

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
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		35	631	642	1,308	-		
Jul-14	Expense Claim	Meetings				313	313			-
Jul-14	Direct-Billing	Meetings	673				673			
Total			\$ 673	\$ 35	\$ 631	\$ 955	\$ 2,294	\$ -	\$ -	\$ -

Total for the Month \$ 2,294

Maximum daily single meal expense claimed in the month \$ 25
 Maximum daily base hotel rate claimed in the month \$ 204
 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

<u>KAMINSKI, VICKIE</u> Cardholder's Name	<u>PRESIDENT & CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2014</u>
<u>CORPORATE</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,307.64</u>
<u>VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 22/06/2014	356485827	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	9 72.00 ✓	CAD	72.00	3.43	.00	Taxi from YEG to Residence on June 4, 2014
② 22/06/2014	356485828	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	9 72.00 ✓	CAD	72.00	3.43	.00	Taxi from residence to YEG on June 18, 2014
③ 22/06/2014	356485829	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	9 72.00 ✓	CAD	72.00	3.43	.00	Taxi from YEG to Residence on June 18, 2014.
④ 22/06/2014	356485830	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	9 72.00 ✓	CAD	72.00	3.43	.00	Taxi from residence to YEG on June 20, 2014
⑤ 22/06/2014	356485831	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	9 72.00 ✓	CAD	72.00	3.43	.00	Taxi from YEG to residence on June 20, 2014.
⑥ 26/06/2014	356485832	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	9 60.00 ✓	CAD	60.00	2.86	.00	Taxi from Southport Tower to Calgary Airport on June 18, 2014.
⑦ 26/06/2014	356485833	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	9 60.00 ✓	CAD	60.00	2.86	.00	Taxi from Southport Tower to Calgary Airport on June 12, 2014.
⑧ 27/06/2014	356687703	DELTA CALGARY SOUTH, DELTA HOTELS	9 458.06 ✓	CAD	458.06	.00	.00	2 nights accomodation to attend meetings in Calgary.
⑨ 07/07/2014	357498465	ALLIED LIMOUSINE/ASSOC, LIMOUSINES AND TAXICABS	9 102.00 ✓	CAD	102.00	4.86		Taxi from Calgary Airport to Southport Tower on July 7, 2014.
⑩ 08/07/2014	357625924	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	9 59.69 ✓	CAD	59.69	2.84		Taxi from Southport Tower to Calgary Airport on July 8, 2014.
⑪ 08/07/2014	357825146	DELTA CALGARY SOUTH, DELTA HOTELS	9 207.89 ✓	CAD	207.89	.00	.00	1 nights accomodation to attend meetings/events in Calgary.

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/07/2014	357967716	DELTA CALGARY SOUTH, DELTA HOTELS	9 229.03 ✓	CAD	229.03	.00	.00	Vendor charged in error
17/07/2014	358494297	DELTA CALGARY SOUTH, DELTA HOTELS	9 -229.03 ✓	CAD	-229.03	.00		Credit for charge made in error

*August 18, 2014
Emailed to Public Disclosure
+ originals hand delivered.*

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.

Donna Zinyk
Name of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title

Donna Zinyk
Signature of Cardholder Designate

July 24, 2014
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.

KAMINSKI, VICKIE
Name of Cardholder

PRESIDENT & CEO
Cardholder Position/Title

Vickie Kaminski
Signature of Cardholder

July 28, 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.

Susan Best
Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

Susan Best
Signature of Approver Designate

July 28, 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 Dr. John Cowell
Name of Approver Official Administrator VP Corporate Services & CFO (Acting)
Approver Position/Title

Deborah Rhodes
Signature of Approver

July 30/14
Date of Signature

Aug. 12/14

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

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

VICKIE KAMINSKI
JUNE 04/2014
EIA > WESTIM > RES.

