

Official Administrator and Executive Expense Report

Name Vickie Kaminski
Title President & Chief Executive Officer
Location Edmonton
 Expenses submitted during the month of November 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)
Nov-14	P-Card	Meetings			206	288	494			
Nov-14	Expense Claim	Meetings	452				452			
Nov-14	Direct-Billing	Meetings	587				587			
Total			\$ 1,039	\$ -	\$ 206	\$ 288	\$ 1,533	\$ -	\$ -	\$ -

Total for the Month \$ 1,533

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 189
 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

KAMINSKI, VICKIE Cardholder's Name	PRESIDENT & CEO Cardholder's Position/Title	Billing Reporting Period:	20/11/2014
CORPORATE Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$500.21 \$494.21
LORINDA.PROCIUK@ALBERTAHEALTHSERVICES.CA 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
21/10/2014	368254307	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	✓ 18.00	.86	.00	Parking at ATB Place to attend meeting with Acting Deputy Minister.
31/10/2014	369585015	ASSOCIATED CAB, LIMOUSINES AND TAXICABS	64.80	CAD	✓ 64.80	3.06		Taxi from Southport to Calgary Airport - worked out of Calgary Office.
02/11/2014	369585014	AIRLINE LIMOUSINE SERV, LIMOUSINES AND TAXICABS	66.00	CAD	✓ 66.00	3.14	.00	Speaking engagement at Ontario Hospital Association - OHA paying for this cost - fully reimbursed by OHA.
03/11/2014	369831761	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	66.10	CAD	✓ 66.10	3.15	.00	Taxi from Calgary Airport to Southport to work out of the Calgary Office.
06/11/2014	370246744	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	✓ 12.00	.57	.00	Parking at ATB Building to attend meeting with the Deputy Minister.
07/11/2014	370437059	MPARK00020181U, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	✓ 6.00	.28	.00	Parking at Coast Edmonton Plaza to attend and speak at the Advisory Councils Annual Province Wide Meeting.
13/11/2014	370973088	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	✓ 24.00	1.14	.00	Parking at the Legislature Building to attend meeting with the Minister and Deputy Minister.
15/11/2014	371288995	SUN TAXI (FT MCMURRAY), LIMOUSINES AND TAXICABS	24.80	CAD	✓ 24.80	1.16		Taxi with VP Communications from MacDonald Island Park in Fort McMurray (Site of Gale) to Hotel.
15/11/2014	371288996	SUN TAXI (FT MCMURRAY), LIMOUSINES AND TAXICABS	26.70	CAD	✓ 26.70	1.27		Taxi from Fort McMurray Airport to Hotel - met with staff, toured hospital and attended Festival of Trees Gala.
15/11/2014	371288997	TEFERA DAWET, LIMOUSINES AND TAXICABS	23.80	CAD	✓ 23.80	1.13		Taxi with VP Communication from Hotel in Fort McMurray to MacDonald Island Park (Gala Site).
16/11/2014	371164744	UNITED CLASS CAB, LIMOUSINES AND TAXICABS	22.00	CAD	✓ 22.00	1.05		Taxi from Hotel to Fort McMurray Airport (with Carmel Turpin) met with staff and toured hospital.
16/11/2014	371288994	RADISSON HOTEL & SUITE, RADISSON	206.01	CAD	✓ 206.01	9.81		1 night accommodation - met with staff and toured hospital. Attended and brought greetings from AHS at Festival of Trees Gala.

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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.

Jennifer Hamstra
Name of Cardholder Designate

Jennifer Hamstra
Signature of Cardholder Designate

Executive Secretary
Cardholder Designate Position/Title

Dec. 25, 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

Dec 3, 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.

Deborah Rhodes
Name of Approver Designate

VP Corp Services & CFO
Approver Designate Position/Title

Deborah Rhodes
Signature of Approver Designate

Dec 5/14
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.

Dr. Carl Amrhein
Name of Approver

Official Administrator
Approver Position/Title

Dr. Carl Amrhein
Signature of Approver

5 Dec 2014
Date of Signature

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
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T6J 3E4

Reference #: _____

Reviewed by: _____

Date: _____

October 21, 2014 (\$18.00)

- Parking at ATB Place to attend meeting with the Acting Deputy Minister.

