

Official Administrator and Executive Expense Report

Name Dr. David Mador
Title Vice President & Medical Leader
Location Edmonton
 Expenses submitted during the month of April 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)
Jan-14	Expense Claim	Professional Development				-	-	1,960		
Apr-14	Expense Claim	Meetings & Conference		71		28	99			
Apr-14	Direct Billing	Conference	2,720				2,720			
Apr-14	P-Card	Meetings		9	669	155	833			
Total			\$ 2,720	\$ 80	\$ 669	\$ 183	\$ 3,652	\$ 1,960	\$ -	\$ -

Total for the Month \$ 5,612

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

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

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

Expenses Paid Directly to Third Party Vendors

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

Direct Bill Report

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

Name: Dr David Mador	Reporting Period for the Month of: February and April 2014
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2014-02-11	Direct Billing	Transportation	Triple Aim Collaborative Session	Marlin Travel	\$1875.91
2014-04-10	Direct Billing	Transportation	Medial Leadership Conference	Marlin Travel	843.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

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

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

TO: ALBERTA HEALTH SERVICES
[REDACTED]

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: 10JAN14
PAGE: 1

FOR: DR DAVID MADOR
[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 W	HK	11FEB	7:00A	7:53A		
		D8 (300 SERIE SEAT 06A							
CALGARY	LOS ANGELES	AIR CANADA	570 M	HK	11FEB	7:15P	9:32P		
		E90 SEAT 20F							
SAN DIEGO	CALGARY	WESTJET	AI 1565 P	HK	14FEB	11:55A	4:16P		
		73H							
CALGARY	EDMONTON INTL	AIR CANADA	8160 W	GK	14FEB	6:30P	7:23P		
		D8 (300 SERIE							
		AIR CANADA E AIR CANADA CONFIRMATION [REDACTED] TICKET NUMBER [REDACTED]							

*** HOTEL RESERVATION ***

SAN DIEGO HYATT HTLS 1 1AD CONFIRMATION NO: 327 [REDACTED]
FROM 11FEB 12:00A TO 13FEB 12:00A RATE 254.00 PER DAY
MANCHESTER GRAND
1 MARKET PLACE, SAN DIEGO
CA, UNITED STATES
92101

SAN DIEGO HYATT HTLS 1 1AD CONFIRMATION NO: [REDACTED]
FROM 13FEB 12:00A TO 14FEB 12:00A RATE 259.00 PER DAY
MANCHESTER GRAND
1 MARKET PLACE, SAN DIEGO
CA, UNITED STATES
92101
[REDACTED]

*** TOUR ***

BSP TASF DEPARTING FROM SAN DIEGO ON 01OCT14 AT 12:00A
TO SAN DIEGO RET01OCT14 AT 12:00A
1 PACKAGE TOUR

MANAGEMENT FEE

----- C O S T -----

WESTJET AIR	TKT NO	[REDACTED]	(INCL 34.90 TAX)	278.90
AIR CANADA	TKT NO	[REDACTED]	(INCL 120.52 TAX)	1093.02
AIR CANADA	TKT NO	[REDACTED]	(INCL 37.48 TAX)	218.48
BSP TASF	TKT NO	[REDACTED]		10.00
			GST/HST	0.50
** ON CREDIT **				
UNITED AIRL	TKT NO	[REDACTED]	(INCL 78.51 TAX)	275.01

*** SUB-TOTAL EXCLUDING GST/HST & APT	1875.41
*** TOTAL GST/HST	0.50
*** TOTAL CHARGES THIS INVOICE ***	1875.91
PAYMENT BY [REDACTED] FILE	275.01
PAYMENT BY [REDACTED]	278.90
PAYMENT BY [REDACTED]	1093.02
PAYMENT BY [REDACTED]	218.48
PAYMENT BY [REDACTED]	10.50
*** BALANCE DUE THIS INVOICE ***	0.00
BALANCE DUE TO DATE	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
 1 303 301 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

BRANCH: [REDACTED]
GST REG# 885101915

PHONE: [REDACTED]

TO: ALBERTA HEALTH SERVICES
[REDACTED]

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

I N V O I C E

INV NO: [REDACTED]
DATE: 28FEB14
PAGE: 1

FOR: DR DAVID MADOR
[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	TORONTO PEARS	AIR CANADA	126 G	HK 10APR	11:45A	5:24P		
		321						
		SEAT	19D					
TORONTO PEARS	EDMONTON INTL	AIR CANADA	127 V	HK 13APR	2:40P	4:45P		
		E90						
		SEAT	26D					

