

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of December 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)
Dec-14	P-Card	Meetings		12	629	163	804			18
Dec-14	Expense Claim	Meetings		115		15	130			
Total			\$ -	\$ 127	\$ 629	\$ 178	\$ 934	\$ -	\$ -	\$ 18

Total for the Month \$ 952

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 278
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


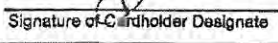
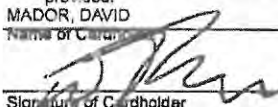

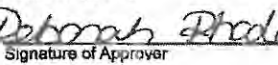
Instruction:

- 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 Cardholder's Name	VP & MEDICAL DIRECTOR Cardholder's Position/Title	Billing Reporting Period:	20/12/2014
EDMONTON ZONE & NORTHERN Cardholder's Dept	UNIVERSITY OF ALBERTA Cardholder's Site/Location	Total Statement Amount:	\$821.06
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	[REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/11/2014	371766630	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.00	.00	parking at ATB Plaza while attending AARP meeting with Alberta Health
24/11/2014	372206257	THE WESTIN EDMONTON, WESTIN HOTELS	11.55	CAD	11.55	.00	.00	meal/coffee while attending the 2014 Accelerating Primary Care Conference
28/11/2014	372676440	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67	.00	parking to attend North Zone Medical Directors meeting
07/12/2014	373530724	GOGOAIR.COM, COMPUTER NETWORK/INFORMATION SERVICES	15.00	USD	17.64	.00	.00	airplane internet service to gain access to work email while in flight
07/12/2014	373530725	STAR TAXI INC, LIMOUSINES AND TAXICABS	58.00	USD	68.22	.00	.00	taxi fare from Orlando airport to hotel for IHI conference, DM presented a poster
10/12/2014	374530742	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	66.00	CAD	66.00	3.14		taxi fare for return trip from IHI conference
11/12/2014	374129323	GAYLORD PALMS HOTEL FL, GAYLORD PLAMS	531.10	USD	628.65	.00	.00	hotel stay for 3 nights for IHI conference, out of province travel approved rate

Signatures		
Cardholder Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
 Name of Cardholder Designate	<u>EA</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>18-December 2014</u> Date of Signature	
Cardholder		
By signing this statement		
<ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>MADOR, DAVID</u> Name of Cardholder	<u>VP & MEDICAL DIRECTOR</u> Cardholder Position/Title	
 Signature of Cardholder	<u>18 DECEMBER 2014</u> Date of Signature	
Approver Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Dec 22/14</u> Date of Signature	
Approver		
By signing this statement		
<ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp Services & CFO</u> Approver Position/Title	
 Signature of Approver	<u>Dec. 22/14</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <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: _____

November 24/14
Receipt

November 20/14

Receipt

①

ATB PLACE
GST# 887315638RT001
RECEIPT CI

IN: 20.11.14 13:54
PAY: 20.11.14 16:24
AMOUNT: \$ 15.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]

Card Entry: CHIP
Account: MASTERCARD

Trans: PURCHASE
Amount: \$15.00 ✓

Auth: [REDACTED]

Auth ID: 002
Auth: 14/11/20
Time: 16:23:20

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard
TVR: 0000008000
AID: A0000000041010
TSI: E800
TC: 8E971FB0695E6A0D

*** CUSTOMER
COPY ***

Thank you for
Visiting!

Parking @ ATB Place
to attend AARP mtg
@ Alberta Health

CREDIT CARD VOUCHER

Share Restaurant

CHECK: [REDACTED]
FILE: [REDACTED]
SERVER: [REDACTED]
TIME: 24NOV'14 10:19AM
CARD TYPE: Master Card
CITY: [REDACTED]
EXP. DATE: [REDACTED]
AUTH CODE: [REDACTED]

②

DAVID. MADOR

TOTAL: 11.55 ✓

THE WESTIN EDMONTON
Share Restaurant
GST# 861335493RT0005

[REDACTED]