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ASSOCIATED LAB
404-35 AVENUE N.E. T2E2K7
CALGARY AB
T2143180

PURCHASE 1111
10/21/2014 10/21/2014
Acct # [REDACTED]
Exp Date [REDACTED]
Name: VICKIE KAHINSKI
A000000084101 MasterCard

Trace # [REDACTED]
k22143180424
Inv. # [REDACTED]
Auth # [REDACTED]

Purchase \$54.80
Tip \$10.00
Total \$64.80

(30) APPROVED-THANK YOU

Retain this copy for your records

October 31 2014 (\$64.80)

- Taxi from Southport to Calgary Airport worked out of the Calgary office. [REDACTED]

[REDACTED]

④

October 31 2014 (\$66.10)

- Taxi from Calgary Airport to Southport to work out of the Calgary office. [REDACTED]

[REDACTED]

RECEIPT
Impark Lot 101
Stall #14
Expiration Date/Time
EXP 06:05PM
OCT 21, 2014

Purchase Date/Time: 03:05pm Oct 21, 2014
Total Parking: \$17.14
Total gst: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Rate: 3 hours - \$18.00
Payment Type: Card

SIN # [REDACTED]
Setting: Lot 101
Mach Name: Meter 3
GST #887316638RT0001
NO IN AND OUT PRIVILEGES

ASSOCIATED CAR AT TA LTD
307 - 41 AVL NE (483) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/10/31
PICK-UP TIME: 07:55
DROP-OFF TIME: 08:28
TRIP ID: 8
LOCATION: 873888-4*824183787
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 55.10
EXTRA (\$): 8.00
SUBTTL (\$): 1.00

TIP (\$) _____

TOTAL (\$) 66.10

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
WEBSITE@WWW.ASSOCIATEDCAB.COM

ISSUE COPY

PARKING RECEIPT

November 2, 2014 (\$66.00)

- Speaking engagement at Ontario Hospital Association - OHA paying for this cost – fully reimbursed by OHA.

AIRLINE LIMOUSINE
260 REGINA RD
WOODBRIIDGE ON
416-675-3638
905-676-3210
CAR #052

3

SALE

ML: EEMV000000
TR: PS320252
Batch [REDACTED]
11/02/14

REF [REDACTED]
SEC [REDACTED]

AMOUNT	\$60.00
TIP	\$6.00
TOTAL	\$66.00

APPROVED

MasterCard
A#: A0000000041010
TVR: 00 00 00 80 00
TSE: EB 00

BY ENTERING A VERIFIED PIN
CARDHOLDER AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUER'S
AGREEMENT
WITH CARDHOLDER

WWW.AIRLINE...
... for City
Airline Limousine

CUSTOMER COPY

Written Attestation

November 2, 2014

Taxi Service (\$66.00)

- Expense (taxi service) paid for by Ontario Hospital Association – AHS reimbursed by ^{to employee,} employee (cheque attached).

