

Official Administrator and Executive Expense Report

Name Dr. Kathryn Todd
Title Vice President, Research Innovation & Analytics
Location Edmonton
 Expenses submitted during the month of October 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)
Oct-14	P-Card	Meetings	427	57	167	64	715	32		
Oct-14	Expense	Meetings				50	50			
Total			\$ 427	\$ 57	\$ 167	\$ 114	\$ 765	\$ 32	\$ -	\$ -

Total for the Month \$ 797

Maximum daily single meal expense claimed in the month \$ 57 2 people
 Maximum daily base hotel rate claimed in the month \$ 149
 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:			
<ul style="list-style-type: none"> • 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	VICE PRESIDENT	Billing Reporting Period:	20/10/2014
Cardholder's Name	Cardholder's Position/Title		
RESEARCH, INNOVATION &	SEVENTH STREET PLAZA	Total Statement Amount:	\$746.39
Cardholder's Dept	Cardholder's Site/Location		
KATHRYN.TODD@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: XXXXXXXXXX	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/09/2014	385192554	THE MARC RESTAURANT GR, EATING PLACES, RESTAURANTS	56.75	CAD	56.75	2.35		Lunch Meeting with Dr. Lori West of the AB Transplant Institute (1)
08/10/2014	367158268	AIR CAN 0142139947365, AIR CANADA	426.56	CAD	426.56	20.31		Intn Flight to Calg for Oct 9th Evening lecture and early morning meetings with UofC Executives (2)
10/10/2014	367156267	BEST WESTERN VILLAGE P, BEST WESTERN HOTELS	167.28	CAD	167.28	7.45		Accommodations in Calgary for Oct 9th Evening lecture and early morning meetings Oct 10th with UofC Executives (3)
14/10/2014	367814948	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	44.30	CAD	44.30	2.11		Cab from Calg A/P to Hotel Oct 9th (4)
16/10/2014	367828108	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	20.00	CAD	20.00	.95		Cab to Oct 9th Evening Lecture (The Future of Neuroscience Public Lecture) (5)
17/10/2014	368011570	BUKSA STRATEGIC CONFER, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	31.50	CAD	31.50	1.50		Ticket for Healthy Policy Speaker Series Event (6)

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>Yvonne Arnold</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin Assist</u> Cardholder Designate Position/Title</p> <p><u>Oct 24/14</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>TODD, KATHRYN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT</u> Cardholder Position/Title</p> <p><u>Oct 28/2014</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>Oct. 29, 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>Deborah Rhodes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VPCorp Services & CFO</u> Approver Position/Title</p> <p><u>Oct-31/14</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<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) 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. 	<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>Accounts Payable only:</p>		
Reference #:	Reviewed by:	Date:

①

MARC BROS GROUP LTD.
3940 106 ST NW
EDMONTON AB



9940 106 Street
Edmonton, AB
780-429-2828
www.themarc.ca
GST#807555859

TYPE: [REDACTED]
CARD TYPE: MASTERCARD
DATE: 2014/09/22
TIME: 14:43:00
TRIP ID NUMBER: [REDACTED]

FARE: \$49.35
TAX: \$7.40
TOTAL: \$56.75 ✓
09/22/2014 01:13PM
Guests: 2

Card
00041010
367262102
3000-E800
D2C7BEC4D

PELE 750ML (water) 10.00
FRIES 5.00
FISH DE JOUR 18.00
TARTE FLAMBE 14.00
Subtotal 47.00
G.S.T. 2.35
Total Due \$49.35

PLEASE PAY SERVER
Thank You ✓

APPROVED

01-G

CARDHOLDER COPY

RECEIPT - RETAIN THIS
COPY FOR YOUR RECORDS

④

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/10/09
PICK-UP TIME: 16:07
DROP-OFF TIME: 16:30
TRIP ID: [REDACTED]
LOCATION: 873000-4582418378
CAR NUMBER: 1275
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 43.38
EXTRA (\$): 0.00
SUBTTL (\$): 43.38

TIP (\$): 1.00
TOTAL (\$): 44.38
48.30 ✓

SIGNATURE: *Kathy Siro* ✓

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

⑤

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/10/09
PICK-UP TIME: 19:11
DROP-OFF TIME: 19:28
TRIP ID: 740069
LOCATION: 873000-4582418378
CAR NUMBER: 8863
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 28.00
EXTRA (\$): 0.00
SUBTTL (\$): 28.00

TIP (\$): 20.00 ✓
TOTAL (\$): 20.00 ✓

SIGNATURE: *Kathy Siro*

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

2

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: [REDACTED]

Name: Ms Kathryn Todd
E-mail: YVONNE.ARNOLD@ALBERTAHEALTHSERVICES.CA
Form of payment: [REDACTED]

Customer Care
Air Canada Reservations
 1-888-247-2262
Air Canada Flight Information
 1-888-422-7533

International Reservations

Alert me of flight changes
[Flight notification](#)

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8149	Edmonton International (YEG)	Calgary (YYC)	DH3	V	Confirmed
<i>Operated by:</i>	Thu 09-Oct 2014	Thu 09-Oct 2014			
<i>Air Canada Express-Jazz</i>	15:00	15:52			
Seat number(s) requested:	1D				
AC8152	Calgary (YYC)	Edmonton International (YEG)	DH3	V	Confirmed
<i>Operated by:</i>	Fri 10-Oct 2014	Fri 10-Oct 2014			
<i>Air Canada Express-Jazz</i>	16:30	17:22			
Seat number(s) requested:	1F				

