

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

NameHeather ToporowskiTitleSenior Program Officer, Primary Health CareLocationWestlockExpenses submitted during the month of July 2014

					Travel (1)						
Source Date Document Purpose	Aiı	rfare	Meals	Асе	commodation	Other Travel	Total Fravel	ofessional velopment (2)	S Ho	Vorking sessions sting and ospitality (3)	ther (4)
Jul-14 P-Card Meetings			32		298	74	404				-
Total	\$	-	\$ 32	\$	298	\$ 74	\$ 404	\$ -	\$	-	\$ -
Total for the Month \$ 404											
Maximum daily single meal expense claimed in the month Maximum daily base hotel rate claimed in the month	\$ \$	14 139									

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

Non economy air travel in the month

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

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Alberta Health Services

P-Card details Online ® Cardholder Statement Report

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Cardhoider's PRIMARY HE	Name ALTH CAR	Cardholo	PROGRAM OFFICER ler's Position/Title DCK ADMIN BUILDING	Billing Reporting Period	20/07/2014
Cardholder's HEATHER.TC Cardholder's e	POROWSH		or's Cital	Total Statement Amount	\$ 403.68
Statement of				Last 6 digits of the P-Card	#:

		CLIDEOUTINES.					
		SUPERMARKETS	14.0	CAD	14.00	.67	OCSupper - Obesity Planning & Diabeles
25/06/2014	356317731		-				meeting
		PARKING LOTS AND GARAGES	17.00	CAD	17.00	.81	(Parking Inch Of
26/06/2014	356483887	PRECISE PADIA WWW.			121		COParking - Joint Obesity Planning & Diabetes Meeting
		PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	5.00	29	
26/06/2014	356483888	en enversen			2000	20	Parking - Primary Health Care Steering Committee Meeting
		UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	7.00	CAD	7.00	33	
6/06/2014	356483890	ALC LOSS ALCONTRACTOR A			7	.33	Parking - Primary Health Care Steering Committee Meeting
	Pro-101080	U OF A ECN STREKS 39, EATING PLACES, RESTAURANTS	7.94	CAD			
6/06/2014	bround			-	7.94	.38	OCLunch - Primary Health Care & Corp
0/00/2014	356483891	MPARK00020101U, AUTOMOBILE	30.00	010			Knowledge Network meeting
		PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	00Parking - Primary Health Care Seniors
5/03/2014	356483892	FANTASYLAND HOTEL, LODGING					Leaders Meeting & HR meeting
		HOTELS, MOTELS, RESORTS	9 94	CAD	/ 9.94	.00	00Supper - Primary Health Care Meeting
7/06/2014	356483869	UNIVERSITY OF ALBERTA, AUTOMOBILE					
		PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67	Parking Internet Di
8/06/2014	356687556				-		Parking - Integrated Plan of Care & Transitions Convergence Workshop
		MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	297.60	CAD	297.80	14.18	11
	L	1			207.04	19	Accommodations - Primary Health Care Senior Leaders & HR Meeting, Primary
							Health Care Steering Committee Meeting &

P-Card details Online ® Cardholder Stat t

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Cardholder Designation	
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I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my a Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.	
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and training. I have allocated the transaction of the best of my a	bility in accordance to Aug a
Name de Kaines	A Local Contraince to AHS Corporate Policies.
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Signature of Caroholder Designate	
Cardholder Date of Signature	14
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 attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for the claimed by me of on my backlife. 	
expenses being claimed are in compliance with each Hospitality and Working Session Evenese Policy	(110m)
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Service claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal che charged is attached. I attest that expenses submitted in this state. 	(1122)" of Alberta Health Services and confirm
claimed by me or on my behalf from this claim are for valid business purposes for Alberta to an	
charged is attached.	s and that this claim has not been provident
Claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal che charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, oth TOPOROWSKI, HEATHER Wante or Cardholder SENIOR PROGRAM OCCUPEN	eque for any personal expenses inadvadant
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Signature of Cardholder Cur 1, 20,4	
Approver Designate (if Applicable)	
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expenses being claimed are in compliance with such asternative and Working Session Expense Policy (11 D 7515 - F & D
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A per charged has been obtained. I attest that expenses submitted in this claim have to be a submitted in this claim have to be a submitted in this claim. 	(122)" of Alberta Health Services and confirm
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Signature of A	
Signature of Approver Designate	
Approver Date of Signature	
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Signature of Approver	* •••
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Submit approved statement with attachments to Accounts Payable:	
Attach	
Attach;	
 Original (or scanned) itemized receipts with documented business reasons including names of participants where required 	Address:
where required	
	Alberta Health Services
 Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: Copies of pre-approaches for the signature of the signature of	Accounts Payable
	7th Street Plaza
Personal cheque payable to "Alberta Health Services" Refum refund on the services and the services	10th Floor, North Tower, 10030-107 Street
 Return, refund and/or credit receipts 	Edmonton AP TE Lara
Disputes letter	Edmonton, AB T5J 3E4
 Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of trasen. 	
meal), why travel was necessary and detailed excliptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.	
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Reference #	
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	Date.

