

Official Administrator and Executive Expense Report

Name Heather Toporowski
Title Senior Program Officer, Primary Care
Location Westlock
 Expenses submitted during the month of May 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)
May-14	P-Card	Meetings		28	443	105	576			-
May-14	Expense	Meetings		42		62	104			
Total			\$ -	\$ 70	\$ 443	\$ 167	\$ 680	\$ -	\$ -	\$ -

Total for the Month \$ 680

Maximum daily single meal expense claimed in the month \$ 9
 Maximum daily base hotel rate claimed in the month \$ 139
 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

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: Jan 22-2014 **To:** 14-May-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Heather Toporowski **Position (Title):** Senior Program Officer
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	0524	71110101082	\$62.57						\$103.82	
2B	101	0524	71110101082	\$41.25							
2C											
2D											
				\$103.82						TOTAL CLAIM	\$103.82

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
****User to enter Coding & \$ Amounts**
NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & 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: [Signature] **Date:** 27-May-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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing

Approved By (PRINT ONLY): Rick Trimp **DOFA Level:** _____ **Position #:** _____ **Phone:** _____ **Ext:** _____
Signature: [Signature] **Title:** VP Province Wide Clinical Services **Date:** June 03 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 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.

Please forward 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 0524 71110101082	Emp # (E-People) ██████████	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							
1-Jan-14	COEC meeting	AB	Meeting	Yes			L	\$7.61 ✓							
2-Feb-14	Oliver PCN Meeting	AB	Meeting	Yes			L	\$8.91 ✓							
2-Feb-14	Senior Director Interviews	AB	Meeting	Yes			L	\$6.73 ✓							
25-Feb-14	Parking Senior Director Interviews & Minister Meeting	AB	Meeting	Yes								\$10.00 ✓			
10-Mar-14	Parking TOP & AHS PC Connection Meeting	AB	Meeting	Yes								\$15.00 ✓			
11-Mar-14	Joint Meeting SCN & PC-CDM	AB	Meeting	Yes			L	\$6.02 ✓							
12-Mar-14	COEC Meeting	AB	Meeting	Yes			L	\$6.30 ✓							
14-Mar-14	Parking - FCC Meeting	AB	Meeting	Yes								\$2.00 ✓			
SUBTOTALS								\$35.57				\$27.00			Total Kms

<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center"><small>--> 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</small></p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <small>(see Mileage details to the left)</small></p>
<p align="center">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 \$62.57</p> <p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$62.57</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)

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0524 71110101082**

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

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

If you select "No" in this column,

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

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
8-Apr-14	PHC Senior leadership meeting	AB	Meeting	Yes								\$10.00 ✓		
9-May-14	AHS CEO Meeting	AB	Meeting	Yes			L	\$6.25 ✓						
14-May-14	COEC Meeting	AB	Meeting	Yes								\$25.00 ✓		
SUBTOTALS								\$6.25				\$35.00		Total Kms

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 Rates applicable **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

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

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

Mileage \$	
Travel \$ Subtotal	\$41.25
Auto fills on page 1 - TOTAL TRAVEL \$	\$41.25

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)

lunch COEC mtg

lunch - Oliver Pen mtg

Image not exists
BOOSTERJUICE BMP

Tbl:0

Ref: [redacted]
Chk: [redacted]

Welcome To The Rendezvous Cafe
11111 Jasper Ave
Edmonton, AB

2/24/2014 1:25 pm

Host: [redacted] 01/22/2014
12:17 PM
20028

Veggies & Dip	2.95
Deli Sandwich	4.30
Subtotal	7.25
Tax	0.36
Order Total	7.61 ✓
Cash	\$ 20.00
Change	\$ 12.39

Shk#50 Mango Hurr	3.95
Caprese Veg Panini	5.45
Combo 395/545NM	-0.91

SubTotal	8.49
GST	0.42
Total	8.91 ✓

Cash	20.00
Amount Paid	20.00
Change	11.10
Rounding	-0.01

BOOSTER JUICE
40 - 10025 Jasper Ave
Edmonton, AB T5J 2B8
Canada
Phone: (780)421-4129

We appreciate your business!
GST # 139764476 RT0001

--- Check Closed ---

*lunch - Senior Director
Position Interviews*

Welcome To The Rendezvous Cafe
11111 Jasper Ave
Edmonton, AB
[redacted] 01/22/2014
12:27 PM
10401

Subtotal	3.41
Tax	2.25
Pay Total	0.81
Order Total	6.47
Cash	10.00
Change	3.53 ✓

\$ 10.00
\$ 3.53

We appreciate your business!
GST # 139764476 RT0001

--- Check Closed ---

*Parking - Senior Director Interview -
Minutes mtg*

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME DATE ISSUED TIME ISSUED AMOUNT PAID

25/02/14 08:19 PM

25/02/14 05:49 PM \$10.00

AMOUNT PAID
\$10.00 05:49 PM

CREDIT CARD NUMBER

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.

