

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 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			21	128	149			
Oct-14	Expense	Meetings				105	105			
Oct-14	Direct Billing	Meetings	1,404				1,404			
Total			\$ 1,404	\$ -	\$ 21	\$ 233	\$ 1,658	\$ -	\$ -	\$ -

Total for the Month \$ 1,658

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 199
 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



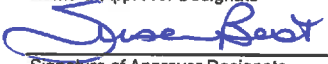

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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 			
<u>YIU, VERNA</u>	<u>VP QUALITY & CMO</u>	Billing Reporting Period:	<u>20/10/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>QUALITY & MEDICAL AFFAIRS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$148.13</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>VERNA.YIU@ALBERTAHEALTHSERVICES.CA</u>		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
21/09/2014	365085702	HYATT REGENCY CALGARY, HYATT HOTELS	262.42	CAD	262.42	00	.00	Calgary: Attended AMA Representative Forum, Calgary Hyatt Regency Hotel
01/10/2014	366320002	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	119	.00	Short Term Parking: EIA - Attend PPEC meeting in Calgary
04/10/2014	366562674	TRAVRES*HOTEL ROOM, TRAVEL AGENCIES AND TOUR OPERATORS	-220.06	USD	-241.79	00	.00	Refund: Accommodations at Sheraton Ottawa Hotel - attend meeting in Ottawa
06/10/2014	366816694	OTTAWA AIRPORT TAXI 47, LIMOUSINES AND TAXICABS	37.50	CAD	37.50	178	.00	Taxi: Ottawa airport to Parliament Hill - attend Research Canada meeting
07/10/2014	366816695	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	119	.00	Short Term Parking: EIA - attended Research Canada meeting in Ottawa
09/10/2014	367156415	TAXITAB INC, LIMOUSINES AND TAXICABS	40.00	CAD	40.00	180	.00	Taxi from Parliament Hill to Ottawa airport - attended Research Canada meeting

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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 Malone</u> Name of Cardholder/Designate</p> <p><u></u> Signature of Cardholder Designate</p>	<p><u>Exec Asst.</u> Cardholder Designate Position/Title</p> <p><u>Oct 23, 2014</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></u> Signature of Cardholder</p>	<p><u>VP QUALITY & CMO</u> Cardholder Position/Title</p> <p><u>Oct 24, 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></u> Signature of Approver Designate</p>	<p><u>Exec. Assistant</u> Approver Designate Position/Title</p> <p><u>Oct. 24, 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></u> Signature of Approver</p>	<p><u>JPCorp Services + CFO</u> Approver Position/Title</p> <p><u>Oct 24/14</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: _____



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Hyatt Regency Calgary
700 Centre Street SE
Calgary, AB T2G 5P6
Ph: 403-717-1234
Fax: 403-537-4444

INVOICE

Payee Verna Yiu



Room No. [Redacted]
Arrival 09-19-14
Departure 09-20-14
Page No. 1 of 1
Folio Window [Redacted]
Folio No. [Redacted]

Confirmation No. [Redacted]

Group Name

Date	Description	Charges	Credits
09-19-14	# Guest Room	199.00	
09-19-14	* # DMF Levy 3.0%	5.97	
09-19-14	* # Alberta Room Tax 4.0%	8.20	
09-19-14	* # Room - GST 5.0%	10.25	
09-20-14	Parking Valet	39.00	
09-20-14	* # Master Card [Redacted]		262.42

Total 262.42 **262.42**

Guest Signature

Balance 0.00

I agree that my liability for this bill is not waived and I 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.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Regency Calgary. Your feedback is very important to us. For any comments regarding your stay, please feel free to contact our Manager on Duty via email at QualityCALRC@hyatt.com

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

For inquiries concerning your bill please call 888-587-4589 or email NA.CustomerService@Hyatt.com

For the best rates available, please visit us at www.hyattregencycalgary.com

Please remit payment to:
Hyatt Regency Calgary
Balboa Hotels Ltd.
PO Box 10104, STN A
Toronto, ON
M5W 2B1

* Attended AMA Representative Forum
- Sept 20/14, Calgary Hyatt Regency

③

[Home](#)[Hotels](#)

US and Canada: 1-800-780-5733 Europe: 00-800-11-20-11-40 Promo Code 336616

Your Reservation Is Cancelled

Itinerary Number: [REDACTED]

We have charged your credit card for the full payment of this reservation.

Your cancellation is confirmed. You will receive a cancellation e-mail within 2 hours. Please refer to your itinerary number if you contact customer service for any reason.