Alberta Health

Services

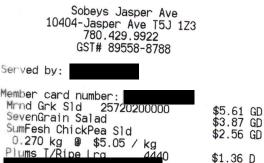
\$1.

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1) - Supper - Obesity Planning + Diabeter moeting



SUB 5% Cash	TOTAL GST TENDER CHANGE	\$13.40 \$0.60 \$14.00 \$14.00 \$0.00

NUMBER OF ITEMS

** \$

RCPT

RESP 000 TIME 18:48:37 REF #

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14.00

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arking - Joint (2 Obesity Planning + Diabetes Meeting

APPF	ROVED

NO SIGNATURE REQUIRED

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AUTH # APPL .. AID

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DATE 06/25/2014

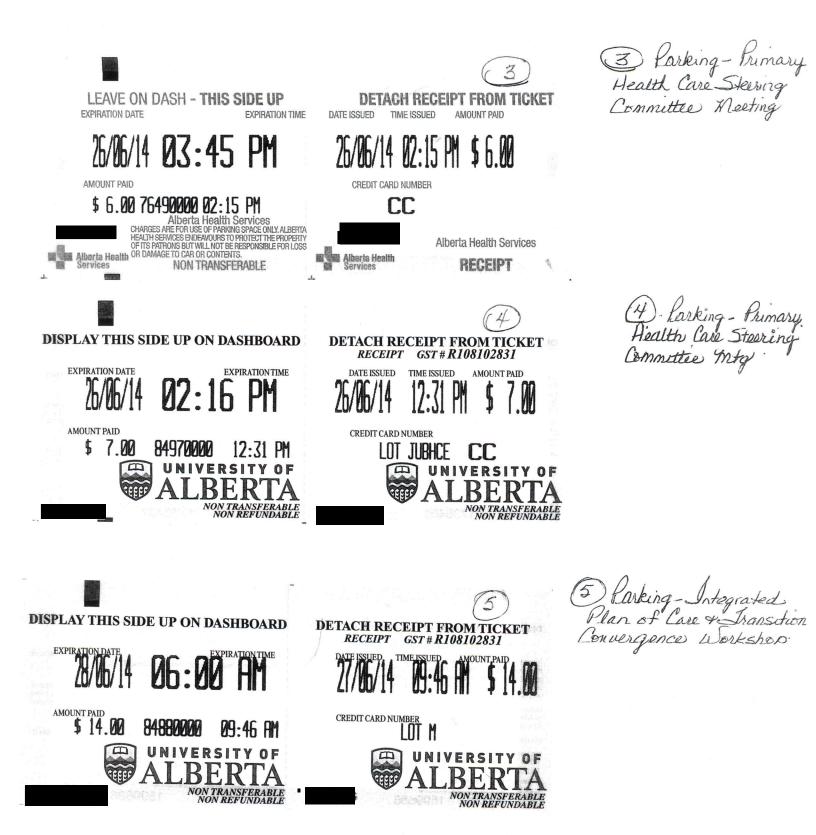
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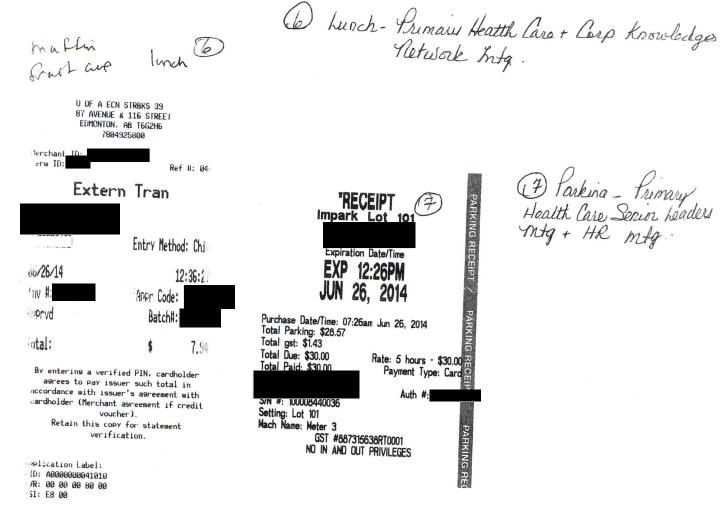
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Visit us online!! L2Grill			

(10) accommodations - Prima Health Care Services + Hi Mtg - Primasu Health Ca. Steering Commettee My Integraled Plan of Care * Inansition Convergence Ubitshop Room Number: Arrival Date: 06-25-14 Departure Date: 06-27-14 Page No: 1 of 1 Confimation No

Mrs Heather Toporowski



INVOICE

Folio No:

Date	Description			06-27-14
06-25-14	Room Revenue		Charges	Credits
06-25-14	Destination Marketing Fee - 3%		139.00	
06-25-14	Tourism Levy - 4%		4.17	
06-26-14	Room Revenue		5.73	
06-26-14	Destination Marketing Fee - 3%		139.00	
06-26-14	Tourism Levy - 4%		4.17	
06-27-14			5.73	
				297.80
		Total	297.80	297.80
		Balance	0.00	

MA

HOTEL

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001