NON TRANSFERABLE



Alberta Health Services

RECEIPT

*Parking - TOP + AHS PC
Construction mtg*

*lunch - joint mtg - SEN
+ PC - CDM*

UNIVERSITY OF ALBERTA HOSPITAL
83 AVE. EAST PARKADE

GST# R124072513

Machine ID # [redacted]

Rpt# [redacted]

03/10/14 17:20 L# 2 A# 1 Txn# 92242

03/10/14 12:19 In 03/10/14 17:20 Out

Tkt# 914204

UAH 83 Ave \$ 15.00

Total Fee \$ 15.00

[redacted] \$ 15.00

Approval No. [redacted]

Reference No. [redacted]

Change Due \$ 0.00

GST Included in total

at The Rendezvous Gate
1111 Jasper Ave
Edmonton, Ab

Date 03/11/2014
Time 12:36 PM
10443

Gas 1.52
Parking 3.41
Portion 0.83

[redacted] 5.73
[redacted] 0.29

Total 6.02

\$ 20.00

\$ 13.91

Comments? - email us at
provincialparking@
albertahealthservices.ca

For more information, visit our website!
Call 1-800-441-7676 #1000

Check Closed

PCard did not work

lunch - COEC mtg

Parking FCC mtg

PLACE FACE UP ON DASH
Impark Lot 242
Expiration Date/Time

11:38 AM
MAR 14, 2014

OLLY FRESCO'S INC
10301 SOUTHPORT LANE
PHONE: 403 259 - 3002
FAX: 403 259 - 4002
DATE 03/12/2014 WED TIME 10:37

1.25 DRINK T1 \$1.25
4.76 SANDW T1 \$4.76
SUBTOTAL \$6.01
TAX \$0.30
TOTAL \$6.30
CASH \$7.00
CHANGE \$0.70
THANKYOU!
No.097585 00011

Purchase Date/Time: 10:38am Mar 14, 2014
Total Parking: \$1.90
Total gst: \$0.10
Total Due: \$2.00
Total Paid: \$2.00
Ticket #: [REDACTED]
S/N #: 300009170067
Setting: Lot [REDACTED]
Mach Name: [REDACTED] 1

Rate: \$2 - 1 Hour
Payment Type [REDACTED]

Auth #: [REDACTED]

GST #887315638RT0001
NO IN AND OUT PRIVILEGES

Parking - COEC mtg

TRANSACTION RECORD
Card #: [REDACTED]
Account: [REDACTED]
Trans: PURCHASE
Amount: \$25.00
Sequence #: [REDACTED]
Term ID: [REDACTED]
Date: 14/04/02
Time: 15:05:05

TRANSACTION NOT COMPLETED

*** CUSTOMER COPY ***

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Parking - PHC Senior Leadership mtg
DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE 08/04/14 12:09
EXPIRATION TIME

DATE ISSUED 08/04/14 09:39
TIME ISSUED
AMOUNT PAID \$ 10.00

AMOUNT PAID \$ 10.00
CREDIT CARD NUMBER [REDACTED]

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY.
WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO
CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT
LIMITED TO FIRE, THEFT OR COLLISION

PRECISE PARKLINK™

PRECISE PARKLINK™

NON TRANSFERABLE

RECEIPT

lunch - mtg @ AHS CEO

Starbucks Coffee Canada #4857
10001 - 107th Street
Edmonton, AB T5J 1J1

CHK 657044

05/09/2014 12:30 PM

1991174 Drawer: 1 Reg: 2

Fruit&Cheese Plate

5.95
6.25

Subtotal \$5.95
GST 5% \$0.30
Total \$6.25
Change Due \$0.00

Check Closed
05/09/2014 12:30 PM

GST: 86595 3535

Frappuccino(R) Happy Hour
is back May 1-10.
Treat yourself to a
HALF- PRICE Frappuccino(R)
blended beverage from 3-5PM
At Participating Stores.