Reservation Details**Sheraton Ottawa Hotel**

150 Albert St, Ottawa, ON, CA, K1P5G2
1-613-238-1500

**Check-in:** Oct 6, 2014 **Time:** 3:00 PM**Check out:** Oct 7, 2014 **Time:** 12:00 PM

1 Room(s)
2 Adult(s)

Hotel Details

Sheraton Ottawa Hotel
150 Albert St Ottawa, ON, CA,
K1P5G2

Hotel Amenities

- ✓ 24-hour front desk
- ✓ Accessible path of travel
- ✓ Business center
- ✓ Concierge services
- ✓ Dry cleaning/laundry service
- ✓ Express check-out
- ✓ Free Wi-Fi
- ✓ Gift shops or newsstand
- ✓ Indoor pool
- ✓ Luggage storage
- ✓ Number of floors - 17
- ✓ Pets allowed
- ✓ Restaurant
- ✓ Safe-deposit box at front desk
- ✓ Television in lobby
- ✓ Accessible bathroom
- ✓ Bar/lounge
- ✓ Complimentary newspapers in lobby
- ✓ Conference space
- ✓ Elevator/lift
- ✓ Fitness facilities
- ✓ Free wired high-speed Internet
- ✓ In-room accessibility
- ✓ Laundry facilities
- ✓ Multilingual staff
- ✓ Number of meeting rooms - 10
- ✓ Porter/bellhop
- ✓ Room service (limited hours)
- ✓ Smoke-free property
- ✓ Total number of rooms - 236

✓ Valet parking (surcharge)

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Room Cancellation Number: [Redacted]
Traditional Room, 1 King Bed

Cancelled

Rooms & Charges

All prices are displayed in \$ USD

Room 1: Traditional Room, 1 King Bed (Cancelled) \$181.22

Taxes and Fees \$38.84

Total Charges \$220.06 ✓
(including taxes and fees)

(Credit)

We have charged your credit card for the full payment of this reservation.

Payment Information

Card Holder Name: Verna Yiu

Billing Address: [Redacted]

Email Address: audrey.mione@albertahealthservices.ca

Phone Number: [Redacted]

Refund: Accommodation at Sheraton Ottawa Hotel - overnight stay not required attended Research Canada Mtg at Parliament Hill

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GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 01/10/14 17:50
Receipt [REDACTED]

Short-term parking tkt
HL - No. 053857
01/10/14 06:07 -
02/10/14 06:06 -
Period 1d0h0'
(Tax) \$25.00
Total \$25.00

Payment Received
MC \$25.00 ✓

Type: Swiped
Sub Total \$23.81
Tax 5% 1.19

013220BC1 - 1/1

Short term parking:
EIA - attended
PPEC mtg in Calgary

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OTTAWA AIRPORT TAXI

613-523-1234

TAXI DE L'AEROPORT D'OTTAWA

Merchant ID: 4326904A

Driver ID: 56268

Record Num. [REDACTED]

Sale

Application Label: MasterCard

AID: A0000000041010

MASTERCARD

Entry Method: Chip

Total: CAD\$ 37.50 ✓

2014/10/06

14:12:28

Resp Code: 00

TVR: 0000008300

ISI: E800

Invt [REDACTED]

Appr Code [REDACTED]

Apprvd: Online

Batch# [REDACTED]

TRN Ref #: [REDACTED]

Taxi: Ottawa
airport to
Parliament
Hill -
attended
Research
Canada mtg

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GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 07/10/14 01:20
Receipt [REDACTED]

Short-term parking tkt
HL - No. 066728
06/10/14 06:48 -
07/10/14 06:47 -
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC \$25.00 ✓

Type: Swiped
Sub Total \$23.81
Tax 5% 1.19

00EF1435 - 1/1

Short Term Parking
EIA - attended
Research Canada mtg
in Ottawa

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DO NOT WRITE ABOVE THIS LINE - NE RIEN ECRIRE AU DESSUS DE CETTE LIGNE

SALES DRAFT - FACTURE

APPROVED BY: [REDACTED]

DATE OF APPROVAL: [REDACTED]

CLERK-COMMISS [REDACTED]

DEPT-RAVON [REDACTED]

AUTHORIZATION NUMBER / NO D AUTORISATION [REDACTED]

06 06 14

DESCRIPTION AMOUNT-MONTANT

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE [REDACTED]

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.

LE TITULAIRE S'ENGAGE À REMBOURSER L'ÉMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMÉMENT À LA POLITIQUE DE REBOUTSANT L'UTILISATION DE LA CARTE.

VISA TOTAL \$ 37.50

MasterCard

CUSTOMER COPY / COPIE DU CLIENT

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION / CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

Taxi: Parliament Hill to
Ottawa airport - attended
Research Canada mtg.

