

## Official Administrator and Executive Expense Report

**Name** David Mador  
**Title** Medical Director Northern Alberta  
**Location** Edmonton

Expenses submitted during the month of October 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)
Oct-14	P-Card	Meetings	847		167	45	1,059	32		
<b>Total</b>			\$ 847	\$ -	\$ 167	\$ 45	\$ 1,059	\$ 32	\$ -	\$ -

**Total for the Month** \$ 1,091

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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.

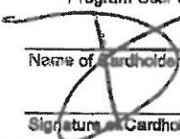
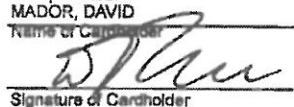
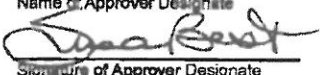

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
MADOR, DAVID	VP & MEDICAL DIRECTOR	Billing Reporting Period:	20/10/2014
Cardholder's Name	Cardholder's Position/Title		
EDMONTON ZONE & NORTHERN	UNIVERSITY OF ALBERTA	Total Statement Amount:	\$1,090.66
Cardholder's Dept	Cardholder's Site/Location		
DAVID.MADOR@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
19/09/2014	364938783	RADISSON AIRPORT HOTEL, RADISSON	167.28	CAD	167.28	7.97		hotel stay (1 night) while attending Chief Medical Officer 2day meeting in Calgary
22/09/2014	365323800	AIR CAN 0142139296804, AIR CANADA	50.00	CAD	50.00	.00	.00	charge for change of flight (credit)
22/09/2014	365323801	AIR CAN 0142139296804, AIR CANADA	119.48	CAD	119.48	.00	.00	flight to Calgary to attend PPEC meeting
23/09/2014	365518363	AIR CAN 0142139296804, AIR CANADA	21.00	CAD	21.00	.00	.00	travel company (Marlin) service fee for change of flight
30/09/2014	366113312	USAIRWYS 0375865880626, U.S. AIR	286.00	CAD	286.00	.00	.00	flight to attend National Forum on Quality Improvement in Health Care conference in Florida
30/09/2014	366319940	UNITED, UNITED AIRLINES	370.40	CAD	370.40	.00	.00	return flight from Florida to Canada while there to attend IHI conference
01/10/2014	366319941	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Parking at YEG airport while attending Provincial Practitioner Executive Committee meeting in Calgary
15/10/2014	367828224	BUKSA STRATEGIC CONFER, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	31.50	CAD	31.50	1.50		attend Alberta Innovates - Health Solutions Health Policy Speaker Series

1  
2  
2  
2  
3  
3  
4  
5

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/09/2014	365707787	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	20.00	CAD	20.00	.95	.00	taxi fare while in Calgary to attend meetings

Signatures		
<b>Cardholder Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
 Name of Cardholder Designate	<u>EA</u> Cardholder Designate Position/Title <u>16 OCTOBER 2014</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>MADOR, DAVID</u> Name of Cardholder  Signature of Cardholder	<u>VP &amp; MEDICAL DIRECTOR</u> Cardholder Position/Title <u>17 OCTOBER 2014</u> Date of Signature	
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate  Signature of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title <u>October 17/14</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Deborah Rhodes</u> Name of Approver  Signature of Approver	<u>VPCorp. Serv. &amp; CFO</u> Approver Position/Title <u>October 20/14</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:               <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Dispute letter</li> </ul> </li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

Radisson

David Mador



Room No. : [Redacted]  
Arrival : 09-18-14  
Departure : 09-19-14  
Page No. : 1 of 1  
Folio No. : [Redacted]  
Conf. No. : [Redacted]  
Cashier No. : [Redacted]

INFORMATION INVOICE

Membership No. :  
A/R Number :  
Group Code :  
Company Name :

09-19-14 03:17:53 AM EST

Date	Text	Charges	Credits
09-18-14	Room	149.00	
09-18-14	Marketing Fee	4.47	
09-18-14	GST Tax	7.67	
09-18-14	Alberta Tourism Levy	6.14	
09-19-14	Mastercard		167.28
<b>Total</b>		<b>167.28</b>	<b>167.28</b>
<b>Balance</b>			<b>0.00</b>

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.  
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature \_\_\_\_\_