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

TOPOROWSKI, HEATHER Cardholder's Name [REDACTED] Cardholder's Dept	LEAD, PROVINCIAL PRIMARY Cardholder's Position/Title [REDACTED] Cardholder's Site/Location	Billing Reporting Period: 20/05/2014 Total Statement Amount: \$576.38 Last 6 digits of the P-Card #: [REDACTED]
HEATHER.TOPOROWSKI@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/04/2014	BOOSTERJUICE 162, FAST-FOOD RESTAURANTS	4.15	CAD	✓ 4.15	.20		Lunch -Continuing Care Strategy Mtg & FCC Mtg with Alberta Health
24/04/2014	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	✓ 25.00	1.19	.00	Parking - FCC meeting with AH
24/04/2014	STARBUCKS #04330#, EATING PLACES, RESTAURANTS	6.56	CAD	✓ 6.56	.31	.00	Lunch -FCC Mtg with AH
01/05/2014	CE48 DIAMOND PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	5.00	CAD	✓ 5.00	.24	.00	Parking - Minister's announcement
07/05/2014	BOOSTERJUICE 10, FAST-FOOD RESTAURANTS	8.91	CAD	✓ 8.91	.42	.00	Supper - PCN Evolution Meeting
08/05/2014	GOOD EARTH CAFE #13, FAST-FOOD RESTAURANTS	8.24	CAD	✓ 8.24	.39		Supper - orientation new staff member
08/05/2014	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	✓ 15.00	.00	.00	Parking - Staff Orientation mtg
08/05/2014	CAMPUS TOWER SUITE HOT, LODGING HOTELS, MOTELS, RESORTS	158.47	CAD	✓ 158.47	.00	.00	Accommodation - AH - FCC Meeting - Orientation New Staff
09/05/2014	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	21.00	CAD	✓ 21.00	1.00	.00	Parking - AHS Leadership Meeting
12/05/2014	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	✓ 14.25	.68		Parking PHC & Human Resources Meeting
13/05/2014	MPARK00020394U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	✓ 12.00	.57	.00	Parking - PHC Staff Meetings
14/05/2014	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	297.80	CAD	✓ 297.80	14.18		accommodations - Kaiser Permanente Session & COEC meeting

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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.

Jose Raines
Name of Cardholder Designate

Exec Admin Support
Cardholder Designate Position/Title

J. Raines
Signature of Cardholder Designate

May 23/14
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.

TOPOROWSKI, HEATHER
Name of Cardholder

LEAD, PROVINCIAL PRIMARY Senior Program Officer
Cardholder Position/Title

H. Toporowski
Signature of Cardholder

May 27/14
Date of Signature

Approver Designate (if Applicable)

By signing this statement

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Patricia Novotny
Name of Approver Designate

Exec. Admin Assistant
Approver Designate Position/Title

Pat Novotny
Signature of Approver Designate

June 4, 2014
Date of Signature

Approver

By signing this statement

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Rick Trimp
Name of Approver

VP Province-Wide Clinical Supports, Programs Services
Approver Position/Title

[Signature]
Signature of Approver

June 02 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
 - 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 T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

#1 lunch - Continuing Care Strategy mtg + FCC Mtg @ AH



feed the crave.

BOOSTER JUICE
40, 10025- Jasper Avenue
Edmonton, Alberta
(780) 421-4129

MERCHANT ID: [REDACTED]

SALE

ENTRY METHOD: [REDACTED]

DATE: 2014/04/24 TIME: 14:41:36

INV#: [REDACTED] APPR CODE: [REDACTED]
RETRIEVAL #: [REDACTED]

AMOUNT CAD\$ 4.15
TIP CAD\$ 0.00
TOTAL CAD\$ 4.15

APPROVED - THANK YOU

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

Application Label:

AID: [REDACTED]
TVR: [REDACTED]
TSI: [REDACTED]
RESP CD: [REDACTED]

NO SIGNATURE REQUIRED

CUSTOMER COPY

Image not exists
BOOSTERJUICE.BMP

Tbl:0

Ref: [REDACTED]
Chk: [REDACTED]

4/24/2014 12:41 pm

Snk#50 Mango Hurr 3.95

SubTotal 3.95
GST 0.20

Total 4.15

Amount Paid 4.15

BOOSTER JUICE
40 - 10025 Jasper Ave
Edmonton, AB T5J 2B8
Canada
Phone: (780)421-4129

② Parking - FCC mtg @ AH + Continuing Care Strategy mtg.

