

Official Administrator and Executive Expense Report

Name David Mador
Title VP & Medical Director Northern Alberta
Location Edmonton

Expenses submitted during the month September of 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)
Aug-14	P-Card	Meetings			302	20	322	20	220	
Sep-14	P-Card	Meetings	415		208	50	673			
Sep-14	Expense Claim	Meetings		32		151	183			
Jun-14	Direct Billing	Meetings	4,902				4,902			
Total			\$ 5,317	\$ 32	\$ 510	\$ 221	\$ 6,080	\$ 20	\$ 220	\$ -

Total for the Month \$ 6,320

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 182
 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

MADOR, DAVID	VP & MEDICAL DIRECTOR	Billing Reporting Period:	20/08/2014
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$562.03
EDMONTON ZONE & NORTHERN	UNIVERSITY OF ALBERTA	Last 6 digits of the P-Card #	[REDACTED]
Cardholder's Dept	Cardholder's Site/Location		
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA			
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/07/2014	359151762	HARDWARE GRILL, EATING PLACES, RESTAURANTS	219.57	CAD	✓ 219.57	10.46		Physician recruitment meeting with AHS Cardiac Sciences
06/08/2014	380955313	HILTON GARDEN INN, Hilton Garden Inn	① -110.46	USD	✓ -117.82	.00	.00	Error? contacting vendor to resolve
07/08/2014	360485758	ADV PARKING00600004U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	✓ 20.00	.00	.00	parking to attend meeting with lawyer re: AHS legal matter
13/08/2014	361148109	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	20.00	CAD	✓ 20.00	.95		ticket purchase to attend networking and fall kick off event - CCHL - Northern Alberta Chapter
16/08/2014	361306225	HILTON GARDEN INN, Hilton Garden Inn	① 110.46	USD	✓ 123.62	.00	.00	ERROR? contacted vendor to resolve
18/08/2014	361416654	GAYLORD PALMS HOTEL FL, GAYLORD PLAMS	265.55	USD	✓ 296.66	.00	.00	reservation to attend IHI National Forum in December 2014, hotel charges 1 night cost to hold reservation

② Error Contacted vendor to resolve charges were from hotel stay in June 2014. Invoice was submitted in June 2014 (copies attached)

Signature		
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. 		
_____ Name of Cardholder Designate	EA _____ Cardholder Designate Position/Title	_____ Date of Signature
_____ Signature of Cardholder Designate	_____ Date of Signature	_____ 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. 		
MADOR, DAVID _____ Name of Cardholder	VP & MEDICAL DIRECTOR _____ Cardholder Position/Title	_____ Date of Signature
_____ Signature of Cardholder	_____ Date of Signature	_____ 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. 		
Deborah Rhodes _____ Name of Approver Designate	Acting CFO _____ Approver Designate Position/Title	_____ Date of Signature
_____ Signature of Approver Designate	_____ Date of Signature	_____ 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. 		
Deborah Rhodes _____ Name of Approver	Acting CFO _____ Approver Position/Title	_____ Date of Signature
_____ Signature of Approver	_____ Date of Signature	_____ 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: <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: _____

Dr. David Mador - VP, Medical Director, Northern Alberta / Edmonton Zone Medical Director

Dinner Mtg

hardware grill
 9698 Jasper Avenue
 Edmonton, Alberta
 (780) 423-0969

Server: [REDACTED] 07/23/2014
 [REDACTED] 8:14 PM
 10009

Receipt #: 1

Steak	17.00
Grilled Salmon	16.00
Wild Mushroom	14.00
Steak	38.00
Sea Bass	46.00
Steak Chop	42.00
Bread	4.50
Cappuccino	5.00
Total	182.50
Tax	8.43
Total	190.93

Balance Due \$ 190.93

GST # 895547990
 Hardware Grill

Hardware Grill
 9698 JASPER AVENUE
 EDMONTON AB

CARD [REDACTED]
 CARD TYPE MASTERCARD
 DATE 2014/07/23
 TIME 5296 20:19:00
 RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$190.93
 TIP \$28.64
 TOTAL \$219.57

MasterCard
 A0000000041010
 2D1DCD540606340B
 0000008000-EB00
 1A6FB1D2B01D6DBD

APPROVED
 AUTH# [REDACTED] 01-027
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

hosted dinner with Dr. William Hui Dr. Sajad Gulamhusein discussion re: Edmonton Zone Cardiac Sciences future recruitment AZMD (Associate Zone Medical Director)

July 23/2014

Hardware Grill 9698 Jasper Avenue Edmonton

(-)

Falls under Hospitality & Hosting portion of the policy as a recruitment event.