Vickie Kaminski

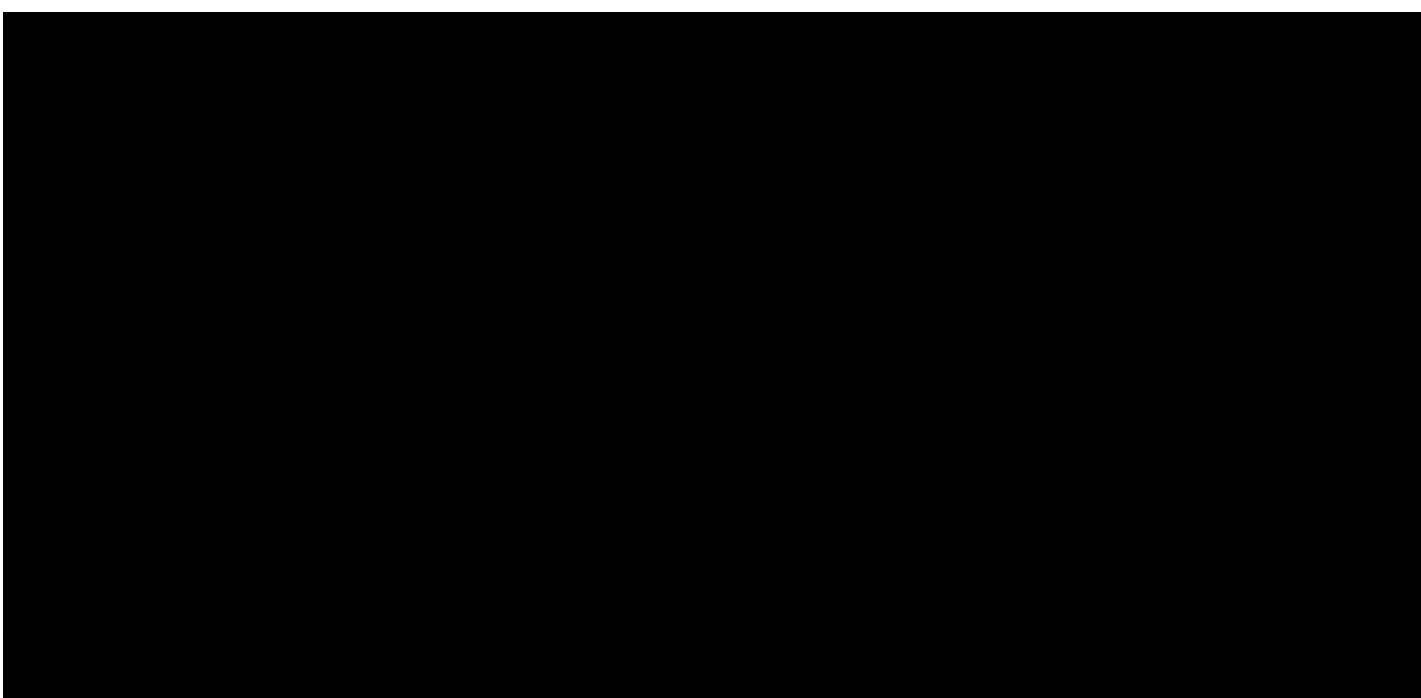
Vickie Kaminski
Authorization

Carl Amrhein

Dr. Carl Amrhein
Claim Approver

Date Signed: Dec 3, 2014

Date Signed: Dec. 05, 2014



***RECEIPT
Impark Lot 101**

Expiration Date/Time
**EXP 10:20AM
NOV 06, 2014**

Purchase Date/Time: 08:20am Nov 06, 2014
Total Parking: \$11.42
Total gst: \$0.58
Total Due: \$12.00
Total Paid: \$12.00
Rate: 2 hours - \$12.00
Payment Type: Card

S/N #: 10008440036
Setting: Lot 101
Mach Name: Meter 3
GST #887315638RT0001
NO IN AND OUT PRIVILEGES

(5)

November 6, 2014 (\$12.00)

- Parking at ATB Place to attend meeting with the Deputy Minister.

PLACE FACE UP ON DASH*
Impark Lot 161
Expiration Date/Time
**EXP 07:13PM
NOV 07, 2014**

Purchase Date/Time: 05:13pm Nov 07, 2014
Total Parking: \$5.71
Total gst: \$0.29
Total Due: \$6.00
Total Paid: \$6.00
Rate: \$ 6 - 2 Hours
Payment Type: Card

S/N #: 10008460007
Setting: Lot 161
Mach Name: Meter 2
GST #887315638RT0001
NO IN AND OUT PRIVILEGES

***RECEIPT
Impark Lot 161**

Expiration Date/Time: 07:13pm Nov 07, 2014
Purchase Date/Time: 06:13pm Nov 07, 2014

Total Parking: \$5.71
Total gst: \$0.29
Total Due: \$6.00
Total Paid: \$6.00
Rate: \$ 6 - 2 Hours
Payment Type: Card

Mach Name: Meter 2

(6)

November 7, 2014 (\$6.00)

- Parking at Coast Edmonton Plaza to attend and speak at the Advisory Councils Annual Province Wide Meeting.

