

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive 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		2	173	549	724			
Sep-14	Expense Claim	Meetings				303	303			
Sep-14	Direct-Billing	Meetings	2,109				2,109			
Total			\$ 2,109	\$ 2	\$ 173	\$ 852	\$ 3,136	\$ -	\$ -	\$ -

Total for the Month \$ 3,136

Maximum daily single meal expense claimed in the month \$ 2
 Maximum daily base hotel rate claimed in the month \$ 154
 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>KAMINSKI, VICKIE</u>	<u>PRESIDENT & CEO</u>	Billing Reporting Period:	<u>20/09/2014</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$896.78</u> <u>724.75</u>
<u>CORPORATE</u>	<u>SEVENTH STREET PLAZA</u>	Last 6 digits of the P-Card #:	
Cardholder's Dept	Cardholder's Site/Location		
<u>VICKIE.KAMINSKI@ALBERTAHEALTHSERVICES.CA</u>			
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/08/2014	362202564	AVIS RENT A CAR, AVIS RENT A CAR	141.16	CAD	✓ 141.16	.00	.00	Rental Car while in working out of Calgary office and attending HRAC meeting. ①
27/08/2014	362550598	DELTA CALGARY SOUTH, DELTA HOTELS	348.25 <u>174.63</u>	CAD	✓ <u>174.63</u>	.00	.00	1 night accommodation in Calgary to work out of Calgary office and attend HRAC meeting. AHS reimbursed for 2nd night by employee. ② ✓
26/08/2014	362556586	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXI/CABS	72.00	CAD	✓ 72.00	3.49	.00	taxi from residence to Edmonton Airport to attend meeting in Calgary regarding the Calgary Cancer Centre. ③
26/08/2014	362556587	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXI/CABS	72.00	CAD	✓ 72.00	3.49	.00	taxi from Edmonton Airport to Residence. ④
12/09/2014	363998106	AVIS RENT A CAR, AVIS RENT A CAR	206.27	CAD	✓ 206.27	.00	.00	Rental Car to attend and give opening remarks at the AIHS/AHS Connects Conference in Banff. ⑤
12/09/2014	364164162	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.25	CAD	✓ 13.25	.63	.00	Parking at Southport - working out of Calgary office. ⑥
12/09/2014	364280665	ESSO, GAS / SERVICE STATIONS	44.86	CAD	✓ 44.86	.00	.00	Fuel for Rental Car used to travel to Banff for AIHS/AHS Connects Conference. ⑦

Signature		
<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>Jennifer Hamstra</u> Name of Cardholder Designate</p> <p><u>J. Hamstra</u> Signature of Cardholder Designate</p>	<p><u>Executive Secretary</u> Cardholder Designate Position/Title</p> <p><u>Sept. 25 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>KAMINSKI, VICKIE</u> Name of Cardholder</p> <p><u>Vickie Kaminski</u> Signature of Cardholder</p>	<p><u>PRESIDENT & CEO</u> Cardholder Position/Title</p> <p><u>Sept. 26, 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>Deb Rhodes</u> Name of Approver Designate</p> <p><u>Deborah Rhodes</u> Signature of Approver Designate</p>	<p><u>VP Corporate Services - CFO</u> Approver Designate Position/Title</p> <p><u>Sept. 29/14</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>Janet Davidson</u> Name of Approver</p> <p><u>Janet Davidson</u> Signature of Approver</p>	<p><u>Official Administrator</u> Approver Position/Title</p> <p><u>Sept 30/14</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<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 T6J 3E4</p>	
Accounts Payable only		
Reference #:	Reviewed by:	Date:

RECEIPT

Rental Agreement Number:
Vehicle Number:

YOUR INFORMATION

KAKINSKI, VICTORIA
WIZARD NUMBER:
AVIS DISC:
PAYMENT METHOD:

YOUR RENTAL

Picked up: YYC
Date/Time: AUG 25, 2014@08:24AM
Returned: YYC
Date/Time: AUG 26, 2014@08:59PM
Veh Group: Intermediate SUV
Veh Charged: Full-Size
Vehicle: GMC TERRAIN
Odometer Out:
Odometer In:
Fuel Reading: Full