August 7/14

Parking to attend a
meeting - lawyer re:
AHS legal matter

WELCOME TO LOT4
BELL TOWER PARKADE
MANAGED BY
ADVANCED PARKING
RECEIPT [REDACTED]

ENTRY TIME:
08/07/14 12:27
EXIT TIME:
08/07/14 17:41
PARK-DUR.: HRS:MIN
0:05:14
AMOUNT:
\$ 20.00

KIND OF PAYMENT:
MASTERCARD
[REDACTED]

AUTH. CODE194123
REF. [REDACTED]
BT No.122014491RT
THANK YOU FOR
PARKING WITH US

(W)

4

From: Canadian College of Health Leaders [info@cchl-ccls.ca]
Sent: Wednesday, August 13, 2014 12:22 PM
To: Debbie Fornal
Subject: C.C.H.L. Purchase Receipt

INTERNET PURCHASE RECEIPT - CCHL-CCLS

Order Date: 2014-08-13 2:21:26 PM
Order Number: [REDACTED]
Bank Auth Number: [REDACTED]
Order Total: 20.00 CAD *

Name on Card: David Mador
Card Type: MC
Email Address:

BILL TO:

Name: David Mador
Address Line 1: [REDACTED]
City: [REDACTED]
State/Province: [REDACTED]
Zip/Postal Code: [REDACTED]
Country: CA
Phone Number: [REDACTED]

SHIP TO:

Name:
Address Line 1:
Address Line 2:
City:
State/Province:
Zip/Postal Code:
Country:
Phone Number:
Shipping Method:

ticket purchase to attend
networking and fall kick
off event
DM Mentor w/ CCHL - Northern
Alberta Chapter

MERCHANT INFO:

Online Address: <http://www.cchl-ccls.ca>
Merchant Name: Canadian College of Health Service Executives
Address: 292 Somerset Street West
City: Ottawa
Province: ON
Postal Code: K2P0J6
Country: CA
Phone Number: 613-235-7218

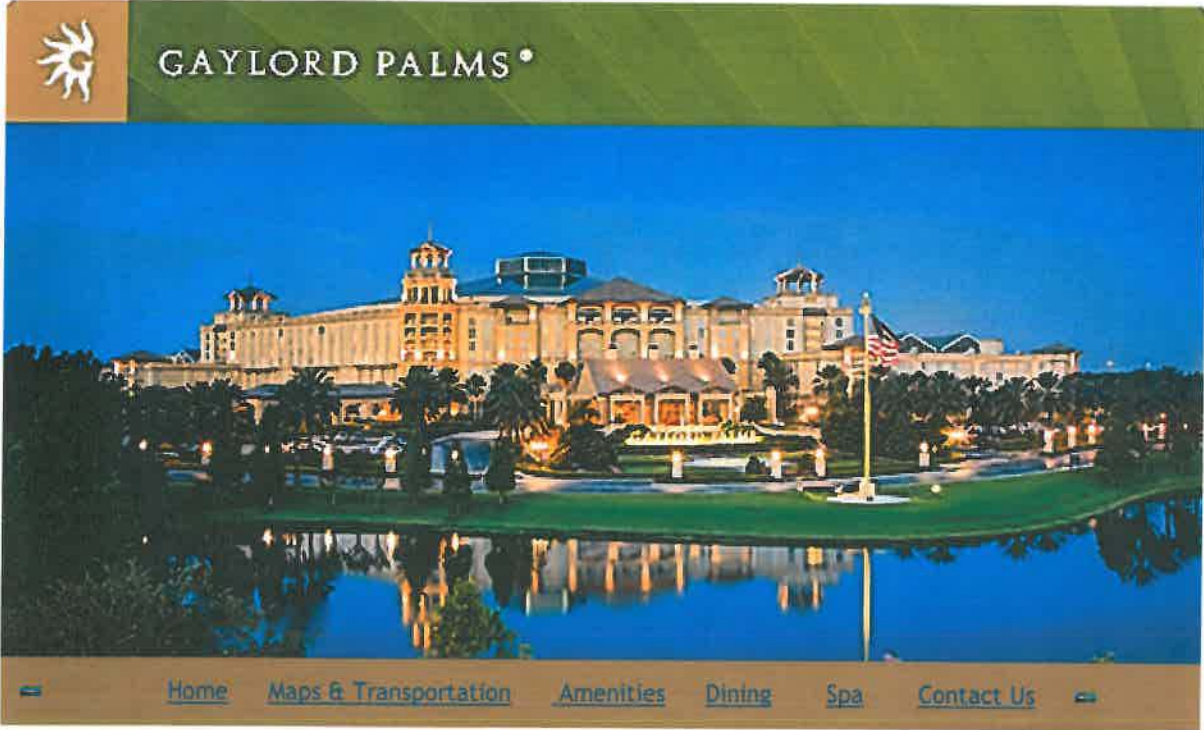
(see page 2)
change 1 night accomodation to hold reservation
-hotel booking to attend IHI National forum

Debbie Fornal

From: Gaylord Palms Resort & Convention Center [groupcampaigns@pkghlrss.com]
Sent: Friday, August 15, 2014 9:59 AM
To: Debbie Fornal
Subject: Gaylord Palms Resort & Convention Center Reservation Confirmation

in December 2014

5



Dear David,

We are pleased to confirm your reservation for the IHI National Forum 2014 at Gaylord Palms Resort & Convention Center. Our entire staff is looking forward to your arrival.