***RECEIPT
Impark Lot 101**

Expiration Date/Time
**EXP 11:53AM
NOV 13, 2014**

Purchase Date/Time: 07:53am Nov 13, 2014
Total Parking: \$22.65
Total gst: \$1.15
Total Due: \$24.00
Total Paid: \$24.00
Rate: 4 hours - \$24.00
Payment Type: Card

S/N #: 10008440036
Setting: Lot 101
Mach Name: Meter 3
GST #887315638RT0001
NO IN AND OUT PRIVILEGES

(7)

November 13, 2014 (\$24.00)

- Parking at the Legislature Building to attend meeting with the Minister and Deputy Minister.

315
140 Mackenzie King Road
Fort McMurray, AB
T5H 4L2
780-743-5050

TAXI: [REDACTED]

14/11/15 21:42:38

MASTERCARD
Card : [REDACTED]
MasterCard
CHIP CARD

A0000000041010
0000008000

VERIFIED BY PIN
Order : [REDACTED]
Ref
Auth

FARE : \$ PURCHASE 19.80
TIP : \$ 5.00
TOTAL : \$ 24.80

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

GST# 125888893

125888893

140 Mackenzie King Road
Fort McMurray, AB
T5H 4L2
780-743-5050

TAXI: 1476000374

14/11/15 12:11:36

MASTERCARD
Card : [REDACTED]
MasterCard
CHIP CARD

VERIFIED BY
Order : [REDACTED]
Ref
Auth

FARE : \$ PURCHASE 23.70
TIP : \$ 3.00
TOTAL : \$ 26.70

APPROVED : [REDACTED]
(01-027)

IMPORTANT: Retain a
copy for your records

GST# 125888893

November 16 2014 (\$26.70)

- Taxi with VP Community Engagement & Communications from Fort McMurray Airport to Hotel met with staff and toured the hospital; also attended and brought greetings on behalf of AHS at the Festival of Trees Gala.

November 15 2014 (\$24.80)

- Taxi with VP Community Engagement & Communications from MacDonald Island Park in Fort McMurray (site of Gala) to Hotel.

ICFERN MARKET
306-2048 SAND PIPER PLACE
FORT McMURRAY, AB T9K 0V3
(780) 771-1109

Merchant ID: [REDACTED]
Record No: [REDACTED]

Sale

Application Label: MasterCard

ATD: A8800000041010

MASTERCARD

Entry Method: Chip

Amount \$ 22.00

Tip \$ 1.80

Total: CAD\$ 23.80

2014/11/15 17:40:31

Resp Code: 00

CVR: 0000000000
URL: [REDACTED]

DESCRIPTION: _____

THANK YOU!
PLEASE CLARE AGAIN!

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT
VERIFICATION

UNITED CLASS CAB
256 BEATON PL.
FORT McMURRAY, AB

Term ID: 85076045

Purchase

MASTERCARD

Entry Method: C

Total: \$ 22.00

2014/11/16

07:28:19

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

MasterCard

A8800000041010

8C 22 1B 84 13 23 3A 91

00 00 00 00 00

EB 00

39 33 C3 10 9A 94 81 62

APPROVED

Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -
retain this copy for your records

November 16 2014 (\$22.00)

- Taxi with VP Community Engagement & Communications from Hotel to Fort McMurray Airport – met with staff and toured the hospital; also attended and brought greetings on behalf of AHS at the Festival of Trees Gala.

November 15 2014 (23.80)

- Taxi with VP Community Engagement & Communications from Hotel to MacDonald Island Park in Fort McMurray (site of Gala).



Vicky Kaminski
Canada

Room No. : [REDACTED]
Arrival : 11/15/14
Departure : 11/16/14
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name : Government of Canada

11/16/14 02:51:23 AM MST

Date	Text	Charges	Credits
11/15/14	Room Charge	189.00	
11/15/14	5% GST	9.45	
11/15/14	4% TOURISM LEVY	7.56	
Room GST	9.45		
Net Amount	189.00 CAD		
Total		206.01	0.00
Balance			206.01

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Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

Independently owned by Temple Real Estate Investment Trust & managed by Atlific Hotels Inc.