YOUR VEHICLE CHARGES

2 DYE 50.00 100.00
YOUR TIME AND MILEAGE: 100.00

YOUR TAXABLE FEES

GST TAX 6.65
*\$8/DY FEE 12.00
**15.01% FEE 16.64
**VLF FEE 2.60
FTP SRS 0.76DY* 1.50
ENERGY RECOVERY 0.98/DY 1.98

YOUR SUBTOTAL
TAXABLE SUBTOT 134.50
PST .000% .00

YOUR NON TAXABLE ITEMS 12.00

TOTAL CHARGES 141.15
NET CHARGES 141.15
YOUR TOTAL DUE: 0.00

PAID ON MASTER
**CONCESSION RECOVERY FEE
*CUSTOMER FACILITY CHARGE
*CUSTOMER FACILITY CHARGE
**VEH LICENSE FEE\$1.25/DY
*FTP SUR \$ 5.25 MAX
FF MLS/PNTS EARNED 500

THANK YOU FOR RENTING WITH AVIS

GST NO R100361989

Other inquiries or e-receipt visit
www.avis.com

or call 403-221 1700

August 25-26, 2014 (\$141.15)

- Rental car while working out of the Calgary office and attending the HRAC meeting.



DELTA

CALGARY SOUTH

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

2

AB HEALTH SERVICES
 Ms Vickie Kaminski

Room:
 Folio:
 Cashier:
 Arrival: 08-25-14
 Departure: 08-27-14

Canada

Date	Description	Additional Information	Charges	Credits
08-25-14	Room Charge		154.00	
08-25-14	DMF		4.62	
08-25-14	Room GST		7.93	
08-25-14	Tourism Levy		6.34	
08-26-14	Atrium Cafe Charges		3.47	
08-26-14	Room Charge		154.00	
08-26-14	DMF		4.62	
08-26-14	Room GST		7.93	
08-26-14	Tourism Levy		6.34	
08-27-14	Mastercard			349.25

174.63

GST Summary	
Registration No:	895126332
Room	15.86
F&B	0.00
Other	0.00
Total	15.86

Total	349.25	349.25
Balance Due	0.00	CDN

August 25, 2014 (\$174.63)

- 1 night accommodation in Calgary to work out of the Calgary office and attend the HRAC meeting.

August 26, 2014 (\$174.63)

- Cheque attached to reimburse AHS for 2nd nights' accommodation.

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.

July 28/2014. (3)
VICKIE KAMINSKI.
Res> ep.
PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0656
A/C PURCHASE
Or 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: 2014/08/29 Time: 00:52:42
Response: AUTH [REDACTED]

CUSTOMER COPY

VICKIE KAMINSKI (4)
July 29/2014.
A> SSP
PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item #:0656
A/C PURCHASE
Or 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: 2014/08/29 Time: 00:54:07
Response: AUTH [REDACTED]

CUSTOMER COPY

July 28, 2014 (\$72.00) & July 29, 2014 (\$72.00)

- Taxi from residence to Edmonton Airport to attend meetings in Calgary regarding the Calgary Cancer Centre.
- Taxi from Edmonton Airport to residence.

RECEIPT

Rental Agreement Number: [REDACTED]
Vehicle Number: [REDACTED]

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YOUR INFORMATION

KAMINSKI, VICTORIA [REDACTED]
AVIS DISC: [REDACTED]
PAYMENT METHOD: [REDACTED]

September 11, 2014 (\$206.27)

- Rental car to attend and give opening remarks at the AHS/AHS Connects Conference in Banff,

YOUR RENTAL

Picked up: YYC
Date/Time: SEP 11, 2014@01:17PM
Returned: YYC
Date/Time: SEP 12, 2014@01:52PM
Veh Group: Cool Cars
Veh Charged: [REDACTED]
Vehicle: [REDACTED]
Odometer Out: 15413
Odometer In: 15739
Fuel Reading: Full

