

Official Administrator and Executive Expense Report

Name Heather Toporowski
Title Senior Program Officer, Primary Health Care
Location Westlock
 Expenses submitted during the month of July 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)
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 \$ 14
 Maximum daily base hotel rate claimed in the month \$ 139
 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

TOPOROWSKI, HEATHER Cardholder's Name	SENIOR PROGRAM OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/07/2014
PRIMARY HEALTH CARE Cardholder's Dept	WESTLOCK ADMIN BUILDING Cardholder's Site/Location	Total Statement Amount:	200.00 \$ 403.68
HEATHER.TOPOROWSKI@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
25/06/2014	356317720	SOBEYS 3023, GROCERY STORES, SUPERMARKETS	14.00	CAD	14.00	87		00 Supper - Obesity Planning & Diabetes meeting
25/06/2014	356317731	MPARK00020394U, AUTOMOBILE PARKING LOTS AND GARAGES	17.00	CAD	17.00	81		00 Parking - Joint Obesity Planning & Diabetes Meeting
25/06/2014	356483887	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	26		Parking - Primary Health Care Steering Committee Meeting
26/06/2014	356483888	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	7.00	CAD	7.00	33		Parking - Primary Health Care Steering Committee Meeting
26/06/2014	356483890	U OF A ECN STRBKS 39, EATING PLACES, RESTAURANTS	7.94	CAD	7.94	38		00 Lunch - Primary Health Care & Corp Knowledge Network meeting
26/06/2014	356483891	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	143		00 Parking - Primary Health Care Seniors Leaders Meeting & HR meeting
26/06/2014	356483892	FANTASYLAND HOTEL, LODGING HOTELS, MOTELS, RESORTS	9.94	CAD	9.94	00		00 Supper - Primary Health Care Meeting
27/06/2014	356483869	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	87		Parking - Integrated Plan of Care & Transitions Convergence Workshop
28/06/2014	356687556	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	297.60	CAD	297.80	1418		Accommodations - Primary Health Care Senior Leaders & HR Meeting, Primary Health Care Steering Committee Meeting &

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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.

Tosie Raines
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

Exec Admin Support
Cardholder Designate Position/Title

July 24/14
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.

TOPOROWSKI, HEATHER
Name of Cardholder

[Signature]
Signature of Cardholder

SENIOR PROGRAM OFFICER
Cardholder Position/Title

Aug 1, 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.

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.

Name of Approver Designate

Signature of Approver Designate

Approver Designate Position/Title

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.

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.

Rick Trimp
Name of Approver

[Signature]
Signature of Approver

VP Province-Wide Clinical Supports
Programs & Services
Approver Position/Title

7/28/14
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: _____

Supper

①



Sobeys Jasper Ave
10404-Jasper Ave T5J 1Z3
780.429.9922
GST# 89558-8788

Served by: [REDACTED]

Member card number: [REDACTED]
Mrnd Grk Sld 25720200000 \$5.61 GD
SevenGrain Salad \$3.87 GD
SumFesh ChickPea Sld \$2.56 GD
0.270 kg @ \$5.05 / kg
Plums T/Ripe Lrg 4440 \$1.36 D

SUBTOTAL \$13.40
5% GST \$0.60

TOTAL \$14.00

Cash TENDER CHANGE \$14.00
\$0.00

NUMBER OF ITEMS 4



CLIENT ID [REDACTED] INSERTED
TERMINAL [REDACTED]
** PURCHASE [REDACTED] ** \$ 14.00
RCPT [REDACTED]
DATE 06/25/2014 RESP 000
AUTH # TIME 18:48:37
APPL REF # [REDACTED]
AID A0000000041010
TVR 0000008000 TSI E800

APPROVED

NO SIGNATURE REQUIRED

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

Term Tran Store Oper 06/25/14
2 7663 3023 132 18:48:42

Thank You for Shopping at
Jasper Ave Sobeys

visit us at www.clubsobey.com

Sobeys West Customer Care
1-888-476-2397

① - Supper - Obesity Planning + Diabetes meeting

②

② Parking - Joint
Obesity Planning +
Diabetes Meeting.