*I night hotel stay while in  
Calgary AB to attend 2day  
Chief Medical Officer mtg  
cost within AHS accomodation  
guidelene*

Radisson Hotel & Conference Centre Calgary Airport East  
6520 36th Street NE  
Calgary, AB T3J 4C8  
Telephone: (403) 475-1111 Fax: (403) 719-3855  
GST #: 82338 3401 RT0001

2

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

YOUR REF [REDACTED]  
LOCATOR [REDACTED]  
OUR REF [REDACTED]  
AGENT [REDACTED]

I N V O I C E

INV NO: [REDACTED]  
DATE: 25SEPT  
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 S	GK 01OCT	7:00A	7:47A		
		CRJ JET						
		AIR CANADA E						
		AIR CANADA CONFIRMATION						
		TICKET NUMBER						
CALGARY	EDMONTON INTL	AIR CANADA	8142 S	GK 01OCT	12:30P	1:19P		
		DH4						
		AIR CANADA E						
		AIR CANADA CONFIRMATION						
		TICKET NUMBER						

C O S T

AIR CANADA	TKT NO	ACO	[REDACTED]	(INCL 37.48 TAX)	119.48	✓
AIR CANADA	TKT NO	ACO	[REDACTED]		50.00	✓
AIR CANADA	TKT NO	ACO	[REDACTED]		21.00	✓
*** SUB-TOTAL EXCLUDING GST/HST & APT					190.48	
*** TOTAL CHARGES THIS INVOICE ***					190.48	*
PAYMENT BY		[REDACTED]	TKT	[REDACTED]	119.48	✓
PAYMENT BY		[REDACTED]	TKT	[REDACTED]	50.00	✓
PAYMENT BY		[REDACTED]	TKT	[REDACTED]	21.00	✓
*** BALANCE DUE THIS INVOICE ***					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.....

CONTINUED ON NEXT PAGE

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

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

I N V O I C E

INV NO: [REDACTED]  
DATE: [REDACTED]  
PAGE: [REDACTED]

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 2XC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Flight to travel to Orlando Florida to attend  
 26th Annual National Forum on Quality  
 Improvement in Health Care (Dec 7-10, 2014)  
 -travel from Palm Springs due to vacation prior  
 to conference

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

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

3

TO: ALBERTA HEALTH SERVICES  
 SUITE 800, 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

INV NO: [REDACTED]  
 DATE: 30SEP14  
 PAGE: 1

FOR: DR DAVID MADOR  
 AC [REDACTED]  
 PCARD

I T I N E R A R Y

\*\*\* AIR/RAIL/BUS \*\*\*

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
PALM SPRINGS	PHOENIX	USAIR INC.	5503 Q	HK 07DEC	10:21A	12:29P		
		CR9	SEAT 10F					
PHOENIX	ORLANDO	US AIRWAYS E	USAIR INC. 566 Q	HK 07DEC	1:20P	7:20P		
		321	SEAT 14F					
ORLANDO	DENVER INTL	UNITED AIR	639 S	HK 10DEC	3:57P	6:04P		
		A320	SEAT 23F					
DENVER INTL	EDMONTON INTL	UNITED AIR	5489 S	HK 10DEC	7:41P	10:44P	G	
		CRJ JET	SEAT 04D					
		SKYWEST DBA						

C O S T

USAIR INC.	TKT NO	US	[REDACTED]	(INCL 44.00 TAX)	286.00
UNITED AIRL	TKT NO	UA	[REDACTED]	(INCL 31.40 TAX)	370.40

*** SUB-TOTAL EXCLUDING GST/HST & APT	656.40
*** TOTAL CHARGES THIS INVOICE ***	656.40
PAYMENT BY [REDACTED]	286.00 ✓
PAYMENT BY [REDACTED]	370.40 ✓
*** 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

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

YOUR REF [REDACTED]  
LOCATOR [REDACTED]  
OUR REF [REDACTED]  
AGENT [REDACTED]