YOUR VEHICLE CHARGES

1 HR@	73.51	73.51
1 DY@	98.00	98.00
DISCOUNT	10.0	17.15
YOUR TIME AND MILEAGE:		154.36

YOUR TAXABLE FEES

GST TAX		9.79
*\$6/DY FEE		12.00
**15.61% FEE--		24.91
**VLF FEE		2.50
FTP SRS 0.75DY*		.75
ENERGY RECOVERY 0.98/DY		1.96

YOUR SUBTOTAL

TAXABLE SUBTOT	196.48
PST .000%	.00

YOUR NON TAXABLE ITEMS

12.00

TOTAL CHARGES	206.27
NET CHARGES	206.27
YOUR TOTAL DUE:	0.00

PAID ON [REDACTED]
**CONCES [REDACTED]
*CUSTOMER FACILITY CHARGE
*CUSTOMER FACILITY CHARGE
**VEH LICENSE FEE\$1.25/DY
*FTP SUR \$ 6.25 MAX
FF MILS/PNTS EARNED 500

THANK YOU FOR RENTING WITH AVIS

GST NO R100361989

Other inquiries or e-receipt visit
WWW.AVIS.COM

or call 403-221 1700

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE ON DA

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES

13 SEP 14
09:07 AM PAID
\$ 13.25C

ENTRY TIME 12 SEP 14 09:07 AM
SPACE 13

PLACER SUR LE TABLEAU DE BORD
DE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
DE CÔTÉ VISIBLE

EXPIRES

13 SEP 14
09:07 AM
PAID
\$ 13.25C

RECEIPT
SPACE 13

PLACER SUR LE TABLEAU DE BORD
DE CÔTÉ VISIBLE

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September 12, 2014 (\$13.25)

- Parking at Southport – working out of Calgary office.

SOUTH TRAIL ESSO
9835 MACLEOD TR. SW
CALGARY, AB T2C 1S5

09/12/2014

09/12/2014

09/12/2014 1:25:58 PM

REGLR CA PUMP# 6
38.372 L @ \$ 1.169/L \$44.86 101
GST Incl In Fuel \$2.14

Subtotal = \$44.86

Total = \$44.86

Change Due = \$0.00

Credit \$44.86

TYPE: PURCHASE
ACCOUNT: MCARDFLEET \$44.86

INVOICE:

01 Approved - Thank You 027

IMPORTANT - retain this copy for your records

Customer Copy

Thank You

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September 12, 2014 (\$44.86)

- Fuel for Rental Car used to travel to Banff for AIHS/AHS Connects Conference.

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)			
<ul style="list-style-type: none"> • 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: 19-Sep-14 To 22-Sep-14 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel	
Name: Vickie Kaminski		Position (Title): President & CEO	
Location: _____ Dept: Corporate		DOFA Level: _____	
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										
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	TOTAL REIMBURSEMENT		
2A	101	0006	71110100074	\$303.00						Total Section B	\$303.00	
2B										Total Section C&D		
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$303.00 ✓	
				\$303.00	**User to enter Coding & \$ Amounts							
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D							

SECTION F: AUTHORIZATION			
I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.			
I, by signing this form, attest that I am compliant to all the above statements Employee Signature: <u>Vickie Kaminski</u>		Date: <u>Sept 26/14</u> 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): <u>Janet Davidson</u>		DOFA Level _____ Position # _____ Phone _____ Ext _____	
I, by signing this form, attest that I am compliant to all the above statements Signature: <u>Janet Davidson</u>		Title: <u>Official Administrator</u> Date: <u>30/09/14</u>	
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): <u>Deb Rhodes</u>		DOFA: _____	
I, by signing this form, attest that I am compliant to all the above statements Signature: <u>Deborah Rhodes</u>		Title: <u>VP Corporate Services CFO</u> Date: <u>Sept-29/14</u>	

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'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is **REQUIRED** in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
20-Sep-14	Travel from Edmonton to Calgary and return to present at the AMA Representative Forum and AGM in Calgary.	AB - Provinc	Meeting	Yes											600.00
SUBTOTALS															Total Kms 600.00

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 \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left) \$0.505