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

Guest Signature _____

(12)

GST # 84970 2444 RT0020

November 15, 2014 (\$206.01)

- 1 night accommodation –met with staff and toured hospital in Fort McMurray; also attend and brought greetings on behalf of AHS at an evening event (Festival of Trees Gala).

Radisson Hotel & Suites Fort McMurray
435 Gregoire Drive
Fort McMurray, Alberta T9H 4K7
Telephone: (780) 743-2400 Fax: (780) 743-2448
Email: info@radissonfortmcmurray.com

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: _____ To _____
 Travel Period from: 15-Nov-14 To 16-Nov-14 (if applicable)
 Out-of-Province Travel

Name: Vickie Kaminski Position (Title): President & CEO
 Location: [Redacted] DOFA Level: 1 (if applicable) Union: _____ Business Phone: [Redacted]
 Employee #: _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71110100074	\$451.76						\$451.76		
2B												
2C												
2D												
				\$451.76								

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: \$451.76
 Total Section C&D: _____
 Less Cash Advance: _____
TOTAL CLAIM: \$451.76

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: Vickie Kaminski Date: Nov. 27, 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deb 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 Corporate Services & CFO Date: Dec. 8/14

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Dr. Carl Amrhein DOFA Level _____ Position # _____ Phone [Redacted] ext _____

I, by signing this form, attest that I am compliant to all the above statements
 Signature: [Signature] Title: Official Administrator Date: Dec. 10, 2014

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]	Page 2A
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*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							
15-Nov-14	Flight from Edmonton to Fort McMurray and return to meet with staff; tour hospital, and attend and bring greetings on behalf of AHS at the Festival of Trees Gala.	AB - Provinc	Meeting	Yes					\$451.76	<input checked="" type="checkbox"/>					
SUBTOTALS									\$451.76						Total Kms

<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 \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u></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>
<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>	<p align="right">Mileage \$ _____</p> <p align="right">Travel \$ Subtotal \$451.76</p> <p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$451.76</p>

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

November 15-16, 2014 (\$451.76) Note: only expensing for 1 airline ticket and return

- Flight from Edmonton to Fort McMurray and return to meet with staff, tour the hospital. Also attended and brought greetings on behalf of AHS at the Festival of Trees Gala.

Booking Information

Booking Reference: [REDACTED]
 Electronic Ticketing confirmed. This is your official itinerary/receipt.
 Main Contact:
 Mrs Victoria Kaminski
 vickie.kaminski@albertahealthservices.ca
 Mobile: [REDACTED]
 Home: [REDACTED]

Customer Care
 Air Canada
 1-888-247-2262
 Flight Arrivals and Departures
 1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8382 ¹	Edmonton, Edmonton Int'l (YEG) Sat 15-Nov 2014 10:45	Fort McMurray (YMM) Sat 15-Nov 2014 11:47	0	1hr02	DH4	Flex, G	
AC8383 ¹	Fort McMurray (YMM) Sun 16-Nov 2014 09:05	Edmonton, Edmonton Int'l (YEG) Sun 16-Nov 2014 10:06	0	1hr01	DH4	Flex, G	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mrs Victoria Kaminski ; Adult (16+), Ticket Number: [REDACTED]
 Air Canada - Aeroplan [REDACTED] Meal Preference: None
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: [REDACTED]

2: Mr Brian Galtien ; Adult (16+), Ticket Number: [REDACTED]
 Air Canada - Aeroplan [REDACTED] Meal Preference: None
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: AC8382 2F (Preferred) , AC8383 3F

Congratulations on your selection of a Preferred seat. Please read the Terms and conditions.