Below is a summary of your booking and room information. Should your travel plans change and you need to make updates to your reservation, please [click here](#) or call 877-491-0442.

We look forward to seeing you soon!

- Gaylord Palms Resort & Convention Center

Reservation Details

Online Confirmation Number: [REDACTED]
Date Booked: 15-Aug-2014
Reservation Name: David Mador
Arrival Date: 07-Dec-2014
Departure Date: 10-Dec-2014
Room Type: Standard Room plus \$20 Resort Fee

To update your reservation online, click the button below



Special Requests:

Number of Rooms: 1

Number of Guests: 1

	Date	Guest(s)	Status	Rate
Nightly Rate & Status:	07-Dec-2014	1	Confirmed	235.00
	08-Dec-2014	1	Confirmed	235.00
	09-Dec-2014	1	Confirmed	235.00

Additional Guest	Rate
Second Guest	0.00
Third Guest	20.00
Fourth Guest	20.00
Fifth Guest	20.00

Total Charges: 705.00

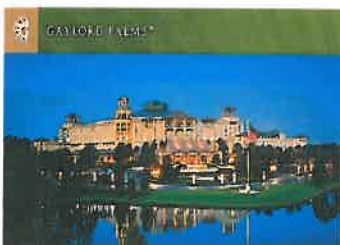
Tax Disclosure: Room rates shown do not include 13.00% Hotel Tax Per Night, 1.00% Osceola County Assessment (OCA) Fee Per Night, a 13% OCA tax of the OCA Fee Per Night (subject to change) and any applicable resort fees. Total charges presented on the website will include all room fees, hotel tax and OCA fee but will not include the 13% tax of the OCA Fee or any applicable resort fees.

\$20 Resort Fee Includes: Wireless/In room internet access, Bottled Water (2) replenished daily, use of Relâche Fitness Center, 10% off Dry Cleaning, Relâche Spa Products and Poolside Cabanas, Bucket of range balls at Celebration Golf Club, Daily Newspaper, and scheduled shuttle service to Walt Disney World theme parks.

Cancellation Policy: Cancellations made within 2 weeks of arrival will forfeit one night's room and tax.

Parking: \$18/day plus tax for self-parking, \$26/day plus tax for valet.

Deposit Policy: A deposit of one-night room and tax must be charged to a credit card for reservations to be guaranteed.

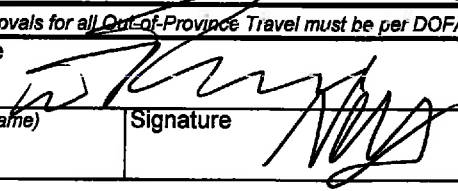



Dining

Underneath our signature, majestic and climate-controlled glass atriums, you'll find some of the most distinctive dining options all under one roof!

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 DR. DAVID	Last Name MADOR	Employee Number n/a			
Phone Number [REDACTED]		Reports To VP Quality & Chief Medical Officer			
Department Office of the CMO & Medical Affairs		Office Location [REDACTED]			
Travel Details					
Purpose of Trip IHI National Forum					
Destination Orlando		From 6-Dec-2014	To 11-Dec-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0006	Functional Centre / Primary 71110500063			
Project Coding					
Project	Task	Expense Type	Expense Org		
Estimate of Expenses					
Category	Description				Amount
Accommodation Charge	5 nights @ \$235 USD/night + taxes & fees				\$1,300.00
Meals	6 days @ \$41.55 CA				\$250.00
Registration	Pre-Conference (\$450 + \$650), Conference (\$1100) USD				\$2,400.00
Airfare	Round Trip Airfare				\$700.00
Taxi/Rental Car/Fuel/Parking/Bus/LRT	Round Trip Taxi				\$120.00
Other Expenses (please specify)					
Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER					\$4,770.00
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$4,770.00
*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)			authorization table		
Employee Signature 		Date (dd-Mon-yyyy) 01-08-2014	Phone Number [REDACTED]		
Approved by (Print Name) Verna Yiu	Signature 	Date (dd-Mon-yyyy) 05-08-2014	Phone Number [REDACTED]		
Title VP Quality & Chief Medical Officer		Position Number [REDACTED]	DOFA Level [REDACTED]		
Approved by (Print Name)		Date (dd-Mon-yyyy)	Phone Number		
Title		Position Number	DOFA Level		

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.