2 Coffee @ 5.50 11.00
FOOD 11.00
Tax 0.55
Total Due \$ 11.55

Card #: _____

Auth: _____

Room # _____

Name Print _____

Signature _____

Checkout folio emailed? _____

Primary Care HK Issues discussion
→ David Mador
→ Heather Toporowski
while attending Accrediting
Primary Care Conference

4

Debbie Fornal

Subject: FW: Here's Your Gogo Receipt - Check Out Your Purchase Details! - Order [REDACTED]

From: [REDACTED]
Date: December 7, 2014 at 2:04:04 PM MST
To: [REDACTED]
Subject: Here's Your Gogo Receipt - Check Out Your Purchase Details! - Order [REDACTED]
Reply-To: "Gogo" <customer@gogoair.com>

Purchase Details [REDACTED]
To ensure you receive emails from Gogo, add gogo@e.gogoair.com to your email address book.

Mobile device | Web browser

[My Account](#) | [Contact Us](#)



airplane internet service to work
while in flight

Thanks for your purchase!

You can view your purchase history at any time by visiting [My Account](#) To view Gogo's Privacy Policy and Terms of Use, [click here](#).

Receipt Info

Customer: David Mador
Email Address: [REDACTED]
Date: 12/7/2014 2:03 PM PST

Product	Quantity	Price
Buy 2 Hours, Get 1 Free!	1	\$15.00

Payment Info

Payment Type: MASTER
[REDACTED]

Tax : \$0.00

Total: \$15.00

\$15.00 USD
\$17.64 CAD



November 28/14

(3)

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Hotel Pay (28/11/14) 20:57
Receipt

Short-term parking tkt

HR - No. [redacted]

28/11/14 19:15

28/11/14 21:14

Period 0d2h0'

(Tax) \$14.00

Total \$14.00

Payment Received

MC \$14.00 ✓

Sub Total \$13.33
Tax 5% \$0.67

December 7/14

(5)

Star Taxi
(407) 577-0099

ST055E

1849-ALGUSTINE BLVD

Trip: [redacted]
2014-12-07 19:53-20:17
Fare: \$54.00
Extras: \$4.00
Subtotal: \$58.00
Total: \$58.00
MC 8195
Order: [redacted]
Ref: [redacted]
Auth: [redacted]

TAXI RECEIPT

DATE: Dec 7/14 AMOUNT: \$ 58.00 ✓

FROM: Orlando International Airport

TO: _____

- \$1.00 surcharge on ALL trips from the Airport.
- All tolls, surcharges, parking & entrance fees are the responsibility of the passenger.
- No additional fee for paying taxi fare with a credit card. Please report violations or other taxi service comments at www.orlandoairports.net/contact/feedback.htm.

taxi fare from Orlando FL
airport to hotel to attend
IHI conference
\$58.00 USD
\$68.22 CAD

December 10/14

(6)

AIRPORT (A) SERVICE
1000 101 ST (100001010)
EDMONTON, AB
T6E-5G9

Term ID: 00617821

Purchase

[redacted]

Entry Method: C

Amount: \$ 60.00

Tip: \$ 6.00

Total: \$ 66.00 ✓

2014/12/10

23:39:01

Seq #: [redacted]

Appr Code: [redacted]

Resp Code: 01/027

[redacted]

00 00 00 00 00
E8 00
E3 20 68 F5 C3 85 93 93

APPROVED

Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

051 001094807 NT00001

taxi from airport
returning from
IHI conference

Parking to attend
North Zone
Medical leaders
Retreat



GAYLORD
HOTELS®

5000 W. Orlando Parkway, Kissimmee, FL 34746



GUEST FOLIO

[REDACTED] MADOR/DAVID/DR 235.00 12/10/14 11:00 [REDACTED]
 NAME RATE DEPART TIME
 [REDACTED] ALBERTA HEALTH SERVI [REDACTED] 12/07/14 20:20 [REDACTED]
 ARRIVE TIME