Passenger Information

Passenger 1
 Name: **Ms Kathryn Todd** Ticket number: [REDACTED]
 Frequent Flyer Pgm: Air Canada Aeroplan Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number: [REDACTED]

Date of issue	08-Oct 2014
Fare Amount in Canadian dollars:	332.00
<i>(including navigational & other charges)</i>	
Taxes, Fees & Charges	
Canada Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	20.31
Canada Airport Improvement Fee (SQ)	60.00
Total Fare in Canadian dollars:	426.56 ✓
Options	
Preferred Seat in Canadian dollars	15.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.75
Preferred Seat in Canadian dollars	15.00
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.75

Ticket particularities:
AC ONLY/NON-REF/CHGE FEE

***Fare calculation:**
 09OCT14YEA AC YYC Q12.00R154.00AC YEA Q12.00R154.00CAD332.00
 END ROE1.00
Canadian tax registration numbers:
 XG Canada Goods and Service Tax (GST) #10009-2287
 RC Canada Harmonized Sales Tax (HST) #10009-2287
 XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) and [US Secure Flight Program](#). US Secure Flight Program for important information on documents and identification required for travel.



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Kathryn Todd

INFORMATION INVOICE

A/R Number :
Group Code :
Company Name :

Arrival : 10-09-14
Departure : 10-10-14
Room No. :
Folio No. :
Conf. No. :
Cashier No. :
Page No. : 1 of 1

Table with columns: Date, Description, Charges, Payments. Rows include 10-09-14 *Accommodation (149.00), 10-09-14 DMF (4.47), 10-09-14 Room G.S.T. (7.45), 10-09-14 Alberta Tourism Levy (6.14), 10-09-14 DMF GST (0.22), 10-10-14 Mastercard (167.28). Total: 167.28, Balance: 0.00.

GST Registration # 82550 2917 RT 0001

Alberta Tourism Levy 6.14
Room G.S.T. 7.45

Guest Signature (Handwritten signature)

I agree the room rate and additional charges are correctly stated. Thank you

BEST WESTERN VILLAGE PARK INN

"Each Best Western Hotel is independently owned and operated"
1804 Crowchild Trail N.W. | Calgary, AB T2M 3Y7 | Tel: 403-289-0241 | Fax: 403-289-4645

6

Yvonne Arnold

From: Health Policy Speaker Series Confirmation [REDACTED]
Sent: Friday, October 17, 2014 2:30 PM
To: Kathryn Todd
Cc: Yvonne Arnold
Subject: Confirmation for Health Policy Speaker Series

Health Policy Speaker Series Confirmation
Tuesday, October 21, 2014 from 7:30 am until 9:00 am
The Westin Edmonton

Speaker: John Gabbay, MD and Andrée le May, PhD

Dear Dr. Todd,

Thank you for registering for the Health Policy Speaker Series , hosted by Alberta Innovates - Health Solutions and the Institute of Health Economics, beginning Tuesday, October 21, 2014 at The Westin Edmonton ([Google Map](#)). The details of your registration are listed here:

Reference Number [REDACTED]
Name: Kathryn Todd
Total fees: 30.00
Total tax: 1.50
Amount owing: 0.00

\$31.50 ✓

You may return to your online registration record by clicking the following link:
<https://www.eiseverywhere.com/ereg/record.php?id=pk5hsUeFQUikRIZLHwaTw%3D%3D>

Kind regards,
Katrina Tarnawsky
Registration Coordinator

Health Policy Speaker Series
c/o BUKSA Strategic Conference Services
Email: SpeakerSeries@buksa.com

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: 17-2014-09 To 17-2014-09
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Kathryn Todd Position (Title): Vice President, Research, Innovation and Analytics
 Location: [Redacted] Dept: RIA DOFA Level: [Redacted] (if applicable) Union: _____ Business Phone #: Feb-13 Ext: _____
 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	71840400017	\$50.00						\$50.00		
2B												
2C												
2D												
				\$50.00	**User to enter Coding & \$ Amounts							
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					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 & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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: *Kathryn Todd* Date: Nov 03/2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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): Deborah Rhodes DOFA Level: [Redacted] Position #: [Redacted] Phone: [Redacted] Ext: [Redacted]

I, by signing this form, attest that I am compliant to all the above statements

Signature: Deborah Rhodes Title: VPCorp Services & CFO Date: Nov-6/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

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(a) 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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71840400017	Emp # (E-People) _____	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 = Inter'l) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				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													
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?	Cost Effective Method Used? Yes/No	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									
Oct 10/14	YEG Parking - overnight trip to Calgary to attend Future of Neuroscience Public Lecture and all day meetings the following day	AB - Local	Meeting	Yes													
					Total \$50.00 Payment Received \$50.00												
					Total \$47.62 Tax 2.38												

SUBTOTALS		\$50.00	Total Kms
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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 (see Mileage details to the left) \$0.505 Mileage \$ _____
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Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Travel \$ Subtotal \$50.00 Auto fills on page 1 - TOTAL TRAVEL \$ \$50.00
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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)