I N V O I C E

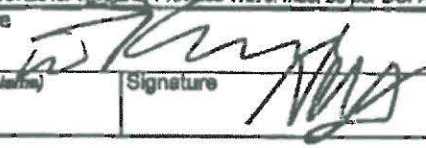

INV NO: [REDACTED]  
DATE: 30SEP14  
PAGE: 2

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 <b>DR. DAVID</b>		Last Name <b>MADOR</b>		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 7110500063	
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 + \$850), Conference (\$1100) USD				\$2,400.00
Airfare	Round Trip Airfare				\$700.00
Tax/Rental Car/Fuel/Parking/Bus/LRT	Round Trip Tax				\$120.00
Other Expenses (please specify)					
Currency <input checked="" type="checkbox"/> Cdn\$ <input type="checkbox"/> USD <input type="checkbox"/> OTHER					\$4,770.00
<b>Total Estimated Travel Costs</b>		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$4,770.00
<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	
Approved by (Print Name) Verna Yu			[REDACTED]		
Signature 			[REDACTED]		
Title VP Quality & Chief Medical Officer			[REDACTED]		
Approved by (Print Name)			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(a) 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.

GST# R128599776  
Edmonton Airports  
Can-T5J 2T2 Edmonton  
Tax CodeCA5X  
POF 1st Receipt [redacted] 3  
Short-term parking tkt  
HL - No. 053873  
01/10/14 06:11 -  
02/10/14 06:10 -  
Period 1d0h0'  
(Tax) \$25.00  
-----  
Total \$25.00  
Payment Received  
MC [redacted] \$25.00  
Type: Swiped  
Sub Total \$23.81  
Tax 5% 1.19

Oct 1/14

Parking @ YEG airport  
while travelled to Calgary  
to attend Provincial Practitioner  
Executive Committee Mtg

✓  
- cost effective  
travel by taxi would  
cost \$25+ each way (to/from airport)

Health Policy Speaker Series presents:

# John Gabbay & Andrée le May

**Introducing evidence-based innovations into healthcare systems: lessons from a series of UK studies**

**Tuesday, October 21, 2014 | 7:30 am – 9:00 am**  
**The Westin Edmonton | Breakfast Included**



*Presented by the Institute of Health Economics and Alberta Innovates – Health Solutions*

**Receipt**

**Reference Number** [Redacted]  
**Issued By** BUKSA Associates Inc.  
 Suite 307, 10328 - 81 Avenue NW, Edmonton, AB T6E 1X2  
 Phone [Redacted]  
 Email: SpeakerSeries@buksa.com  
**Date Registered** Wednesday, October 15, 2014  
**Statement Date** Wednesday, October 15, 2014  
**Event** Health Policy Speaker Series  
**Event Details** The Westin Edmonton  
 10135 - 100 Street NW  
 Edmonton Alberta  
 Canada  
**Event Date** Tuesday, October 21, 2014

Selection	Cost
Ticket fee:: David Mador	\$CAD30.00
<b>Sub Total:</b>	<b>\$CAD30.00</b>
	Sales Tax \$CAD1.50
	<b>Total \$CAD31.50</b>

**Billed To**

**Billing Company** Alberta Health Services  
**Name** David Mador  
**Address Line 1** [Redacted]  
**Address Line 2** [Redacted]  
**City** Edmonton  
**US State** AB  
**Billing Zip/Postal Code** [Redacted]  
**Country** Canada

Receipt

Email Address david.mador@albertahealthservices.ca

Date	Transaction Type	
Wednesday, October 15, 2014	Transaction Amount	\$CAD30.00
Wednesday, October 15, 2014	Sales Tax	\$CAD1.50
Wednesday, October 15, 2014	Online Credit Card Payment [REDACTED]	\$CAD-31.50
	<b>Balance</b>	<b>\$CAD0.00</b>

**Terms and Conditions**

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

**Cancellation Policy**

No refunds will be issued for tickets purchased.

**Receipt**

BUKSA Associates Inc.  
Suite 307, 10328 - 81 Avenue NW, Edmonton, AB T6E 1X2  
Phone [REDACTED]  
Email: SpeakerSeries@buksa.com

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

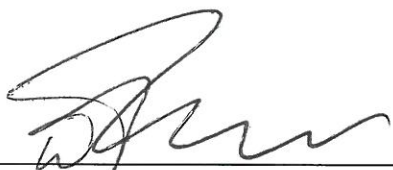
### Written Attestation for Lost Receipt

Date of Receipt: September 19, 2014 ✓

Description: Taxi to travel from hotel to Radisson Hotel for meetings

Amount: \$20.00

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed



\_\_\_\_\_  
Employee Signature

Date Signed: 17 OCTOBER 2014