

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-14	P-Card	Meetings				34	34		60	
Nov-14	Expense Claim	Meetings				70	70			
Total			\$ -	\$ 60	\$ -	\$ 34	\$ 104	\$ 60	\$ -	\$ -

Total for the Month \$ 164

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ -
Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

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

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

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>MADOR, DAVID</u> Cardholder's Name	<u>VP & MEDICAL DIRECTOR</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/11/2014</u>
<u>EDMONTON ZONE & NORTHERN</u> Cardholder's Dept	<u>UNIVERSITY OF ALBERTA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$94.00</u>
<u>DAVID.MADOR@ALBERTAHEALTHSERVICES.CA</u> 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
22/10/2014	388389605	ADV PARKING00600004U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	✓ 0.00	✓ .00	parking to meet with Field Law lawyers re: AHS Legal Issue
17/11/2014	371288974	ALBERTA MEDICAL ASSOCI, ORGANIZATIONS, MEMBERSHIP	60.00	CAD	60.00	✓ 2.66	✓ .00	Edmonton Zone Medical Staff Association Annual Staff meeting/dinner
19/11/2014	371542405	MPARK00020180U, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	✓ .57	✓ .00	parking at RAH to attend Edmonton Zone 2030 master planning working session

①
②
③

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <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. 		
<p><u>EA</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>EA</u> Cardholder Designate Position/Title</p> <p><u>19 November 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>MADOR, DAVID</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VP & MEDICAL DIRECTOR</u> Cardholder Position/Title</p> <p><u>20 November 2014</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <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. 		
<p><u>Susan Best</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec. Assistant</u> Approver Designate Position/Title</p> <p><u>Nov. 28 2014</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>DEB RHODES</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Corporate Services + CFO</u> Approver Position/Title</p> <p><u>December 11/14</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<p>Attach:</p> <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) <p>And where applicable:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Approved: Payable only:</p>		
Reference #: _____	Reviewed by: _____	Date: _____

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

ENTRY TIME:
10/22/14 12:43
EXIT TIME:
10/22/14 16:41
PARK-DUR.: HRS:MIN
0:03:58

AMOUNT:
\$ 20.00

KIND OF PAYMENT:
MASTERCARD

[REDACTED]
GST No. 122014491R1
THANK YOU FOR
PARKING WITH US

October 22/14
Parking to meet (Dr Mador)
- lawyers re: AHS legal
issue

✓ \$20.00

Field Law
10235-101 Street

①



Edmonton Zone Medical Staff Association

RECEIPT

EDMONTON ZONE MEDICAL STAFF ASSOCIATION	\$60.00	✓
Dr. David Mador		
RECEIPT for Annual Medical Staff Dinner/Meeting October 16, 2014		

EZMSA Executive office
lauriewear@albertahealthservices.ca

DO NOT PAY THIS – please retain for income tax purposes

Thank you for your support

David
Mador

RECEIPT
Impark Lot 160
NO IN AND OUT PRIVILEGES

EXP 08:00PM
NOV 19, 2014

Purchase Date/Time: 12:34pm Nov 19, 2014
Total Parking: \$13.33
Total gst: \$0.67
Total Due: \$14.00
Total Paid: \$14.00

Rate: \$14.00 until 9pm
Payment Type: Card

Site #: 100000000000
Setting: Lot 160 Parkade PBS
Mach Name: Meter 1
GST #887315630RT0001
NO IN AND OUT PRIVILEGES

Parking @ Royal Alexandra Hospital
to attend AHS Edmonton Zone
2030 Haster Planning mtg.

\$14:00



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

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

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	\$69.97						\$69.97		
2B												
2C												
2D												
				\$69.97							TOTAL CLAIM	\$69.97

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 **User to enter Coding & \$ Amounts
 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.

Employee Signature: [Signature] Date: 18 November 2014

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone: _____ Ext: _____
 Signature: [Signature] Title: Vice President, Corp Services and CFO Date: Dec. 1/14

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: _____
 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 = Interl)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

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?	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													
				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-Oct-14	Travel to/from WMC/airport (attended PPEC meeting in Calgary)	AB	Meeting	Yes										59.20			
29-Oct-14	travel to/from Nisku to attend AHS Senior Leaders Meeting	AB	Meeting	Yes										54.60			
12-Nov-14	parking to attend AHS Executive Education ELT event at Winspear	AB	Meeting	Yes								\$12.50					
SUBTOTALS														\$12.50			Total Kms 113.80

<p>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 \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p>Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p>	\$0.505
	Mileage \$	\$57.47
	Travel \$ Subtotal	\$12.50
	Auto fills on page 1 - TOTAL TRAVEL \$	\$69.97

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)

WINSTON-SALEM
UNIVERSITY
EST. 1884

11/12/14 10:57 AM
11/12/14 12:00 PM
11/12/14 3:45 PM

11.90
0.66
12.50
12.50
2.00
1.50

✓

WINSTON-SALEM
UNIVERSITY

November 12/14

Parking @ Wbraug
to attend Executive
Education graduation
event @ the
Winspear