

Official Administrator and Executive Expense Report

Name Dr. Verna Yiu
Title Vice President, Quality & Chief Medical Officer
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-14	P-Card	Meetings			248		248			
Sep-14	Expense	Meetings		374	167	203	744			
Sep-14	Direct Billing	Meetings	191				191			
Total			\$ 191	\$ 374	\$ 415	\$ 203	\$ 1,183	\$ -	\$ -	\$ -

Total for the Month \$ 1,183

Maximum daily single meal expense claimed in the month \$ 21
 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:

- 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

YIU, VERNA Cardholder's Name	VP QUALITY & CMO Cardholder's Position/Title	Billing Reporting Period:	20/09/2014
QUALITY & MEDICAL AFFAIRS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$247.67
VERNA.YIU@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/09/2014	884566363	TRAVRES*HOTEL ROOM, TRAVEL AGENCIES AND TOUR OPERATORS	220.06	USD	247.67	00	✓	Co-speaker at Canada Research event, Ottawa, Oct 6/2014

Payment for first night accommodation required to hold reservation.

Co-presenter: Research Canada event, Ottawa on Oct. 6/14

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>Audrey Maione</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Asst.</u> Cardholder Designate Position/Title</p> <p><u>Sept. 22/14</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>YIU, VERNA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VP QUALITY & CMO</u> Cardholder Position/Title</p> <p><u>Sept. 26/14</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>Sept. 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>VP Corp Services + CFO</u> Approver Position/Title</p> <p><u>Sept. 30/14</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) <p>And where applicable:</p> <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>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>

Written Attestation for Lost Receipt

Sept 18, 2014 – Payment for accommodation - \$247.67
Sheraton Ottawa Hotel, Ottawa, Ontario



Co-Presenter at Research Canada Health Research Caucus, Medical Device Technologies, Oct. 6, 2014

- The above receipt has not yet been sent by Sheraton Ottawa Hotel. Payment for first night accommodation required to hold reservation.
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

A handwritten signature in black ink, appearing to read 'Verna Yiu', written above a horizontal line.

Dr. Verna Yiu
Employee Authorization

A handwritten signature in black ink, appearing to read 'Deborah Rhodes', written above a horizontal line.



Deb Rhodes
Claim Approver

Date Signed: Sept 29, 2014

Date Signed: Sept. 30/14

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	Last Name	Employee Number			
Verna	Yiu	[REDACTED]			
Phone Number		Reports To			
[REDACTED]		Vickie Kaminski			
		Office Location			
Quality & Medical Affairs		[REDACTED]			
Travel Details					
Purpose of Trip					
Co-Present at the Research Canada event on Parliament Hill to showcase partnership with AHS that has characterized the W21C initiative					
Destination		From	To		
[REDACTED]		6-Oct-2014	6-Oct-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org	Location / Site	Functional Centre / Primary			
101	0000	71110000087			
Project Coding					
Project	Task	Expense Type	Expense Org		
Estimate of Expenses					
Category	Description	Amount			
Accommodation Charge	approx \$250.00/day	\$250.00			
Meals	lunch, dinner, breakfast	\$50.00			
Registration					
Airfare		\$860.00			
Taxi/Rental Car/Fuel/Parking/Bus/LRT	short term parking at EIA/ground transportation	\$150.00			
Other Expenses (please specify)					
		Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER		\$1,310.00	
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$1,310.00
*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)	Phone Number		
		16-09-2014	[REDACTED]		
Approved by (Print Name)	Signature	Date (dd-Mon-yyyy)	Phone Number		
Vickie Kaminski		19-09-2014	[REDACTED]		
Title		Position Number	DOFA Level		
President + CEO		[REDACTED]	[REDACTED]		
Approved by (Print Name)	Signature				
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.

[HRC Diabetes](#) [HRC Innovation Clusters](#) [HRC Brain Research](#) [HRC Pain Research](#) [HRC Cardiac & Heart Health](#) [HRC Rare Diseases](#) [Medical Devices](#)



HEALTH RESEARCH CAUCUS Medical Device Technologies

On October 6, 2014 eight ground-breaking medical technologies will be presented to parliamentarians on Parliament Hill in Ottawa in the next Health Research Caucus Kiosk event.