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0490
M/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED
AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/06/22 Time: 20:06:18
Response: AUTH [REDACTED]

CUSTOMER COPY

①

②

VICKIE KAMINSKI
JUNE 18/2014
RES > EIA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0491
M/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED
AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/06/22 Time: 20:08:41
Response: AUTH [REDACTED]

CUSTOMER COPY

June 18, 2014 (\$72.00)

- Taxi from residence to Edmonton Airport. to attend meetings

in Calgary (Human Resources Advisory Committee)

VICKIE KAMINSKI
EIA > RES
JUNE 18/2014

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0492
M/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED
AMOUNT CAD\$72.00

Ref. #: [REDACTED]
Auth. #: [REDACTED]
Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/06/22 Time: 20:10:11
Response: AUTH [REDACTED]

CUSTOMER COPY

③

June 04, 2014 (\$72.00)

- Taxi from Edmonton Airport to residence.

Attended meetings in Calgary

(Quality & Safety Advisory Committee)

June 18, 2014 (\$72.00)

- Taxi from Edmonton Airport to residence

(attended meetings in Calgary as per receipt #2)

VICKIE KAMINSKI
JUNE 20/2014.
RES > EIA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0493
N/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]

book on line at
EDMPRESTIGE.COM
Thank you for being our Guest
GST 062104769

Date: 2014/06/22 Time: 20:11:48
Response: AUTH [REDACTED]

CUSTOMER COPY

June 20, 2014 (\$72.00)

- Taxi from residence to Edmonton

Airport. to attend meetings

✓ in Calgary (Council of
Chair Meeting)

VICKIE KAMINSKI
JUNE 20/2014.
EIA > RES

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item #: 0494
N/C PURCHASE
Op Id: 114995
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. [REDACTED]
Auth. [REDACTED]

book on line at
EDMPRESTIGE.COM
Thank you for being our Guest
GST 062104769

Date: 2014/06/22 Time: 20:13:27
Response: AUTH [REDACTED]

CUSTOMER COPY

June 20, 2014 (\$72.00)

- Taxi from Edmonton Airport to residence.

(attended meetings in Calgary as

per receipt #4)

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 298-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/06/12
PICK-UP TIME: 14:58
DROP-OFF TIME: 14:55
TRIP ID: 965798
LOCATION: 873000-45024103707
CAR NUMBER:
CARD TYPE:
CARD:
EXPIRY:
AUTH:

FARE (\$) 51.79
EXTRA (\$) 8.00
SUBTTL (\$) 51.78

ASSOCIATED CAB
387 - 41 AVE NE
INSIST ON THE

PICK-UP TIME:
DROP-OFF TIME:
TRIP ID:

LOCATION:
CAR NUMBER:

CARD TYPE:
CARD:

EXPIRY:
AUTH:

FARE (\$)
EXTRA (\$)
SUBTTL (\$)

62.70
000
62.70

6

7

TIP (\$) _____

TOTAL (\$) 60.00 ✓

SIGNATURE: _____

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

CUSTOMER'S COPY

TIP (\$)

TIP (\$) 60.00 ✓

SIGNATURE

OR ONLINE
BOOKINGS

June 12, 2014 (\$60.00)
• Taxi from Southport Tower to Calgary Airport.
*(attended meetings in
calgary (Official Administrator))*

June 18, 2014 (\$60.00)
• Taxi from Southport Tower to Calgary Airport.
*(attended meetings in Calgary as
per receipt #12)*



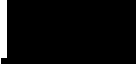


DELTA


CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
 Tel: 403-278-5050 Fax: 403-225-5834

⑧

AB HEALTH SERVICES
 Victoria Ms Kaminski

Room: 
 Folio: 
 Cashier: 
 Arrival: 06-25-14
 Departure: 06-27-14

Date	Description	Additional Information	Charges	Credits
06-25-14	Room Charge		204.00	
06-25-14	DMF		6.12	
06-25-14	Room GST		10.51	
06-25-14	Tourism Levy		8.40	
06-26-14	Room Charge		204.00	
06-26-14	DMF		6.12	
06-26-14	Room GST		10.51	
06-26-14	Tourism Levy		8.40	
06-27-14	Visa			458.06

GST Summary	
Registration No: 895126332	
Room	21.02
F&B	0.00
Other	0.00
Total	21.02

Total	458.06	458.06
Balance Due	0.00	CDN

June 25-26, 2014 (\$458.06)

- 2 nights accommodation to attend meetings in Calgary (exceeds the guidelines for accommodation by \$4.00 as only room available at time of booking) *DR*

(HACA Board Meeting + Meeting re Official Administration)

Guest Signature: _____

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 of or the full amount of these charges.

