

AHS Board and Executive Expense Report

Name Kerry Bales
Title Chief Zone Officer Central Zone
Location Red Deer

Expenses submitted during the month of October 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-16	P-Card	Meetings			179	54	233			
Total			\$ -	\$ -	\$ 179	\$ 54	\$ 233	\$ -	\$ -	\$ -

Total for the Month \$ 233

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 159
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>BALES, KERRY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/10/2016</u>
<u>CORPORATE SERVICES</u> Cardholder's Dept	<u>MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$232.51</u>
<u>KERRY.BALES@AHS.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2016	[REDACTED]	AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Performance Measures Meeting Calgary
21/09/2016	[REDACTED]	DELTA EDMONTON SOUTH, DELTA HOTELS	178.51	CAD	178.51	.00	.00	Vegreville Council Meeting
21/09/2016	[REDACTED]	AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Performance Measures Meeting Calgary
03/10/2016	[REDACTED]	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14	.00	Innovations Management Meeting Edmonton

Signatures


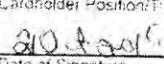
Cardholder Designate (if Applicable)
By signing this statement

- 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.

Name of Cardholder Designate _____ Cardholder Designate Position/Title _____
Signature of Cardholder Designate _____ 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.

BALES KERRY _____ CHIEF ZONE OFFICER _____
Name of Cardholder _____ Cardholder Position/Title _____
 _____  _____
Signature of Cardholder _____ Date of Signature _____


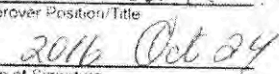
Approver Designate (if Applicable)
By signing this statement

- 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 _____ Approver Designate Position/Title _____
Signature of Approver Designate _____ 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.

Brenda Hubbard _____ VP - CHOO Central & Southern AB _____
Name of Approver _____ Approver Position/Title _____
 _____  _____
Signature of Approver _____ Date of Signature _____

Submit approved statement with attachments to Accounts Payable:

<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required. Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Accounts Payable only:

Reference # _____	Reviewed by _____	Date _____
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DELTA


EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2
Tel: 780-434-6415 Fax: 780-436-9247

Mr Kerry Bales



Room: 
 Folio: 
 Cashier: 
 Arrival: 09-20-16
 Departure: 09-21-16

Date	Description	Additional Information	Charges	Credits
09-20-16	Room Charge		159.00	
09-20-16	Room Destination Marketing Fee		4.77	
09-20-16	Room GST		8.19	
09-20-16	AB Tourism Levy		6.55	
09-21-16	Master Card	 XX/XX		178.51

GST Summary	
Registration No: 865717755	
Room	8.19
F&B	0.00
Other	11.32
Total	19.51

Total	178.51	178.51
Balance Due	0.00	CDN

Guest Signature: _____

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

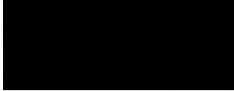
Performance Measures

Sept 19-21

Calgary

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

12:25 PM
SEP 20, 2016

Purchase Date/Time: 12:25pm Sep 19, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: SPT Wireless
Mach Name: [REDACTED]

[REDACTED] MasterCard
www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

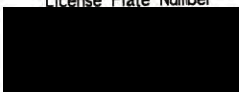
01:10 PM
SEP 22, 2016

Purchase Date/Time: 01:10pm Sep 21, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: SPT Wireless
Mach Name: [REDACTED]

[REDACTED] MasterCard Auth #: [REDACTED]
www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

12:47 PM
OCT 03, 2016

Purchase Date/Time: 09:47am Oct 03, 2016
Total Parking: \$22.86
Total gst: \$1.14
Total Due: \$24.00 Rate: \$24 - 3 hours
Total Paid: \$24.00 Payment Type: Card
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

[REDACTED] MasterCard Auth #: [REDACTED]
GST #887315638RT0006

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innovation management wty
Edmonton