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

MADOR, DAVID Cardholder's Name	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period:	20/09/2014
EDMONTON ZONE & NORTHERN Cardholder's Dept	UNIVERSITY OF ALBERTA Cardholder's Site/Location	Total Statement Amount:	\$673.08
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card: XXXXXXXXXX		

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/09/2014	363998038	AIR CAN 0142138880600, AIR CANADA	223.48	CAD	223.48	.00	.00	Flight to CALGARY to attend 2 day Chief Medical Officer meeting - flight changed, this will be used as a credit
13/09/2014	364164134	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	50.00	CAD	50.00	2.38	.00	Parking at YEG Airport (flight to USA for CIS EPIC)
13/09/2014	364164135	HILTON HOTELS-MONONA T, HILTON HOTELS	183.20	USD	208.12	.00	.00	1 Night hotel stay to attend CIS EPIC meeting
16/09/2014	364566330	WESTJET*0005865815605, WestJet Airlines	191.48	CAD	191.48	.00	.00	flight to go to Calgary for Chief Medical Officer (2 day) meeting

① *
②
③
④

① Flight changed, credit for next flight

② Parking @ YEG airport to take flight to Madison, WI USA to attend Clinical Information Systems EPIC Mtg/presentation. Cost effective: travel to airport via taxi would cost \$50+ x2

③ hotel while in USA for mtg (as above #2) charge within AHS guidelines, over amount due to currency exchange.

④ WestJet flight to Calgary to attend 2 day Chief Medical officer mtg.

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.

Name of Cardholder Designate

Signature of Cardholder Designate

 EA
 Cardholder Designate Position/Title

 22 September 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.

MADOR, DAVID

Name of Cardholder

Signature of Cardholder

VP & MEDICAL DIRECTOR

Cardholder Position/Title

 22 SEPT 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.
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- 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

Signature of Approver Designate

 Exec. Assistant
 Approver Designate Position/Title

 Sept 29/14
 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.
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- 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

Signature of Approver

 VP Corp Services, & CFO
 Approver Position/Title

 Sept-30/14
 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:

Reference #: _____

Reviewed by: _____

Date: _____

① *credit
 flight was changed
 credit will be used on
 another date/mtg

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

BRANCH: [REDACTED]
 GST REG# 885101915
 PHONE: 780-425-8611

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

LOCATOR : [REDACTED]
 OUR REF : [REDACTED]
 AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
 DATE: 11SEP14
 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	8133 V	GK 17SEP	7:00A	7:47A		
		CRJ JET						

AIR CANADA E
 AIR CANADA CONFIRMATION [REDACTED]
 TICKET NUMBER [REDACTED]

*** HOTEL RESERVATION ***

CALGARY RADISSON 1 IAO CONFIRMATION NO: [REDACTED]
 FROM 17SEP 12:00A TO 19SEP 12:00A RATE 149.00 PER DAY
 RADISSON CONF CNTR
 6620 36TH STREET NE
 CALGARY
 CA
 ABT3J 4C8
 PHONE 4034751111 FAX 4037193855
 GUARANTEED

C O S T

AIR CANADA	TKT NO [REDACTED]	(INCL 37.48 TAX)	223.48
*** SUB-TOTAL EXCLUDING GST/HST & APT			223.48
*** TOTAL CHARGES THIS INVOICE ***			223.48
PAYMENT BY [REDACTED]	TKT [REDACTED]		223.48
*** BALANCE DUE THIS INVOICE ****			0.00
BALANCE DUE TO DATE			0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....

CONTINUED ON NEXT PAGE

2

GST# R128599776
Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%
POF 1st Fl 12/09/14 20:07
Receipt [redacted]
Short-term parking tkt
DL - No. 000996
12/09/14 12:17 -
14/09/14 12:16 -
Period 2d0h0'
(Tax) \$50.00
Total \$50.00
Payment Received
MC \$50.00
[redacted]
Type: Swiped
Sub Total \$47.62
Tax 5% 2.38

Parking a YEG airport to
take flight to go to Madison, WI
USA to attend Clinical
Information Systems- EPIC
Mtg/presentation

Cost effective = would
have cost ~\$100 to
take taxi to/from
airport



Hilton

MADISON MONONA TERRACE

HILTON MADISON MONONA TERRACE
9 East Wilson Street | Madison, WI | 53703
T: 608 255 5100 | F: 608 251 4550
E: sales.madisonmononaterrace@hilton.com

3

NAME AND ADDRESS:
MADOR, DAVID

EDMONTON CN 0
UNITED STATES OF AMERICA

Room: [REDACTED]
Arrival Date: 9/12/2014 9:08:00 PM
Departure Date: 9/13/2014
Adult/Child: 1/0
Room Rate: 160.00
Rate Plan: [REDACTED]
HH # [REDACTED]
AL: [REDACTED]
Car: [REDACTED]

Confirmation Number: [REDACTED]

9/13/2014 Page: 1



DATE	REFERENCE	DESCRIPTION	AMOUNT
9/12/2014	[REDACTED]	GUEST ROOM	\$160.00
9/12/2014	[REDACTED]	SALES TAX	\$8.80
9/12/2014	[REDACTED]	ROOM TAX	\$14.40
9/13/2014	[REDACTED]	**BALANCE**	*(\$183.20)

US funds

*\$208.12
canadian funds*



*hotel rate is within HHS guidelines, over \$ amount due to currency conversion.

hotel stay (1 night) while in Madison WI, USA to attend Clinical Information Systems EPIC Mtg/presentation