C O S T

AIR CANADA	[REDACTED]	(INCL 64.96 TAX)	833.96
BSP TASF	[REDACTED]		10.00

*** SUB-TOTAL EXCLUDING GST/HST & APT	843.96
*** TOTAL CHARGES THIS INVOICE ***	843.96
PAYMENT BY [REDACTED]	833.96
PAYMENT BY [REDACTED]	10.00
*** BALANCE DUE THIS INVOICE ****	0.00
BALANCE DUE TO DATE	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

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# [REDACTED]
PHONE: [REDACTED]

TO: ALBERTA HEALTH SERVICES
[REDACTED]

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

I N V O I C E

INV NO: [REDACTED]
DATE: [REDACTED]
PAGE: [REDACTED]

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.

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 			
MADOR, DAVID	VP & MEDICAL DIRECTOR	Billing Reporting Period:	20/04/2014
Cardholder's Name	Cardholder's Position/Title		
████████████████████	████████████████████	Total Statement Amount:	\$833.11
Cardholder's Dept	Cardholder's Site/Location		
DAVID.MADOR@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/04/2014	348648565	HMSHOST EDMONTON AIRPO, EATING PLACES, RESTAURANTS	8.81	CAD	8.81	.42	.00	lunch with receipt
10/04/2014	348648566	AEROFLEET SERVICES, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	.00	.00	taxi from airport to hotel
13/04/2014	348924252	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	92.00	CAD	92.00	.00	.00	airport car park while in T.O.
14/04/2014	348924251	FAIRMONT ROYAL YORK, FAIRMONT HOTELS	669.05	CAD	669.05	33.45		hotel stay in T.O. for CPSE conference

Signature

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.

Name of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

Signature of Cardholder Designate

16-APRIL-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.

MADOR, DAVID
Name of Cardholder

VP & MEDICAL DIRECTOR
Cardholder Position/Title

Signature of Cardholder

28-APRIL-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.

Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

Signature of Approver Designate

May 1/14
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.

Name of Approver

Acting VP Corp Serv & CFO
Approver Position/Title

Signature of Approver

May 5/2014
Date of Signature

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

HMSHOST
QUIZNOS CENTRAL
EDMONTON INTERNATIONAL AIRPORT

CHK 1421
APR10'14 11:08AM

1 SUB MESQT CHIX M 8.39
WHITE
SUBTOTAL 8.39
TAX 0.42
AMOUNT PAID 8.81

Closed APR10 11:08AM

THANK YOU FOR YOUR BUSINESS!
TELL US ABOUT YOUR EXPERIENCE

GST #137512901

Your order number is: 1421

10- APRIL - 2014
lunch receipt while
airport for flight to toronto
to CPSE conference
\$8.81 total
within meal guidelines
for lunch receipt.

30-2601 MATHESON BLV E
MISSISSAUGA ON
www.aerofleet.ca
1.800.268.0905
416.149.4900
CAB#91

SALE

MID: IFMV000000
TID: PS472491 REF#: [REDACTED]
Batch #: 488 SEQ: [REDACTED]
04/10/14 18:33:20

AMOUNT \$55.00
TIP (15.90) \$8.26
TOTAL \$63.26

APPROVED

MasterCard
AID: A0000000041010
TVR. 00 00 00 00 00
TSE: EB 00

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

Thank You for Choosing
Aerofleet
HST #100067164RT0001
www.payplus.ca

10- APRIL - 2014
taxi from T.C. airport
to hotel

GST# R128599776

Edmonton Airports
Can-T5J 2T2 Edmonton
Tax CodeCA5%

POE 1st Fl 17:01/14 17:01

Short-term parking tkt
DL - No. 047783
10/04/14 10:34 -
14/04/14 10:33 -
Period 4d0h0'
(Tax)