Mileage \$ \$303.00

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

Travel \$ Subtotal

Auto fills on page 1 - **TOTAL TRAVEL \$** \$303.00

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: Vickie Kaminski Reporting Period for the Month of: September 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-08-18	Direct Billing	Transportation	Airline ticket one way from Edmonton to Calgary on August 25, 2014 to work out of the Calgary office and attend the HRAC meeting. (Invoice [REDACTED])	Marlin Travel	✓ \$222.48
2014-08-28	Direct Billing	Transportation	Airline tickets from Edmonton to	Marlin Travel	✓ \$444.96

			Calgary return on September 4, 2014 to attend QSAC meeting. Location of meeting change, flight cancelled, a credit was issued for the full amount to be used on a later flight. (Invoice [REDACTED])		
2014-09-09	Direct Billing	Transportation	Airline tickets from Edmonton to Calgary on September 11, 2014 and return on September 12. Presented at the 2014 AIHS/AHS Connects Conference in Banff on September 11 th and worked out of the Calgary office on September 12 th . (Invoice [REDACTED])	Marlin Travel ✓	446.96
2014-09-11	Direct Billing	Transportation	Airline tickets from Edmonton to Calgary on September 16 th and return on September 18 th to work out of Calgary office (Invoice 13894). Note: Departure time error on invoice - new invoice reissued with correct departure time no charge. (Invoice [REDACTED])	Marlin Travel ✓	\$434.96
2014-09-15	Direct Billing	Transportation	Flight return time on September 18 needed to be changed due to an urgent meeting in Edmonton (Invoice [REDACTED])	Marlin Travel ✓	51.00
Total Paid in the Month					\$1,600.36

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.

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- 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: September 2014

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-09-17	Direct Billing	Transportation	Invoice [REDACTED] flight departure change.	Marlin Travel	\$100.00

2014-09-17	Direct Billing	Transportation	Flight to Calgary on September 17 changed - no outbound flight; need to only use return flight September 18. Credit from September 17 change used towards flight October 16 to Vancouver. (Invoice [REDACTED])	Marlin Travel	\$126.00
2014-09-11	Direct Billing	Transportation	Flight to Ottawa and return September 22-23, 2014 to present at the Conference Board of Canada - Centre for Health System and Design and Management. (Invoice 13900-NOTE: Credit used for this flight xref Inv [REDACTED] and [REDACTED] NOTE: This trip was cancelled and as per Marlin Travel September 22, we were issued a full credit from all portions of this flight to be used at a later date .	Marlin Travel	\$282.99
	Choose One	Choose One			
Total Paid in the Month					\$508.99

Total - 2,109.35

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: August 18, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Monday, August 25, 2014

← Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIRCANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5F

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

Mile(s) Flown: 153

Cost:

AIR CANADA WT [REDACTED] 185.00
[REDACTED] 37.48
Tax: [REDACTED]
Ticket Total: 222.48

Total:

Grand Total: 222.48
Less Credit Card Payments: 222.48
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Invoice Number: [REDACTED]
Date: August 18, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

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: August 28, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Thursday, September 4, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Seat(s): 5D
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8133 W CLASS
07:00 AM Equipment: CRJ JET
07:47 AM

Mile(s) Flown: 153

Reference: [REDACTED]

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Seat(s): 5D
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8156 W CLASS
06:00 PM Equipment: CRJ JET
06:49 PM

Mile(s) Flown: 153

Reference: [REDACTED]

Cost:

AIR CANADA [REDACTED]	[REDACTED]	370.00
	Tax:	74.96
	Ticket Total:	444.96

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

Invoice Number: [REDACTED]
Date: [REDACTED] 4
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	444.96
Less Credit Card Payments:	444.96
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
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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: September 9, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For:
MS VICTORIA KAMINSKI
AC [REDACTED]

Thursday, September 11, 2014

✈ Air

AIR CANADA Flight: 8143 V CLASS
From: EDMONTON INTL AB 12:00 PM Equipment: DH4
To: CALGARY AB 12:50 PM Mile(s) Flown: 153
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMB [REDACTED]
SEAT 3D