ACCOUNT NO. [REDACTED]	DATE OF CHARGE 9/13/2014	FOLIO NO./CHECK NO. [REDACTED]
CARD MEMBER NAME MADOR, DAVID	AUTHORIZATION [REDACTED]	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-183.20
MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.	PAYMENT DUE UPON RECEIPT	

(4)

Flight to go to Calgary for 2 day Chief Medical Officer mtg - provincial Zone Medical Director
lost effective to attend 8:am mtg (18th)

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

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

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

LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
DATE: 16SEP14
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	WESTJET AI	395 Q	HK 18SEP	6:45A	7:33A		
								73W

*** HOTEL RESERVATION ***

CALGARY RADISSON 1 IAO CONFIRMATION NO: [REDACTED]
 FROM 18SEP 12:00A TO 19SEP 12:00A RATE 149.00 PER DAY
 RADISSON CONF CNTR
 6620 36TH STREET NE
 CALGARY
 CA
 ABT3J 4C8
 PHONE 4034751111 FAX 4037193855
 GUARANTEED

C O S T

WESTJET AIR TKT NO [REDACTED]	(INCL 49.48 TAX)	191.48
*** SUB-TOTAL EXCLUDING GST/HST & APT		191.48
*** TOTAL CHARGES [REDACTED]		191.48
PAYMENT BY [REDACTED] TKT [REDACTED]		0.00
*** BALANCE DUE TO DATE		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.

CONTINUED ON NEXT PAGE



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

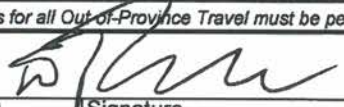

Employee Information					
First Name David		Last Name Mador		Employee Number	
Phone Number [REDACTED]			Reports To Vickie Kaminski		
Department Executive-VP/Medical Director - Medical Affairs			Office Location [REDACTED]		
Travel Details					
Purpose of Trip [REDACTED]					
Destination Madison Wisconsin USA		From 12-Sep-2014	To 13-Sep-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org	Location / Site		Functional Centre / Primary		
[REDACTED]					
Project Coding					
Project	Task	Expense Type out of province travel	Expense Org 101-0005-71125000127		
[REDACTED]					
Estimate of Expenses					
Category	Description				Amount
Accommodation Charge	Hotel - 1 night stay in WI MI				\$163.20
Meals	1 breakfast (\$20), 1 lunch (\$30), 2 dinner (2x\$80)				\$130.00
Registration					
Airfare	return flight to WI				\$936.01
Taxi/Rental Car/Fuel/Parking/Bus/LRT	taxi (to/from YEG airport = \$100) taxi (to/from WI MI = \$100)				\$200.00
Other Expenses (please specify)					
Currency <input type="checkbox"/> Cdn <input checked="" type="checkbox"/> USD <input type="checkbox"/> OTHER					\$1,481.21
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00 Cdn\$	\$1,481.21
*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) authorization table					
Employee Signature 		Date (dd-Mon-yyyy) 11-SEPT-2014	Phone Number [REDACTED]		
Approved by (Print Name) Penny Rae		Signature 	Date (dd-Mon-yyyy) 11-Sept-14	[REDACTED]	
Title CIO		Position Number		DOFA Level	
Approved by (Print Name) Vickie Kaminski		Signature 		Date 12-09-14	[REDACTED]
Title President & CEO		Position Number		DOFA Level	

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.

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

[Travel Policy](#)

Employee Information					
First Name David	Last Name Mador	Employee Number [REDACTED]			
Phone Number [REDACTED]	Reports To Vickie Kaminski		Office Location [REDACTED]		
Department Executive-VP/Medical Director - Medical Affairs					
Travel Details					
Purpose of Trip CIS EPIC conference					
Destination Madison Wisconsin USA		From 12-Sep-2014	To 13-Sep-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org	Location / Site	Functional Centre / Primary			
Project Coding					
Project	Task	Expense Type	Expense Org		
[REDACTED]					
Category			Description		Amount
Accommodation Charge			Hotel - 1 night stay in WI MI		\$183.20
Meals			1 breakfast (\$20), 1 lunch (\$30), 2 dinner (2x\$80)		\$130.00
Registration					
Airfare			return flight to WI		\$968.01
Taxi/Rental Car/Fuel/Parking/Bus/LRT			taxi (to/from YEG airport = \$100) taxi (to/from WI MI = \$100)		\$200.00
Other Expenses (please specify)					
			Currency <input type="checkbox"/> Cdn <input checked="" type="checkbox"/> USD <input type="checkbox"/> OTHER		\$1,481.21
Total Estimated Travel Costs			* Bank of Canada Currency Converter	Exchange Rate	\$0.00 Cdn\$ \$1,481.21
*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)				authorization table	
Employee Signature 		Date (dd-Mon-yyyy) 11-SEPT-2014	Phone Number [REDACTED]		
Approved by (Print Name) Deb Rhodes		Signature 	Date (dd-Mon-yyyy) 11-09-2014		[REDACTED]
Title Acting VP Corp. Services & CFO		Position Number		[REDACTED]	
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	Phone Number
Title		Position Number		DOFA Level	