Total \$92.00

Payment Received \$92.00

Type: Swiped

Sub Total \$87.62
Tax 5% 4.38

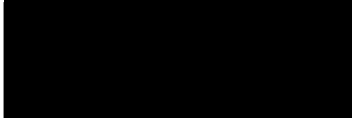
812807# - 1/1

13 APRIL - 2014
Parking @ airport
while in T.O.
most effective
(ie, taxi to/from would
average \$100+)

THE *Fairmont*
ROYAL YORK

100 Front Street W
Toronto, ON, Canada M5J 1E3
T (416) 368-2511 F (416) 368-2884
G.S.T. Registration # 832522213

Canadian Medical Association
Dr David Mador



Room :
Folio # :
Cashier # :
Page # : 1 of 2

Group Name :

Invoice No.
Arrival : 04-10-14
Departure : 04-13-14
Fairmont President's Club

4.0
Pg 1/2

Date	Description	Additional Information	Charges	Credits
04-10-14	Room Charge		189.00	
04-10-14	HST - Rooms		24.57	
04-10-14	DMP Fee*		5.03	
04-10-14	HST-DMP Fee*		0.65	
04-11-14	Room Charge		189.00	
04-11-14	HST - Rooms		24.57	
04-11-14	DMP Fee*		5.03	
04-11-14	HST-DMP Fee*		0.65	
04-12-14	Room Charge		189.00	
04-12-14	HST - Rooms		24.57	
04-12-14	DMP Fee*		5.03	
04-12-14	HST-DMP Fee*		0.65	
04-12-14	Fairmont Fit		10.00	
04-12-14	HST - Other		1.30	
04-13-14	Mastercard			669.05
Total			669.05	669.05
Balance Due			0.00	

<u>GST Summary</u>		<u>HST Summary</u>	
Room :	0.00	Room :	73.71
F&B :	0.00	F&B :	0.00
Other :	0.00	Other :	3.25
Total :	0.00	Total :	76.96

Attend CPSE Conf.
in Toronto Apr. 10-13

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the individual person, company or association fails to pay, for any part of or the full amount of these charges. Overdue balance subject to a late charge at the rate of 1.5% per month after one month. (18% p.a. per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (All participating hotels.)

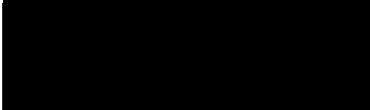
* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts



100 Front Street W
Toronto, ON, Canada M5J 1E3
T (416) 368-2511 F (416) 368-2884
G.S.T. Registration # 832522213

Canadian Medical Association
Dr David Mador

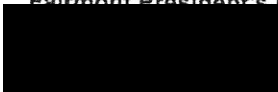


Room : [Redacted]
Folio # : [Redacted]
Cashier # : [Redacted]
Page # : 2 of 2

4.0
pg 2/2

Group Name : Cma - Ccpl

Invoice No.
Arrival : 04-10-14
Departure : 04-13-14
Fairmont President's Club



Date	Description	Additional Information	Charges	Credits
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Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay please contact Tim Morrison Hotel Manager, at TimMorrisonHM@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the included person, company, or association fails to pay for my part or the full amount of these charges. Overdue balances subject to a surcharge, at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had it failed, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts



Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	Destination: Toronto ON
Name: Dr. David Mador		Employee # [REDACTED]	Report To:
Department: VP/MD - Northern AB		Office Location: [REDACTED]	Business Phone #: [REDACTED]
What former entity payroll systems is the employee currently being paid from? (Please <input checked="" type="checkbox"/> one from below).			
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0006	7111016003	61000000
Dates: From (day/month) 09/04 (year) 2014 to (day/month) 13/04 (year) 2014			
Purpose of Trip: CMA - 2014 Canadian Conference on Physician Leadership - Courage: Bringing Authenticity to Action			
Employee Signature:			Date: 28-Feb-2014
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)			
Approved By: (please print) DR VERNA YIU		Title: CCO, VPAcademic Affairs	Phone [REDACTED]
Signature:			Date:
Approved By: (please print)		Title:	Phone #
Signature:			Date:

B. ESTIMATE OF EXPENSES <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 3 Nights at \$189.00 ^{12% + 2.6%} _(567 + 90.72)	\$ 657.72
2. Meals	D: 2 x \$40	\$ 80.00
3. Registration	2 day conference	\$1073.50
4. Airfare or Other Travel Costs	Flight (to/from Edmonton/Toronto)	\$ 1500.00
5. Other Expenses (please specify)	EDMONTON TAXI TO/FROM HOTEL	\$ 100.00
	TAXI: TO: AIRPORT to HOTEL	\$ 125.00
	TO: HOTEL to AIRPORT	
Total Estimated Travel Costs		\$3536.22

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.



