date (dd-Mon-yyyy) 30 MAY 2014	Phone Number [REDACTED]	
Signature 			Date (dd-Mon-yyyy) [REDACTED]	Phone Number [REDACTED]	
Title VP Province-wide Clinical Support Programs & Services			Position Number [REDACTED]	DOFA Level [REDACTED]	
Approved by (Print Name) Vicki Kominski			Date (dd-Mon-yyyy) [REDACTED]	Phone Number [REDACTED]	
Signature 			Date (dd-Mon-yyyy) [REDACTED]	Phone Number [REDACTED]	
Title President & Chief Executive Officer			Position Number [REDACTED]	DOFA Level [REDACTED]	

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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 David Mador	Reporting Period for the Month of: February and May 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-02-05	Direct Billing	Transportation	PPEC Flight for Meeting in Calgary	Marlin Travel	\$438.46
2014-05-07	Direct Billing	Transportation	PPEC meeting in Calgary	Marlin Travel	\$435.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					

To attend provincial practitioner
Committee meeting

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 : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 29JAN14
PAGE: 1

FOR: DR DAVID MADOR
AC [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	8171 W	HK	05FEB	7:30A	8:23A		
			D8 (300 SERIE						
			SEAT 05D						
CALGARY	EDMONTON INTL	AIR CANADA	8142 W	HK	05FEB	12:30P	1:23P		
			D8 (300 SERIE						
			SEAT 05D						
		AIR CANADA E							

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 01OCT14 AT 12:00A
TO EDMONTON INTL RET01OCT14 AT 12:00A
1 PACKAGE TOUR
FILE RETAINER

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

AIR CANADA	TKT NO	AC	[REDACTED]	(INCL 69.96 TAX)	427.96
BSP TASF	TKT NO	[REDACTED]	[REDACTED]		10.00
				GST/HST 0.50	
*** SUB-TOTAL EXCLUDING GST/HST & APT					437.96
*** TOTAL GST/HST					0.50
*** TOTAL CHARGES THIS INVOICE ***					438.46
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		427.96
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		10.50
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

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 : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 29JAN14
PAGE: 2

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

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 : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 30APR14
PAGE: 1

FOR: DR DAVID MADOR
[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	8133 W	GK	07MAY	7:00A	7:44A		
		CRJ JET							
		AIR CANADA E							
		SEAT 9C - MADOR							
		DAVID DR							
CALGARY	EDMONTON INTL	AIR CANADA	8150 W	GK	07MAY	3:30P	4:20P		
		DH4							
		AIR CANADA E							
		SEAT 10D - MADOR							
		DAVID DR							

*** TOUR ***

BSP TASF DEPARTING FROM CALGARY ON 01NOV14 AT 12:00A
TO CALGARY RET01NOV14 AT 12:00A
1 PACKAGE TOUR
MANAGEMENT FEE

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

AIR CANADA	TKT NO	ACO	[REDACTED]	(INCL 69.96 TAX)	425.96
BSP TASF	TKT NO	[REDACTED]	[REDACTED]		10.00

*** SUB-TOTAL EXCLUDING GST/HST & APT

435.96

*** TOTAL CHARGES THIS INVOICE ***

435.96

PAYMENT BY [REDACTED] TKT [REDACTED] 425.96

PAYMENT BY [REDACTED] TKT [REDACTED] 10.00

*** BALANCE DUE THIS INVOICE ****

0.00

BALANCE DUE TO DATE 0.00

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 : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 30APR14
PAGE: 2

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
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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