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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
- 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-Sep-14 To 30-Sep-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: David Mador Position (Title): VP and Medical Director Northern Alberta / EZMD
 Location: _____ Dept: Medical Affairs DOFA Level: _____ (if applicable) Union: N/A Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

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					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0006	71110106003	\$183.35						\$183.35	
2B											
2C											
2D											
				\$183.35 ✓	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$183.35 ✓	

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
NOTE: These fields do not automatically fill for Section C & D

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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: [Signature] Date: 22 SEPT 2014

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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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: [Signature] Title: VP Corp Services and CFO Date: Sept-30/14

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) [REDACTED]

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-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						
12-Sep-14	Per Diem Meal while travelling to Wisconsin USA to attend Clinical Information Systems EPIC meeting/presentations	US	Meeting	Yes	L-\$11.60	\$11.60	✓							
13-Sep-14	Per Diem Meal while travelling to Wisconsin USA to attend Clinical Information Systems EPIC meeting/presentation	US	Meeting	Yes	D-\$20.75	\$20.75	✓							
19-Sep-14	travel from Calgary to Edmonton from 2-day Chief Medical Officer meeting (September 18 & 19/14)	AB	Meeting	Yes										299.00 ✓
SUBTOTALS						\$32.35								Total Kms 299.00

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 \$ \$151.00

Travel \$ Subtotal \$32.35

Auto fills on page 1 - TOTAL TRAVEL \$ \$183.35 ✓

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)



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

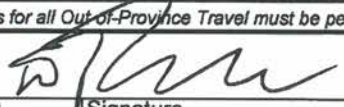

Employee Information			
First Name	Last Name	Employee Number	
David	Mador		
Phone Number	Reports To		
[REDACTED]	Vickie Kaminski		
Department	Office Location		
Executive-VP/Medical Director - Medical Affairs	[REDACTED]		
Travel Details			
Purpose of Trip			
[REDACTED]			
Destination	From	To	
Madison Wisconsin USA	12-Sep-2014	13-Sep-2014	
Finance Coding / Accounting Distribution			
Corp/BU/Org	Location / Site	Functional Centre / Primary	
Project Coding			
Project	Task	Expense Type	Expense Org
[REDACTED]	[REDACTED]	out of province travel	101-0005-71125000127
Estimate of Expenses			
Category	Description	Amount	
Accommodation Charge	Hotel - 1 night stay in WI MI	\$163.20	
Meals	1 breakfast (\$20), 1 lunch (\$30), 2 dinner (2x\$80)	\$130.00	
Registration			
Airfare	return flight to WI	\$936.01	
Taxi/Rental Car/Fuel/Parking/Bus/LRT	taxi (to/from YEG airport = \$100); taxi (to/from WI MI = \$100)	\$200.00	
Other Expenses (please specify)			
	Currency <input type="checkbox"/> Cdn <input checked="" type="checkbox"/> USD <input type="checkbox"/> OTHER	\$1,481.21	
Total Estimated Travel Costs	*Bank of Canada Currency Converter	Exchange Rate	\$0.00 Cdn\$ \$1,481.21
*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	
[Signature]		Date (dd-Mon-yyyy)	Phone Number
		11-SEPT-2014	[REDACTED]
Approved by (Print Name)	Signature	Date (dd-Mon-yyyy)	
Penny Rae	[Signature]	11-Sept-14	
Title		Position Number	DOFA Level
CIO			
Approved by (Print Name)	Signature		
Vickie Kaminski	[Signature]	12-09-14	
Title		Position Number	DOFA Level
President & CEO			

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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

[Travel Policy](#)

Employee Information					
First Name David	Last Name Mador	Employee Number [REDACTED]			
Phone Number [REDACTED]	Reports To Vickie Kaminski		Office Location [REDACTED]		
Department Executive-VP/Medical Director - Medical Affairs					
Travel Details					
Purpose of Trip CIS EPIC conference					
Destination Madison Wisconsin USA		From 12-Sep-2014	To 13-Sep-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org	Location / Site	Functional Centre / Primary			
Project Coding					
Project	Task	Expense Type	Expense Org		
[REDACTED]					
Category			Description		Amount
Accommodation Charge			Hotel - 1 night stay in WI MI		\$183.20
Meals			1 breakfast (\$20), 1 lunch (\$30), 2 dinner (2x\$80)		\$130.00
Registration					
Airfare			return flight to WI		\$968.01
Taxi/Rental Car/Fuel/Parking/Bus/LRT			taxi (to/from YEG airport = \$100) taxi (to/from WI MI = \$100)		\$200.00
Other Expenses (please specify)					
			Currency <input type="checkbox"/> Cdn <input checked="" type="checkbox"/> USD <input type="checkbox"/> OTHER		\$1,481.21
Total Estimated Travel Costs			* Bank of Canada Currency Converter	Exchange Rate	\$0.00 Cdn\$ \$1,481.21
*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)				authorization table	
Employee Signature 		Date (dd-Mon-yyyy) 11-SEPT-2014	Phone Number [REDACTED]		
Approved by (Print Name) Deb Rhodes	Signature 	Date (dd-Mon-yyyy) 11-09-2014	[REDACTED]		
Title Acting VP Corp. Services & CFO		Position Number	[REDACTED]		
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number	
Title		Position Number	DOFA Level		