Friday, September 12, 2014

✈ Air

AIR CANADA Flight: 8150 V CLASS
From: CALGARY AB 03:30 PM Equipment: DH4
To: EDMONTON INTL AB 04:19 PM Mile(s) Flown: 153
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUM [REDACTED]
SEAT 2C

Cost:
AIR CANADA WH [REDACTED] 372.00
[REDACTED] TAX: 74.96
Ticket Total: 446.96

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

Invoice Number: [REDACTED]
Date: September 9, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	446.96
Less Credit Card Payments:	446.96
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

Invoice Number: [REDACTED]
Date: September 15, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Tuesday, September 16, 2014


 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Flight: 8171 W CLASS
07:00 PM Equipment: D8 (300 SERIES)
07:52 PM

Mile(s) Flown: 153

Thursday, September 18, 2014

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Flight: 8150 V CLASS
03:30 PM Equipment: DH4
04:19 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	1.00
AIR CANADA WEB [REDACTED]	[REDACTED]	50.00

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

Invoice Number: [REDACTED]
Date: [REDACTED] 15, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	51.00
Less Credit Card Payments:	51.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	434.96
Total Charges Previous Invoices:	434.96
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.....
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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 2ECO
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: September 17, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Wednesday, September 17, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0
Flight: 8171 V CLASS
07:00 PM Equipment: D8 (300 SERIES)
07:52 PM
Mile(s) Flown: 153
AIR CANADA E
AIR CANADA CONFIRMATIO [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C

Thursday, September 18, 2014

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
Flight: 8142 Q CLASS
12:30 PM Equipment: DH4
01:19 PM
Mile(s) Flown: 153
AIR CANADA E
AIR CANADA CONFIRMATIO [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Cost:

AIR CANA [REDACTED]	[REDACTED]	50.00
AIR CANA [REDACTED]	[REDACTED]	50.00

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

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

INVOICE

Total:

Grand Total:	100.00
Less Credit Card Payments:	100.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	485.96
Total Charges Previous Invoices:	485.96
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.....
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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: September 17, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Thursday, September 18, 2014

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0
AIR CANADA E
AIR CANADA [REDACTED]
TICKET NUM [REDACTED]
SEAT 3D

Flight: 8142 Q CLASS
12:30 PM Equipment: DH4
01:19 PM

Mile(s) Flown: 153

Thursday, October 16, 2014

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: VANCOUVER BC
Stops: 0
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBE [REDACTED]
SEAT 13C

Flight: 243 G CLASS
01:30 PM Equipment: E90
02:12 PM

Mile(s) Flown: 504

Cost:

AIR CANADA WEB [REDACTED]
AIR CANADA WEB [REDACTED]

[REDACTED] 76.00
[REDACTED] 50.00

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

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

INVOICE

Total:

Grand Total:	126.00
Less Credit Card Payments:	126.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	585.96
Total Charges Previous Invoices:	585.96
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
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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 11, 2014

Page: 1/2

Our Reference: [REDACTED]

Your Reference: [REDACTED]

INVOICE

For

MS VICTORIA KAMINSKI

AC [REDACTED]

Monday, September 22, 2014

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: OTTAWA ON

Stops: 0

AIR CANADA CONFIRMAT [REDACTED]

SEAT 13D

Flight: 104 G CLASS

08:00 AM Equipment: A320

01:40 PM

Mile(s) Flown: 1776

Tuesday, September 23, 2014

✈ Air

AIR CANADA

From: OTTAWA ON

To: EDMONTON INTL AB

Stops: 0

SEAT 13D

Flight: 193 G CLASS

08:30 AM Equipment: A320

10:53 AM

Mile(s) Flown: 1776

Cost:

AIR CANADA WEB [REDACTED]

180.00

Tax:

2.99

182.99

AIR CANADA WEB [REDACTED]

100.00

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

Invoice Number: [REDACTED]
Date: September 11, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	282.99
Less Credit Card Payments:	282.99
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

USED CREDIT FROM LOCATOR [REDACTED] UNDER VICTORIA KAMINSKI

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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