ASSOCIATED CAB
501 11 AVENUE NE T2E2N4
CALGARY AB

1631
PURCHASE 1111

08-01-2014 08:38:42

[Redacted]

Name: VICKIE KAMINSKI
MasterCard

[Redacted]

FV2164063,86

Auth # [Redacted] RRN 00100552

TVR 0000000000 ISI 2.00

TC A0002014F40100A

Tip \$17.00
Total \$102.00

(00) APPROVED-THANK YOU
(PIN # [Redacted])

Retain this copy for you

9

ASSOCIATED CAB
501 11 AVENUE NE T2E2K7
CALGARY AB
22143180

1111
PURCHASE 1111

08-08-2014 16:09:16

[Redacted]

Name: VICKIE KAMINSKI
MasterCard

Trace # [Redacted]

K22143180165

Inv. # [Redacted]

Auth # [Redacted] RRN 001001425

Tip \$51.90

Total \$109.00

(00) APPROVED-THANK YOU

Retain this copy for you

10

July 8, 2014 (\$59.69)

- Taxi from Southport Tower to Calgary Airport.

Attended meetings in
Calgary & staff as per request
#9

July 7, 2014 (\$102.00)

- Taxi from Calgary Airport to Southport Tower (used Limo as no taxis available).

(to attend meetings &
Staff in Calgary)



DELTA

CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

(11)

GOVT AB
Ms Vickie Kaminski

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 07-07-14
Departure: 07-08-14

Date	Description	Additional Information	Charges	Credits
07-07-14	Atrium Cafe Charges	[REDACTED]	25.00	<i>dinner</i>
07-07-14	Room Charge	[REDACTED]	154.00	<i>(see attached)</i>
07-07-14	DMF		4.62	
07-07-14	Room GST		7.93	
07-07-14	Tourism Levy		6.34	
07-08-14	Atrium Cafe Charges	[REDACTED]	10.00	<i>Breakfast</i>
07-08-14	Mastercard	[REDACTED]		207.89 <i>(see atted)</i>

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	207.89	207.89
Balance Due	0.00	CDN

July 7, 2014 (\$207.89)

- 1 night accommodation and meals in Calgary to attend meetings. *2 staff in Calgary.*

Guest Signature: _____

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 of or the full amount of these charges.

BOOMTOWN PUB & PATIO
135 Southland Dr. S.E.
Calgary, Alberta
T2J 5X5

Check: [REDACTED]
Server: [REDACTED]
ATRIUM CAFE

CUP SOUP DAILY	(11:55)	4.00
SPRING ROLLS	(11:55)	10.00
REG. JUICE	(12:22)	3.50
REG SOFT DRINK	(12:22)	2.95

	Sub Total:	20.45
	Tax 1:	1.02
12:22	Total:	21.47

Payments:	Amt-Tend	Tip/Chg	Tally
ROOM CHARG	25.00	3.53	21.47
07/07/2014 12:38			-----
			21.47

Memo: [REDACTED] KAMINSKI
25.00

Terminal: ATRIUM MAIN
Cashier: FLEMME CALIBJO AC

BOOMTOWN PUB & PATIO
135 Southland Dr. S.E.
Calgary, Alberta
T2J 5X5

Check: [REDACTED]
Server: [REDACTED]
ATRIUM CAFE

BAGEL & CREAM CHEESE	(09:12)	3.50
STARBUCKS COFFEE AC	(09:32)	3.50
Sub Total:		7.00
Tax 1:		0.35
09:32 Total:		7.35

Payments:	Ant-Tend	Tip/Chg	Tally
ROOM CHRG	10.00	2.65	7.35
07/08/2014 10:21		✓	----- 7.35

[REDACTED] , KAMINSKI
10.00

Terminal: ATRIUM MAIN
[REDACTED]

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: 1-Jun-14 To 20-Jul-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Vickie Kaminski Position (Title): President & CEO
 Location: Seventh Street Plaza Dept: Corporate DOFA Level: [Redacted] applicable) Union: _____ Business Phone: [Redacted]
 Employee # (E-People): [Redacted]

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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
2A	101	0006	71110100074	\$313.10					
2B									
2C									
2D									
				\$313.10					

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

TOTAL REIMBURSEMENT	
Total Section B	\$313.10
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$313.10

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.