Medical device technologies, which range from simple thermometers to sophisticated diagnostic imaging equipment, represent one of the world's fastest growing economic sectors. With over 1.5 million devices already on the market, and 3,000 new ones entering it every year, it's closing in on annual revenues of \$1 trillion.

Healthcare cannot be delivered without medical devices. With aging populations and emerging economies, the demand for innovative medical devices is going to increase.

The Health Research Caucus, chaired by Senator K. Ogilvie and with Vice-Chairs, Ms. Carol Hughes (NDP) and Ms. Kirsty Duncan (Lib), will host a Medical Device Technologies event on October 6th, 2014 on Parliament Hill from 4 pm to 7 pm in Room 256-S.

Members of Parliament, Senators, and invited guests will join us to meet with researchers and companies that have forged innovative partnerships, which are reinventing health care, saving lives and building a prosperous health innovation industry in Canada.

Featured Technologies

1. Ward of the 21st Century

The W21C is an innovative initiative based at the University of Calgary that serves as a research and beta test-site for prototypical hospital design, novel approaches to health care delivery, human factors research, and innovative medical technologies.

2. Arctic Front Advance

Arctic Front Advance is the world's first cryo balloon indicated in the treatment of Paroxysmal Atrial Fibrillation (PAF), Arctic Front Advance provides an efficient anatomical approach to Pulmonary Vein Isolation.

3. Engage Biomechanics

Engage Biomechanics is developing a wireless sensor platform for pressure ulcer care tracking. A nurse knows when to turn a bed-ridden patient with this platform, which brings sensor networks and the power of the cloud to medical data. It provides wireless medical data, anytime, anywhere.

4. CT Perfusion for Diagnosis in Acute Stroke

CT perfusion for diagnosis in acute stroke: an example of Canada's leadership in medical imaging research. The ultimate beneficiaries are stroke victims whose doctors are better equipped with this technology to diagnose their condition rapidly and recommend appropriate treatment.

5. Techna Institute

Techna is a new institute at the University Health Network (UHN), in collaboration with the University of Toronto, devoted to the advancement of health technologies. Their mission is to shorten the time interval from technology discovery and development to application of such technologies for the benefit of patients and the health care system, and to facilitate the convergence of basic investigation, technology development and translational research.

6. Ultrasound Monitoring of Breast Cancer Chemotherapy (WaveCheck)

New Ultrasound technology – fast, painless, accurate: Herceptin therapy is very expensive. If a woman does not have the receptor for the drug, it will not be effective. This new Ultrasound tool can determine if the therapy is working or not within two weeks.

7. UBC Medtech Innovations

UBC is building a culture of moving medtech innovations into practice: The Sterilizable Drillcover lets surgeons in developing countries use regular hardware store drills instead of expensive and unavailable surgical drills (Engineers in Scrubs); The SmartDrill gives trauma surgeons x-ray vision without x-rays when they're fixing broken bones (Trauma Surgical Systems); Aspect Biosystems' 3D bioprinting platform will provide human tissues on demand, reducing the need for animals in drug discovery and ultimately addressing the shortage of donor organs (Aspect Biosystems).

8. ShoeBOX Audiometry

The audiometer has been reinvented for current practice – merging mobile device technology and traditional audiometry functions to meet modern hearing testing needs. The iPad based Shoebox audiometry solution allows doctors and clinicians to perform critically needed testing anywhere, with the same tone thresholds obtained by traditional audiometry systems.

Health Research Caucus

Thank you to our Sponsors

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (o/d) 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-Sep-14 To 30-Sep-14
 Travel Period from: 1-Sep-14 To 30-Sep-14 (if applicable)
 Out-of-Province Travel No

Name: Dr. Verna Yiu Position (Title): VP Quality & CMO
 Location: Dept: Quality & Medical Affairs DOFA Level: (if applicable) Union: Business Phone: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number 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	0000	71110000087	\$370.80	101	0000	71110000012	69600000	\$373.50	\$370.80	\$373.50	
2B												
2C												
2D												
				\$370.80					\$373.50		Less Cash Advance	
											TOTAL CLAIM	\$744.30

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 Expense Policy - Document# 1122

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

Employee Signature: [Signature] Date: Oct 3/14

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): 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: VP Corp Services - CFO Date: October 7/14

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 0000 71110000087	Emp # (E-People) _____	Page 2A
---	-------------------------------	----------------