Purchase Summary

Fare Summary	Adult
Passenger Type	
Air Transportation Charges	
Departing Flight - Flex	166.00
Return Flight - Flex	166.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	21.51
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	451.76
Number of passengers	x 2
Total airfare, taxes and options	903.52
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$903.52

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$903.52
 The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$451.76 (Airfare - per ticket)

Ticket number(s) [REDACTED]

Fare Rules

Departing Flight Edmonton (YEG) To Fort McMurray (YMM) - Flex

Return Flight Fort McMurray (YMM) To Edmonton (YEG) - Flex

- **Changes:**
 - Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
 - **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
 - **Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
 - Flights can only be used in sequence from the place of departure specified on the itinerary.
- **Cancellations:**
 - Tickets are **non-refundable and non-transferable**.
 - **Cancellations** can be made up to 45 minutes prior to departure.
 - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
 - Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a **new ticket**, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete fare rules applicable to this fare.

Baggage Allowance and Fees

Prepare your checked and carry-on baggage with the help of our Baggage Guide .

Carry-on Baggage

On your Air Canada, Air Canada Express, or Air Canada rouge-operated flight, you are entitled to 1 standard item (max. size: 23 x 40 x 55 cm [9 x 15,5 x 21,5 in]) and 1 personal item (max. size: 16 x 33 x 43 cm [6 x 13 x 17 in]). Maximum weight for each item is 10 kg (22 lb). View more details.

Checked Baggage

Please see below for details on the bags you plan to check in at the baggage counter.

Departing Flight : Edmonton (YEG) To Fort McMurray (YMM) - Flex

Return Flight : Fort McMurray (YMM) To Edmonton (YEG) - Flex

Regular Baggage Allowance	1st bag:	2nd bag:
	Complimentary	\$25.00 CAD + taxes* per direction
	Max. weight per bag: 23 kg (50 lb)	
	Max. linear dimensions per bag: 158 cm (62 in)	

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to 1st and 2nd bag fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to the 2nd bag fee. For all other itineraries to/from Mexico, the Dominican Republic and Barbados as well as itineraries to/from South America, an applicable local sales tax of \$21.00 CAD may apply to the 2nd bag fee. All above tax amounts are based on the maximum applicable tax amounts per itinerary type. Actual amounts may vary and will be charged in the currency used in your departure airport. Tax amounts are subject to change without notice by local government.

Currency
Fee amounts are displayed in the currency of the first departure city on your ticket. On the day of travel, applicable fees will be assessed in the local currency of the country you are travelling from. Certain exceptions may apply where the departure airport does not charge in local currency. The currency exchange rate will be determined by the date of travel. Please note that checked baggage fees may be assessed a second time if your itinerary includes a stopover lasting more than 24 hours.

Stopovers
Customers may be reassessed checked baggage fees when itineraries include an enroute stopover in excess of 24 hours.

Additional Baggage Allowance for Air Canada Altitude and Star Alliance members

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: November 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-10-29	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary on October 31 and return (Invoice # ██████ to work out of the Calgary Office.	Marlin Travel	\$406.96
2014-11-13	Direct Billing	Transportation	Airline ticket from Edmonton to Calgary on November 17 and return (Invoice # ██████ edit used	Marlin Travel	\$180.00

			from from Invoice [REDACTED] flight was then cancelled and credits will be used at a later date.		
	Choose One	Choose One		Marlin Travel	
	Choose One	Choose One			
	Choose One	Choose One			
Total Paid in the Month					\$ 582 / 00

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: October 29, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Friday, October 31, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 31Oct14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 2C

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:50 AM

Mile(s) Flown: 153

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 31Oct14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3C

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

Mile(s) Flown: 153

Cost:

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

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

Invoice Number: [REDACTED]
Date: October 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

Invoice Number: [REDACTED]
Date: November 13, 2014
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
MS VICTORIA KAMINSKI
AC [REDACTED]

Monday, November 17, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 17Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9F

Flight: 8149 V CLASS
03:00 PM Equipment: D8 (300 SERIES)
03:52 PM

Mile(s) Flown: 153

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 17Nov14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 9F

Flight: 8162 M CLASS
10:15 PM Equipment: D8 (300 SERIES)
11:07 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WE [REDACTED]	[REDACTED]	80.00
AIR CANADA WE [REDACTED]	[REDACTED]	100.00

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

Invoice Number: [REDACTED]
Date: November 13, 2014
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	180.00
Less Credit Card Payments:	180.00
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
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.