TICKET VOID IF RE-SOLD

IMPARK
PHONE 780-420-1976
DAILY RATE
Meter: [REDACTED]
no in and out privileges
Time: 1:44A JUN 25

PLACE THIS SIDE UP ON DASH

Price: \$17.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires [REDACTED]

VOID IF RE-SOLD

6:00PM WED
JUN 25 14

PLACE THIS SIDE U

GST NO. 8873-15638RT0001
INSTRUCTIONS ON BACK

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

26/06/14 03:45 PM

AMOUNT PAID

\$ 6.00 76490000 02:15 PM

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.



NON TRANSFERABLE

3

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

26/06/14 02:15 PM \$ 6.00

CREDIT CARD NUMBER

CC

Alberta Health Services

RECEIPT

3 Parking - Primary Health Care Steering Committee Meeting

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

26/06/14 02:16 PM

AMOUNT PAID

\$ 7.00 84970000 12:31 PM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE
NON REFUNDABLE

4

DETACH RECEIPT FROM TICKET

RECEIPT GST # R108102831

DATE ISSUED

TIME ISSUED

AMOUNT PAID

26/06/14 12:31 PM \$ 7.00

CREDIT CARD NUMBER

LOT JUBHCE CC



UNIVERSITY OF ALBERTA

NON TRANSFERABLE
NON REFUNDABLE

4 Parking - Primary Health Care Steering Committee Mtg

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

EXPIRATION TIME

28/06/14 06:00 AM

AMOUNT PAID

\$ 14.00 84880000 09:46 AM



UNIVERSITY OF ALBERTA

NON TRANSFERABLE
NON REFUNDABLE

5

DETACH RECEIPT FROM TICKET

RECEIPT GST # R108102831

DATE ISSUED

TIME ISSUED

AMOUNT PAID

27/06/14 09:46 AM \$ 14.00

CREDIT CARD NUMBER

LOT M



UNIVERSITY OF ALBERTA

NON TRANSFERABLE
NON REFUNDABLE

5 Parking - Integrated Plan of Care & Transition Convergence Workshop

multin
fruit out

lunch (6)

(6) lunch - Primary Health Care + Corp Knowledge
Network Mtg.

U OF A ECN STRBKS 39
87 AVENUE & 116 STREET
EDMONTON, AB T6G2H6
7804925800

Merchant ID: [REDACTED]
Term ID: [REDACTED]

Ref #: 04

Extern Tran

[REDACTED]

Entry Method: Chip

06/26/14

12:36:27

Inv #: [REDACTED]

Appt Code: [REDACTED]

Suprvd

Batch#: [REDACTED]

Total:

\$ 7.94

By entering a verified PIN, cardholder
agrees to pay issuer such total in
accordance with issuer's agreement with
cardholder (Merchant agreement if credit
voucher).

Retain this copy for statement
verification.

Application Label:
ID: A0000000041010
/R: 00 00 00 00 00
SI: E8 00

Customer Copy

RECEIPT (7)
Impark Lot 101

Expiration Date/Time
EXP 12:26PM
JUN 26, 2014

Purchase Date/Time: 07:26am Jun 26, 2014
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00
Total Paid: \$30.00

Rate: 5 hours - \$30.00
Payment Type: Card

Auth #: [REDACTED]

SN #: 10008440036
Setting: Lot 101
Mach Name: Meter 3

GST #887315638RT0001
NO IN AND OUT PRIVILEGES

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

(7) Parking - Primary
Health Care Senior leaders
mtg + HR mtg.

⑧ Supper - Primary Health Care Int'l

FANTASYLAND HOTEL
EDMONTON, ALBERTA
CAFE LEVI
GST #R139427355

Supper

⑧

301 [REDACTED]

bl 1/1 Ch [REDACTED] Gst 0
Jun26 '14 05:16PM

1 Bottled Water	1.52
1 Falafel Plate	7.95
Subtotal	9.47
Tax	0.47
5:17PM Total	9.94

Tip: _____

Total: _____

Room: _____

Name: _____

Signature: _____

Visit us online!! L2Grill.com

(10) Accommodations - Prima
Health Care Services + H
mtg - Primary Health Ca
Steering Committee Mtg
Integrated Plan of Care
+ Transition Convergence
Workshop

Mrs Heather Toporowski



Room Number: [Redacted]
Arrival Date: 06-25-14
Departure Date: 06-27-14
Page No: 1 of 1
Confirmation No: [Redacted]

INVOICE

Folio No: [Redacted]

Date	Description	Charges	Credits
			06-27-14
06-25-14	Room Revenue		
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	

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