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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: June 2014
----------------------	--

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-06-01	Direct Billing	Transportation	Travel to visit LAB for EZ lab project (Australia)	Marlin Travel	\$2,981.79
2014-06-24	Direct Billing	Transportation	Travel to visit LAB for EZ lab project (USA)	Marlin Travel	\$1919.71
	Choose One	Choose One			

	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$490.50

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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:

Date:

June 24, 2014

Page:

1/3

Our Reference:

Your Reference:

INVOICE

For

DR DAVID REVIN MADOR

Sunday, June 1, 2014

✈ Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 01Jun14
WESTJET ENCO

Flight: 3251 M CLASS
10:50 AM Equipment: DH4
11:40 AM

Mile(s) Flown: 153

✈ Air

WESTJET AIRLINES
From: CALGARY AB
To: LOS ANGELES CA
Stops: 0 Arrival: 01Jun14

Flight: 1510 M CLASS
02:10 PM Equipment: 73W
04:16 PM

Mile(s) Flown: 1206

✈ Air

VIRGIN AUSTRALIA INTERNATIONAL
From: LOS ANGELES CA
To: SYDNEY
Stops: 0 Arrival: 03Jun14

Flight: 002 Q CLASS
10:15 PM Equipment: 77W
06:20 AM

MEALS

Mile(s) Flown: 7483

Tuesday, June 3, 2014

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

Invoice Number: [REDACTED]
Date: June 24, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Tuesday, June 3, 2014

Hotel

Check In: 03Jun2014 12:00 AM

Check Out: 07Jun2014 12:00 AM

SYDNEY

HOTEL OTHER

PIER ONE SYDNEY HARB

11 HICKSON ROAD

SYDNEY

AU

Tel: [REDACTED]

Confirmation: [REDACTED]

Rooms 1

4 Nights(s)

DELUXE ONE KING BED

Rate: 245.00 AUD per Night

Saturday, June 7, 2014

Air

VIRGIN AUSTRALIA INTERNATIONAL

From: SYDNEY

To: LOS ANGELES CA

Stops: 0 Arrival: 07Jun14

Flight: 001 E CLASS

01:40 PM Equipment: 77W

10:25 AM

MEALS

Mile(s) Flown: 7483

Air

AIR CANADA

From: LOS ANGELES CA

To: CALGARY AB

Stops: 0 Arrival: 07Jun14

AIR CANADA R

Flight: 1877 L CLASS

02:10 PM Equipment: A319

06:16 PM

Mile(s) Flown: 1206

Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 07Jun14

AIR CANADA E

Flight: 8164 L CLASS

07:30 PM Equipment: D8 (300 SERIES)

08:21 PM

Mile(s) Flown: 153

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

Invoice Number: [REDACTED]
 Date: June 24, 2014
 Page: 3/3
 Our Reference: [REDACTED]
 Your Reference: [REDACTED]

INVOICE

Cost:		
[REDACTED]	[REDACTED]	243.00
	Tax:	84.41
	Ticket Total:	327.41
[REDACTED]	[REDACTED]	1127.00
	Tax:	940.70
	Ticket Total:	2067.70
[REDACTED]	[REDACTED]	225.00
	Tax:	27.40
	Ticket Total:	252.40
[REDACTED]		334.28
Total:		
	Grand Total:	2981.79
	Less Credit Card Payments:	2647.51
	Credit / Balance Due To This Invoice:	334.28
	Total Previous Payments:	334.28
	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 UNDER WRITTEN 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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

Your Reference:

June 27, 2014

1/4

INVOICE

For

MR DAVID REVIN MADOR

Monday, June 9, 2014

Air

UNITED AIRLINES
From: EDMONTON INTL AB
To: NEWARK NJ
Stops: 0 Arrival: 09Jun14
Seat(s): 32C

Flight: 810 V CLASS
07:00 AM Equipment: A319
01:30 PM

Mile(s) Flown: 2023

Air

UNITED AIRLINES
From: NEWARK NJ
To: GREENSBORO NC
Stops: 0 Arrival: 09Jun14
Seat(s): 24A
EXPRESSJET A

Flight: 4702 V CLASS
04:38 PM Equipment: ERJ
06:17 PM

Mile(s) Flown: 446

Wednesday, June 11, 2014

Air

USAIR INC.
From: GREENSBORO NC
To: CHARLOTTE NC
Stops: 0 Arrival: 11Jun14
Seat(s): 21C
US AIRWAYS E