7

RECEIPT CLERK: [REDACTED] ADDRESS: [REDACTED] PAYMENT: [REDACTED] RWD#: [REDACTED]

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
08/17	ADVDP-MC		265.55	
PAYMENT RECEIVED BY: MASTERCARD				
12/07	GP ROOM	5120, 1 235.00*		
12/07	ST TAX	5120, 1 30.55		
12/08	GP ROOM	5120, 1 235.00*		
12/08	ST TAX	5120, 1 30.55		
12/09	GP ROOM	5120, 1 235.00*		
12/09	ST TAX	5120, 1 30.55		
12/10	MC CARD			\$531.10 ✓

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

THANK YOU FOR CHOOSING GAYLORD! TO EXPEDITE YOUR CHECK-OUT, PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO: DEBBIE.FORNAL@ALBERTAHEALTHSERVICES.CA SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

* APPROVED RATE out of province travel form attached.

\$531.10 USD
\$628.65 CAD



[REDACTED SIGNATURE]

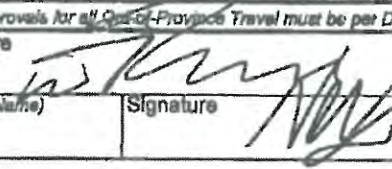
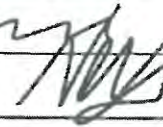
✓

This statement is your only receipt. It is not valid unless accompanied by the original card or a copy of the card. All charges you credit card for are only charged to you. The amount shown in the credit column opposite an credit card only in the credit column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

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 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	8 days @ \$41.55 CA	\$250.00	
Registration	Pre-Conference (\$450 + \$650), 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
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.



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-Dec-14 To 31-Dec-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: _____ Business Phone #: _____
 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	\$130.40						\$130.40	
2B											
2C											
2D											
				\$130.40						TOTAL CLAIM	\$130.40

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. 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: 18 DECEMBER 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 [Redacted] Position # [Redacted] Phone [Redacted]
 I, by signing this form, attest that I am compliant to all the above statements
 Signature: Deborah Rhodes Title: Vice President, Corp Services and CFO Date: Dec 22/14

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
<i>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.</i>		

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-mm-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						
24-Nov-14	Parking to attend Accelerating Primary Care conference	AB	Meeting	Yes								\$15.00	<input checked="" type="checkbox"/>	
7-Dec-14	per diem meals while attending IHI conference (Florida)	US	Conf	Yes	LD-\$32.35	\$32.35	<input checked="" type="checkbox"/>							
8-Dec-14	per diem meals while attending IHI conference (Florida) day 2	US	Conf	Yes	A-\$41.55	\$41.55	<input checked="" type="checkbox"/>							
9-Dec-14	per diem meals while attending IHI conference (Florida) day 3	US	Conf	Yes	D-\$20.75	\$20.75	<input checked="" type="checkbox"/>							
10-Dec-14	per diem meals while attending IHI conference (Florida) day 4	US	Conf	Yes	D-\$20.75	\$20.75	<input checked="" type="checkbox"/>							
SUBTOTALS						\$115.40						\$15.00		Total Krns

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>						
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Mileage \$</td> <td style="width:20%; text-align: right;">\$0.505</td> </tr> <tr> <td>Travel \$ Subtotal</td> <td style="text-align: right;">\$130.40</td> </tr> <tr> <td>Auto fills on page 1 - TOTAL TRAVEL \$</td> <td style="text-align: right;">\$130.40</td> </tr> </table>	Mileage \$	\$0.505	Travel \$ Subtotal	\$130.40	Auto fills on page 1 - TOTAL TRAVEL \$	\$130.40
Mileage \$	\$0.505						
Travel \$ Subtotal	\$130.40						
Auto fills on page 1 - TOTAL TRAVEL \$	\$130.40						

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)



NOV 24 2014
15.00
PARKING

November 24/14

Parking to attend

accelerating primary care
conference

NOV 24 2014
15.00
PARKING

NOV 24 2014



cash