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: 31-Jan-14 To 31-Jan-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel No _____

Name: David Mador Position (Title): VP and Medical Director Northern Alberta / EZMD
 Location: 1J2.23 UAH-WMC Dept: Medical Affairs DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ 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	71110106003	65000000	\$1,960.00		\$1,960.00
2B											
2C											
2D											
									**User to enter Coding & \$ Amounts	\$1,960.00	
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 and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: _____ Date 1-May-14

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: Deborah Rhodes Title Acting VP Corp Services and CFO Date May 7/14

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

Approved By (PRINT ONLY): _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature: _____ Title _____ Date _____

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

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

SECTION C: OTHER EXPENSES Emp # (E-People) XXXXXXXXXX Page 3

- Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses.
- If expenses are for travel, gas, etc., go to Section B on pg 2.
- ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!

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

Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (Include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON this slip/receipt, enter total amount in this column WITH GST	GST is NOT on this slip/receipt, enter total amount in this column	TOTAL OTHER \$
31-Jan-14	Professional dues reimbursement - 2014 College of Physicians and Surgeons of Alberta, General Register Annual Practice Permit	101	0006	71110106003	65000000	Yes				\$1960.00

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

Please click on the following link for the Bank of Canada exchange rate using the date of expense [Bank of Canada Currency Converter](#) → Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization



College of
Physicians
& Surgeons
of Alberta

2700 - 10020 100 Street NW
Edmonton, AB, Canada T5J 0N3

MEMBERSHIP RECEIPT

DR. DAVID R. MADOR

Page:

Receipt Number:

Date Paid:

Registration #:

Invoice	Description	Balance Owing	Paid
25052751	2014 General Register Annual Practice Permit	\$1,960.00	\$1,960.00

Total Fees Paid: \$1,960.00

Outstanding Balance: \$0.00

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-Apr-14 To 28-Apr-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel Yes

Name: David Mador Position (Title): VP and Medical Director Northern Alberta / EZMD

Location: _____ Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____

Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

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

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0006	71110106003	\$99.48						\$99.48	
2B											
2C											
2D											
				\$99.48	**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 and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: [Signature] Date: 28 APRIL 2014

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

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 I, by signing this form, attest that I am compliant to all the above statements
 Signature: [Signature] Title: Acting VP Corp Services and CFO Date: May 6/14

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

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 I, by signing this form, attest that I am compliant to all the above statements
 Signature: _____ Title: _____ Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110106003	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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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												
				Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)				
					Meal Allowance	Meal with Receipt	Airfare	Hotel	Taxi							
				Meal Type with value	Allowance	Meal Type	with receipt									
9-Apr-14	Travel from SSP to WMC (Executive Meetings)	AB	Meeting	Yes											3.50	✓
10-Apr-14	Dinner per diem while at CPSE conference (Toronto)	AB	Meeting	Yes	D-\$20.75	\$20.75	✓									
11-Apr-14	Dinner per diem while at CPSE conference (Toronto)	AB	Meeting	Yes	D-\$20.75	\$20.75	✓									
12-Apr-14	Dinner per diem while at CPSE conference (Toronto)	AB	Meeting	Yes	D-\$20.75	\$20.75	✓									
13-Apr-14	Breakfast per diem while at CPSE conference (Toronto)	AB	Meeting	Yes	B-\$9.20	\$9.20	✓									
16-Apr-14	Travel from SSP to AMA	AB	Meeting	Yes											2.90	✓
23-Apr-14	Travel from SSP to WMC (COEC) <i>Taxi - WMC to RAH-mtg</i>	AB	Meeting	Yes								20.00			3.50	✓
28-Apr-14	Travel from WMC to RAH (Senior Leadership meetings)	AB	Meeting	Yes											6.00	✓
SUBTOTALS						\$71.45						20.00			Total Kms 15.90	

<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 under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$ \$8.03</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">Travel \$ Subtotal 91.45</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ 99.48</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)

YELLOW CAB

780.462.3456

GST# _____

Date: 23/4 Amount: 22.00

Driver: [REDACTED] Car#: _____

From: _____

To: _____

10135-31 Avenue, Edmonton, AB T6N 1C2



23 APRIL 2014
taxi from WMC to RAH to
attend/co-chair meeting