

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 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				18	18		-	
Total			\$ -	\$ -	\$ -	\$ 18	\$ 18	\$ -	\$ -	\$ -

Total for the Month \$ 18

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

TODD, KATHRYN Cardholder's Name	VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period:	20/07/2014
RESEARCH, INNOVATION & Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$18.00
KATHRYN.TODD@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
23/06/2014	356094129	ADV PARKING00600004U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	0.00	0.00	SPOR MTG @ AIHS-

PARKING
SPOR MTG @ AIHS

DEPOSIT TO BANK
BELL TOWER PARKADE
MONTREAL B.
ADMITTED PARKING
C2

CHECK TIME :
06/03 14:00
06/23/14 10:00
CARD NUMBER 0000000000000000
AMOUNT

18.00

KIND OF PAYMENT

0000
0000 0000 0000 0000
REF. [REDACTED]
GST No. 123014491RT
THANK YOU FOR
BUSINESS

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.

YVONNE ARNOLD
 Name of Cardholder Designate

[Signature]
 Signature of Cardholder Designate

EXEC ADMIN ASSIST
 Cardholder Designate Position/Title

Aug 11/14
 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.

TODD, KATHRYN
 Name of Cardholder

 [Signature]
 Signature of Cardholder

VICE PRESIDENT
 Cardholder Position/Title

Aug 26/2014
 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.

Juan Best
 Name of Approver Designate

[Signature]
 Signature of Approver Designate

Exec. Assistant
 Approver Designate Position/Title

Aug 27, 2014
 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.

Deborah Rhodes
 Name of Approver

[Signature]
 Signature of Approver

VPCorp Services + CFO (Acting)
 Approver Position/Title

Sept 3/14
 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: _____