I, by signing this form, attest that I am compliant to all the above statements
Employee Signature: Vickie Kaminski **Date:** July 28, 2014
 Travel, Hospitality and Working Session Expenses Policy - Document# 1122

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): Deb Rhodes **DOFA Level:** [Redacted] **Position #:** [Redacted] **Phone:** [Redacted] **Ext:** [Redacted]
Signature: Deborah Rhodes **Title:** VP Corporate Services & CFO (Acting) **Date:** July 28/14
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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): Dr. John Cowell **DOFA Level:** [Redacted] **Position #:** [Redacted] **Phone #:** [Redacted] **Ext:** [Redacted]
Signature: [Signature] **Title:** Official Administrator **Date:** Aug. 12/14

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.

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

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110100074

Emp # (E-People) [REDACTED]

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? 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							
25-Jun-14	Travel from Edmonton to Calgary and return to Edmonton on June 27, 2014 <i>to attend meetings in Calgary (HQCA Board Meeting & meeting @ Official Administrator)</i>	AB - Provinc	Meeting	Yes											620.00
SUBTOTALS															Total Kms
															620.00

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)

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Mileage \$	\$0.505
Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$	\$313.10

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)

0.505

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: Vickie Kaminski

Reporting Period for the Month of: July 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-06-27	Direct Billing	Transportation	Airline Tickets from Edmonton to Calgary on July 7, 2014 to attend meetings with staff and return to Edmonton on July 8, 2014 (Invoice 10814)	Marlin Travel	\$421.96

2014-07-10	Direct Billing	Transportation	Airline Tickets from Edmonton to Calgary on July 17, 2014 to attend meetings with staff and return to Edmonton (Invoice 11170) Credit (\$260.98) from Invoice 10255 was used for this flight. However the July 17 th flight had to be changed and the credit will be used at a later date.	Marlin Travel	\$251.00
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$672.96

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

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 27JUN14
PAGE: 1

FOR: MS VICTORIA KAMINSKI
[REDACTED]

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8133 G	GK 07JUL	7:00A	7:46A		
		CRJ JET						
		AIR CANADA E						
		AIR CANADA CONFIRMATION	[REDACTED]					
		TICKET NUMBER	[REDACTED]					
CALGARY	EDMONTON INTL	AIR CANADA	8156 G	GK 08JUL	6:00P	6:48P		
		CRJ JET						
		AIR CANADA E						
		AIR CANADA CONFIRMATION	[REDACTED]					
		TICKET NUMBER	[REDACTED]					

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 03JAN15 AT 12:00A
TO EDMONTON INTL RET03JAN15 AT 12:00A
1 PACKAGE TOUR
AIR CANADA CONFIRMATION [REDACTED]

C O S T

AIR CANADA	TKT NO	ACO	[REDACTED]	(INCL 74.96 TAX)	411.96
BSP TASF	TKT NO	[REDACTED]			10.00
*** SUB-TOTAL EXCLUDING GST/HST & APT					421.96
*** TOTAL CHARGES THIS INVOICE ***					421.96
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		411.96
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		10.00
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					0.00

CONTINUED ON NEXT PAGE

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

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: [REDACTED]

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

YOUR REF : [REDACTED]
LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E
*** D U P L I C A T E ***

INV NO: [REDACTED]
DATE: 27JUN14
PAGE: 2

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

Invoice Number: [REDACTED]
Date: July 10, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Thursday, July 17, 2014


 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0

Flight: 8133 W CLASS
07:00 AM Equipment: CRJ JET
07:46 AM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5C

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0

Flight: 8152 W CLASS
04:30 PM Equipment: D8 (300 SERIES)
05:21 PM

Mile(s) Flown: 153

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Cost:

AIR CANADA [REDACTED]	[REDACTED]	166.00
	Tax:	35.00
	Ticket Total:	201.00
AIR CANADA [REDACTED]	[REDACTED]	50.00

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

Invoice Number: [REDACTED]
Date: July 10, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	251.00
Less Credit Card Payments:	251.00
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
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