②

ATB PLACE
GST:887315638RT001
RECEIPT C2

IN: 24.04.14 08:22
OUT: 24.04.14 12:51
AMOUNT: CAD 25.00
CC-DATA:

----- TRANSACTION
RECORD -----

████████████████████
Card Entry: ██████
Account: ██████████
Trans: PURCHASE
Amount: \$25.00 ✓
Auth #: ██████
Sequence #: ██████
Term ID: ██████
Date: 14/04/24
Time: 12:50:19

APPROVED

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

CARDHOLDER

Application Label: ██████████

TVR: ██████████
AID: ██████████
TSI: ██████
TC: ██████████

*** CUSTOMER
COPY ***

GST:887315638RT001
Thank you for
Visiting!
60DB

③ Lunch - FCC mtg @ AH

③

Starbucks Coffee Canada #4330
445 St. Albert Road
St. Albert, AB T8N 6T9

CHK ██████
04/24/2014 01:30 PM
Drawer: 1 Reg: 2

Quinoa Bean Wrap 6.25
████████████████████ 6.56
Subtotal \$6.25
GST 5% \$0.31 ✓
Total \$6.56
Change Due \$0.00

----- Check Closed -----
04/24/2014 01:30 PM

GST: 86585 3535

My Starbucks Rewards(TM)
New benefit! Accumulate
rewards faster. Receive bonus
Star for each Home Coffee
item purchase made with your
registered card in select
stores. More details at
www.Starbucks.ca/Rewards

#4 Parking - Minister's Announcement

PLACE FACE UP ON DASH

Expiration Date/Time
EXP 02:18PM
MAY 01, 2014

Purchase Date/Time: 12:18pm May 01, 2014
 Total Due: \$5.00 Rate: \$5.00 - 2 HOURS
 Total Paid: \$5.00 Payment Type: [REDACTED]

Ticket # [REDACTED] Auth #: [REDACTED]
 S/N #: [REDACTED]
 Setting: [REDACTED] Allin Clinic
 Mach Name: [REDACTED] East Lot

RECEIPT

Expiration Date/Time: 02:18pm May 01, 2014
 Purchase Date/Time: 12:18pm May 01, 2014

Total Due: \$5.00 Rate: \$5.00 - 2 HOURS
 Total Paid: \$5.00 Payment Type: [REDACTED]

MasterCard
 Ticket # [REDACTED] Auth #: [REDACTED]
 Setting: [REDACTED] Allin Clinic
 Mach Name: [REDACTED] East Lot

Tbl:0

Ref: [REDACTED]
 Chk: [REDACTED]

5/7/2014 7:04 pm

Snk#50 Mango Hurr 3.95
 Caprese Veg Panini 5.45
 Combo 395/545NM -0.91

SubTotal 8.49
 GST 0.42

Total 8.91

8.91

Amount Paid 8.91 ✓

BOOSTER JUICE
 205 8915 51 Avenue
 Edmonton, Alberta
 (780) 988-7824
 G.S.T. # 861857092

#6
 image not exists
 BOOSTERJUICE BMF

⑥ Supper - PCN Evolution Mtg.

#5

#5 Breakfast
 Orientation
 New Staff



Good Earth
 COFFEEHOUSE AND BAKERY

[REDACTED] #Party 1
 E SvrCk: 18 6:58 05/08/14

1 MED COFFEE 12OZ 2.10
 1 GRANOLA SPECIAL 5.75

Sub Total: 7.85

GST : 0.39

05/08 07:00 TOTAL: 8.24 ✓

GST #835848938RT0001

Good Earth Coffeehouse & Bakery
 Campus Towers

Please visit us on Facebook!
www.goodearthcafes.com

AMT-TEND	CHANGE	TALLY
[REDACTED]	8.24	8.24

05/08/14 07:00

E

8.24



CAMPUS TOWER
SUITE HOTEL

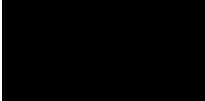
11145-87th Avenue
Edmonton, AB, T6G 0Y1
Tel:(780)439-6060 Fax:(780)433-4410