*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.*

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 = Intert)
 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? 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	Tax				
					Meal Type with value	Allowance	Meal Type	with receipt							
18-Sep-14	Travel to Edmonton International Airport -CMO Offsite Meeting and AMA Rep Forum in Calgary	AB	Meeting	Yes						\$167.28	<input checked="" type="checkbox"/>			35.00	
20-Sep-14	Travel: Calgary to Edmonton - attended CMO offsite meeting and AMA Rep Forum, along with Vickie Kaminski.	AB	N/A	Yes										300.00	
26-Sep-14	Travel to Leduc (return) - attend/speak at CoACT Team Day	AB	Meeting	Yes										58.00	
SUBTOTALS										\$167.28					Total Kms 403.00

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ 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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p align="right">\$0.505</p>
<p align="right">Mileage \$ \$203.52</p>	
<p align="right">Travel \$ Subtotal \$167.28</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$370.80</p>	

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)

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES

Emp # (E-People)

Page 3

• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.

→ If expenses are for travel, gas, etc., go to Section B on pg 2.

• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

*****Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E*****

Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
18-Sep-14	CMD Offsite Meeting- Calgary - dinner for Edmonton attendees (18 AHS staff claiming per diem of \$20.75/person)	101	0000	71110000012	69500000	Yes			\$373.50	\$373.50

SECTION D: FOREIGN CURRENCY

ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.

Please click on the following link for the Bank of Canada exchange rate using the date of expense

[Bank of Canada Currency Converter](#)



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 - enter this amount in exchange rate column

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	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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)

Expenses Paid (Retain a copy for your records)

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

Radisson

①

Verna Yiu



Room No. : [Redacted]
Arrival : 09-18-14
Departure : 09-19-14
Page No. : 1 of 1
Folio No. : [Redacted]
Conf. No. : [Redacted]
Cashier No. : [Redacted]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code : [Redacted]
Company Name : [Redacted]

09-19-14 03:13:50 AM EST

Date	Text	Charges	Credits
09-18-14	Room	149.00	
09-18-14	Marketing Fee	4.47	
09-18-14	GST Tax	7.67	
09-18-14	Alberta Tourism Levy	6.14	
09-19-14	Visa		167.28
Total		167.28	167.28
Balance			0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

*Attend: CMO offsite meeting and AMA Rep Forum
in Calgary - Sept. 18+19, 2014*

Radisson Hotel & Conference Centre Calgary Airport East
6620 36th Street NE
Calgary, AB T3J 4C8
Telephone: (403) 475-1111 Fax: (403) 719-3855
GST #: 82338 3401 RT0001

2

- | | |
|-------------------|----------------------|
| 1 Kevin Worry | 10 Vanessa Maclean |
| | 11 Vince DiNinno |
| 2 Nan Schuurmans | 12 Paul Grundy |
| 3 James Wesenberg | 13 Richard Lewanczuk |
| 4 Laura Calhoun | 14 Mark Joffe |
| 5 Evan Lundall | 15 Verna Yiu |
| 6 Tom Noseworthy | |
| 7 David Mador | |
| 8 Norma Shipley | 16 Manish Joshi |
| 9 Marlene Young | 17 Josephine Amelio |
| | 18 Corey Cheney |

Dinner: CMC offsite meeting in Calgary
- Claiming per diem for attendees from
Edmonton, Red Deer
18 AHS staff \$20.75/person
= \$373.50

✓



Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- Information will be used for reporting purposes only
- A personal cheque must be attached to cover expenses deemed ineligible
- Indicate whether you have expenses to report in this section for this reporting period: Yes No

Name: Dr. Verna Yiu	Reporting Period for the Month of: September 2014
---------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-18	Direct Billing	Other	Flight: Edmonton-Calgary - CMO offsite; AMA Rep Forum mtgs	Marlin Travel	\$191.48
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$191.48

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: September 17, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Thursday, September 18, 2014

✈ Air

WESTJET AIRLINES
From: EDMONTON INTL AB Flight: 104 Q CLASS
To: CALGARY AB 08:15 AM Equipment: 73W
Stops: 0 09:10 AM Mile(s) Flown: 153
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE.

Cost:
TKT-[REDACTED] E-TKT [REDACTED] 142.00
Tax: 49.48
Ticket Total: 191.48

Total:
Grand Total: 191.48
Less Credit Card Payments: 191.48
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....