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			
Department		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		
Ottawa, Ontario		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)					
Employee Signature			authorization table		
[REDACTED]		Signature	Date (dd-Mon-yyyy)	Phone Number	
[REDACTED]			16-09-2014	[REDACTED]	
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number	
Vickie Kaminski		Vickie Kaminski	19-09-2014	[REDACTED]	
Title			Position Number	DOFA Level	
President + CEO			[REDACTED]	[REDACTED]	
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number	
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 (Traumatis 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 # (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: Oct 1 2014 To Oct 31 2014
 Travel Period from: Oct 1 2014 To Oct 31 2013 (if applicable)
 Out-of-Province Travel Yes

Name: Dr. Verna Yiu Position (Title): VP Quality & CMO
 Location: [Redacted] Dept: Quality & Medical Affairs DOFA Level: [Redacted] (if applicable) Union: Business Phone: [Redacted] 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	0000	71110000087	\$105.04						\$105.04		
2B												
2C												
2D												
				\$105.04							TOTAL CLAIM	\$105.04

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 Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: [Signature] Date: Oct 24, 2014

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: Oct. 24/14

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) _____

*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 = Inter!)
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	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
1-Oct-14	Travel to Edmonton International Airport (return) - PPEC Meeting in Calgary	AB	Meeting	Yes											70.00
6-Oct-14	Travel to Edmonton International Airport (return): attend Research Canada meeting in Ottawa	AB	Meeting	Yes											70.00
29-Oct-14	Travel to Nisku (return) - Joint ELT meeting	AB	Meeting	Yes											68.00
SUBTOTALS															Total Kms 208.00

<p align="center">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 \$0.606 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p>	\$0.505
	Mileage \$	\$105.04
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>		
Travel \$ Subtotal		
Auto fills on page 1 - TOTAL TRAVEL \$		\$105.04

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)

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: October 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-01	Direct Billing	Other	Flight: Edmonton-Calgary (return) - PPEC Meeting	Marlin Travel	\$406.96
2014-10-06	Direct Billing	Other	Flight: Edmonton-Ottawa (return) - Research Canada meeting	Marlin Travel	\$997.36
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

Total Paid in the Month	\$1,404.32
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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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: September 29, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Wednesday, October 1, 2014

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Seat(s): 9A
OPERATED BY AIR CANADA EXPRESS - JAZZ
TICKET NUMBER [REDACTED]
NO AISLE SEATS AVAILABLE

Flight: 8133 V CLASS
07:00 AM **Equipment:** CRJ JET
07:47 AM
Reference: NC342R

Mile(s) Flown: 153

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Seat(s): 2C
OPERATED BY AIR CANADA EXPRESS - JAZZ
TICKET NUMBER [REDACTED]

Flight: 8154 V CLASS
05:00 PM **Equipment:** D8 (300 SERIES)
05:52 PM
Reference: NC342R

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED] 332.00
Tax: 74.96
Ticket Total: 406.96

*Attend: Provincial Practitioner
Executive Committee (PPEC)
Meeting, Calgary*

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: September 29, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	406.96
Less Credit Card Payments:	406.96
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.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4


*Attend Research Canada
Meeting - Ottawa
- Return flight changed
to same day*

Invoice Number: [REDACTED]
Date: October 3, 2014
Page: 1/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR VERNA YIU
AC [REDACTED]

Monday, October 6, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: OTTAWA ON
Stops: 0 Arrival: 06Oct14
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 17C

Flight: 104 G CLASS
08:00 AM Equipment: E90
01:40 PM

Mile(s) Flown: 1776

 Air

AIR CANADA
From: OTTAWA ON
To: TORONTO PEARSON
Stops: 0 Arrival: 06Oct14
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 25D

Flight: 467 V CLASS
08:00 PM Equipment: A320
09:07 PM

Mile(s) Flown: 226

 Air

AIR CANADA
From: TORONTO PEARSON
To: EDMONTON INTL AB
Stops: 0 Arrival: 07Oct14
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]

Flight: 135 V CLASS
10:55 PM Equipment: A320
01:01 AM

Mile(s) Flown: 1676

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: October 3, 2014
Page: 2/3
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Monday, October 6, 2014
SEAT 23C

Tuesday, October 7, 2014

 Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0 Arrival: 07Oct14
AIR CANADA CONFIRMATION [REDACTED]
SEAT 24D
TICKET NUMBER [REDACTED]

Flight: 193 G CLASS
08:30 AM Equipment: A320
10:53 AM

Mile(s) Flown: 1776

Cost:

AIR CANADA WE [REDACTED] 29.40 - seat selection
Total: [REDACTED]

Grand Total: 29.40
Less Credit Card Payments: 29.40
Credit / Balance Due To This Invoice: 0.00
Total Previous Payments: 967.96
Total Charges Previous Invoices: 967.96
Total Balance Due: 0.00

\$997.36

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.....
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