#8

Invoice

Accommodation
RH - FCC mtg - Orientation
New staff

Ms Heather Toporowski



Receipt

Invoice date 5/8/2014
Our reference [Redacted]
GST Number 10343 8925 RT0004

Guest	Ms Heather Toporowski	Arrival	5/7/2014	Departure	5/8/2014	Room	0609
Date	Description	Quantity	Unit Price	Total (CDN)			
5/7/2014	Room Charge	1	129.00	129.00			
5/7/2014	GST Taxes	1	6.64	6.64			
5/7/2014	Tourism Levy	1	5.31	5.31			
5/7/2014	Destination Market Fee	1	3.87	3.87			
5/7/2014	Parking	1	13.00	13.00			
5/7/2014	Federal Tax GST - Other	1	0.65	0.65			
				Total invoice	158.47		
5/8/2014	[Redacted]				-158.47		
				Total Paid	-158.47		
				Total Due	0.00		
Total GST		7.29					

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

(7)

#7 Parking - Staff orientation mtg

ATB PLACE
GST:887315638RT001
RECEIPT C2

IN: 08.05.14 10:06
OUT: 08.05.14 12:09
AMOUNT: \$ 15.00
CC-DATA: ✓

----- TRANSACTION

RECORD -----

Card #: [REDACTED]

Card Entry: [REDACTED]

Account: [REDACTED]

Trans: PURCHASE
Amount: \$15.00

Auth #: [REDACTED]

Sequence #: [REDACTED]

Term ID: [REDACTED]

Date: 14/05/08

Time: 12:09:12

APPROVED

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

CARDHOLDER

Application Label: [REDACTED]

TVR: [REDACTED]

AID: [REDACTED]

TSI: [REDACTED]

TC: AFFDE615D403D93A

*** CUSTOMER
COPY ***

GST#:887315638RT001

Thank you for
Visiting!

(9) Parking - AHS
leadership mtg

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

02:47 PM
MAY 09, 2014

Purchase Date/Time: 11:47am May 09, 2014

Total Parking: \$20.00

Total gst: \$1.00

Total Due: \$21.00

Total Paid: \$21.00

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot [REDACTED]

Mach Name: Meter [REDACTED]

Rate: \$21 - 3 hours

Payment Type: [REDACTED]

Auth #: [REDACTED]

GST #887315638RT001

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time: 02:47pm May 09, 2014

Purchase Date/Time: 11:47am May 09, 2014

Total Parking: \$20.00

Total gst: \$1.00

Total Due: \$21.00 ✓

Total Paid: \$21.00 ✓

Ticket #: [REDACTED]

Setting: Lot [REDACTED]

Mach Name: Meter [REDACTED]

Rate: \$21 - 3 hours

Payment Type: [REDACTED]

Auth #: [REDACTED]

#10

Parking - Primary Health Care + Human Resources Mtg

LEAVE ON DASH - THIS SIDE UP ⁽¹⁰⁾ DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME	DATE ISSUED	TIME ISSUED	AMOUNT PAID
13/05/14	12:38 PM	12/05/14	12:38 PM	\$14.25 ✓

AMOUNT PAID	CREDIT CARD NUMBER
\$14.25 [REDACTED] 12:38 PM	[REDACTED]

Alberta Health Services
 CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE

Alberta Health Services
RECEIPT

#11

Parking - PHC Staff Mtg + Kaiser Permanente Model Workshop

TICKET VOID IF R ⁽¹¹⁾ **Impark** IS SIDE UP ON DASH

PHONE 780-420-1976

DAILY RATE

Meter : LOT 394

no in and out privileges

Time: 7:30A MAY 13

Price: \$12.00

Exp. : [REDACTED]

Expires:

6:00PM TUE
Impark
 MAY 13 14

TICKET VOID IF R SOLD PLACE THIS SIDE UP ON DASH

GST NO. 887315638RT0001
 INSTRUCTIONS ON BACK

#12 Accommodations
Kaiser Permanente Session
COEC mtg -

Ms Heather Toporowski

Room Number: [REDACTED]
Arrival Date: 05-12-14
Departure Date: 05-14-14
Page No: 1 of 1
Confirmation No: [REDACTED]

INFORMATION INVOICE

Folio No:

05-14-14

Date	Description	Charges	Credits
05-12-14	Room Revenue	139.00	
05-12-14	Destination Marketing Fee - 3%	4.17	
05-12-14	Tourism Levy - 4%	5.73	
05-13-14	Room Revenue	139.00	
05-13-14	Destination Marketing Fee - 3%	4.17	
05-13-14	Tourism Levy - 4%	5.73	
05-14-14	[REDACTED]	[REDACTED]	297.80
Total		297.80	297.80 ✓
Balance		0.00	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001