Flight: 2675 Q CLASS
07:40 AM Equipment: CR9
08:47 AM


Mile(s) Flown: 82

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

Invoice Number: [REDACTED]
Date: June 27, 2014
Page: 2/4
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Wednesday, June 11, 2014

 Air

USAIR INC.
From: CHARLOTTE NC
To: KNOXVILLE TN
Stops: 0 Arrival: 11Jun14
Seat(s): 14F
US AIRWAYS E

Flight: 4766 Q CLASS
09:24 AM Equipment: CR7
10:24 AM

Mile(s) Flown: 177

 Air

AMERICAN AIRLINES
From: KNOXVILLE TN
To: DALLAS-FORT WORTH
Stops: 0 Arrival: 11Jun14
Seat(s): 12C
EXPRESSJET A

Flight: 2574 S CLASS
05:40 PM Equipment: CRJ JET
06:50 PM

Mile(s) Flown: 772

 Air

AMERICAN AIRLINES
From: DALLAS-FORT WORTH
To: OKLAHOMA CITY OK
Stops: 0 Arrival: 11Jun14

Flight: 1408 S CLASS
08:50 PM Equipment: MD-80
09:45 PM

Mile(s) Flown: 175

Thursday, June 12, 2014

 Air

AMERICAN AIRLINES
From: OKLAHOMA CITY OK
To: DALLAS-FORT WORTH
Stops: 0 Arrival: 12Jun14

Flight: 1492 W CLASS
05:30 PM Equipment: M83
06:35 PM

Mile(s) Flown: 175

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

Invoice Number: [REDACTED]
Date: June 27, 2014
Page: 3/4
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Thursday, June 12, 2014

✈ Air

AMERICAN AIRLINES
From: DALLAS-FORT WORTH
To: ORANGE COUNTY CA
Stops: 0 Arrival: 12Jun14

Flight: 1237 W CLASS
07:30 PM Equipment: B737-800
08:25 PM

Mile(s) Flown: 1205

Saturday, June 14, 2014

✈ Air

UNITED AIRLINES
From: ORANGE COUNTY CA
To: DENVER INTL CO
Stops: 0 Arrival: 14Jun14

Flight: 1460 L CLASS
07:05 AM Equipment: B737-800
10:29 AM

Mile(s) Flown: 846

✈ Air

UNITED AIRLINES
From: DENVER INTL CO
To: EDMONTON INTL AB
Stops: 0 Arrival: 14Jun14
Seat(s): 32D

Flight: 617 L CLASS
11:35 AM Equipment: A319
02:20 PM

Mile(s) Flown: 1020

Cost:

[REDACTED] 1807.00

Tax: 112.71

Ticket Total: 1919.71

Total:

Grand Total: 1919.71

Less Credit Card Payments: 1919.71

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Invoice Number: [REDACTED]
Date: June 27, 2014
Page: 4/4
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

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.



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 Medor	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 Australia			
Destination Australia	From 1-Jun-2014	To 7-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	\$1,250.00	
Meals	7 Days X \$100.00	\$700.00	
Registration			
Airfare	Parking @ airports etc	\$3,000.00	
Taxi/Rental Car/Fuel/Parking/Bus/LRT		\$300.00	
Other Expenses (please specify)	Miscellaneous	\$100.00	
Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> OTHER		\$5,350.00	
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate \$0.00 Cdn\$ \$ 5,350.00
<small>*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</small>			
Approvals (Pre-approval for all Out-of-Province Travel must be per DOFA table)			
Employee Signature <i>[Signature]</i>		Date (dd-Mon-yyyy) 18-May-2014	
Approved by (Print Name) Rick Trimp		Signature <i>[Signature]</i>	
Title VP-Province Wide Clinical Support Programs Services		Date (dd-Mon-yyyy) 29-May-2014	
Approved by (Print Name) Vickie Kaminski		Signature <i>[Signature]</i>	
Title President & Chief Executive Officer		Date (dd-Mon-yyyy) 29-May-2014	
		Position Number [REDACTED]	

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 83(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.



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		Last Name		Employee Number		
David		Mador		[REDACTED]		
Phone Number			Reports To			
[REDACTED]			[REDACTED]			
Department			Office Location			
Vice President and Medical Director Northern Alberta			UAH			
Travel Details						
Purpose of Trip						
Lab site visit to various locations in USA						
Destination			From		To	
Various locations in USA			9-Jun-2014		14-Jun-2014	
Finance Coding / Accounting Distribution						
Corp/BU/Org		Location / Site		Functional Centre / Primary		
101		0005		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
<small>*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</small>						
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)				authorization table		
Employee Signature				Date (dd-Mon-yyyy)		Phone Number
[Signature]				30 MAY 2014		[REDACTED]
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)		
Rick Tramp		[Signature]				
Title				Position Number		DOFA Level
VP Province-wide, Clinical Support Programs & Services						
Approved by (Print Name)				Date (dd-Mon-yyyy)		Phone Number
Vicki Kaminski				[Signature]		[REDACTED]
Title				Position Number		DOFA Level
President & Chief Executive Officer						[REDACTED]

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