

AHS Board and Executive Expense Report

Name Dr. Kevin Worry
Title Zone Medical Director North Zone
Location Spruce Grove

Expenses submitted during the month of August 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)
Aug-16	P-Card	Meetings			163	419	582			
Aug-16	Expense Claim	Meetings		228			228			
Total			\$ -	\$ 228	\$ 163	\$ 419	\$ 810	\$ -	\$ -	\$ -

Total for the Month \$ 810

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 150
 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>WORRY, KEVIN</u> Cardholder's Name	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/08/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>NORTHERN LIGHTS REGIONAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$581.99</u>
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.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
① 02/08/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES ✓	10.00	CAD	10.00	.48	.00	Parking Paid at Seventh Street Plaza Re: Dr. Worry's Performance Appraisal
② 02/08/2016	[REDACTED]	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES ✓	183.75	CAD	183.75	8.75	.00	Parking Paid Re: Edmonton International Airport Parking Pass for the month of July
③ 02/08/2016	[REDACTED]	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES ✓	183.75	CAD	183.75	8.75	.00	Parking Paid Re: Edmonton International Airport Parking Pass for the month of August
④ 03/08/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES ✓	26.00	CAD	26.00	1.24	.00	Parking Paid at Seventh Street Plaza Re: Dr. Worry/Dr. Yiu Mentor Meeting
⑤ 03/08/2016	[REDACTED]	HOLIDAY INN EXPRESS, HOLIDAY INNS ✓	163.49	CAD	163.49	7.79		Hotel Paid: Re: Edson Medical Staff Meeting and Site Visit
⑥ 17/08/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES ✓	15.00	CAD	15.00	.71	.00	Parking Paid at Seventh Street Plaza Re: Northern Alberta leaders Meeting

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.

REANA BRIDGEIAK

Name of Cardholder Designate

RB Bridgeiak
Signature of Cardholder Designate

Exec Admin - Coordinator
Cardholder Designate Position/Title

25-Aug-2016
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.

WORRY, KEVIN
Name of Cardholder

MEDICAL DIRECTOR - NORTH
Cardholder Position/Title

Kevin Worry
Signature of Cardholder

26-Aug-2016
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.

Francois Belanger
Name of Approver

Interim VP Quality & EMO
Approver Position/Title

Francois Belanger
Signature of Approver

Sept 9, 2016
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
 - Disputed letter

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Parking paid at Seventh Street Plaza Re: Dr. Worry's Performance
Appraisal. ①

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH

IMPARK
PHONE 780-420-1976
VENTING PARKER
Meter # [redacted]
No in and out privileges
Time 5:20 P AUG 02
Price: \$10.00
Card: [redacted]
Exp: [redacted]
Exp: [redacted]

TICKET VOID IF RE-SOLD

PLACE THIS SIDE

6:30AM WED
AUG 03 16
AST NO. 0179 [redacted]
INSTRUCT ONS ON BACK

Parking Paid Re: Edmonton International Airport Parking Pass
For the month of July. (2)

Pay

Merchant Name:	Edmonton International Airport Finance Department
Transaction Date:	Tue, Aug 02, 2016, 12:00:05 PM
Merchant Address:	1, 1000 AIRPORT ROAD Alberta, AB T9E 0V3
Card Type:	MASTERCARD
Card Number:	[REDACTED]
Amount:	\$183.75
Auth Code:	[REDACTED]
Transaction Ref:	[REDACTED]
Transaction Type:	DEBIT
Card Read Method:	KEYED
Transaction Status:	Capture Queued APPROVAL
Merchant ID:	82033520016
User Ref:	[REDACTED]
User Data 1:	[REDACTED]
User Data 2:	[REDACTED]

Parking Paid Re: Edmonton International Airport Parking Pass
for the month of August. (3)

Pay

Merchant Name: Edmonton International
Airport Finance
Department

Transaction Date: Tue, Aug 02, 2016,
12:01:27 PM

Merchant Address: 1, 1000 AIRPORT ROAD
Alberta, AB T9E 0V3

Card Type: **MASTERCARD**

Card Number: [REDACTED]

Amount: \$183.75

Auth Code: [REDACTED]

Transaction Ref: [REDACTED]

Transaction Type: DEBIT

Card Read Method: KEYED

Transaction Status: Capture Queued
APPROVAL

Merchant ID: 82033520016

User Ref: [REDACTED]

User Data 1: [REDACTED]

User Data 2: [REDACTED]

Parking Paid at Seventh Street Plaza re: Dr. Worry / Dr. Yim
Mentor meeting.

(A)

TICKET VOID IF RE-SOLD

impark
IMPARK

PHONE 780-420-1976

DAILY RATE

Mater: 01 380

Go in and out privileges

Time: 12:32 AUG 03

Price: \$26.00

Card: [REDACTED]

Exp: [REDACTED]

Exp res: [REDACTED]

impark

6:00 PM WED
AUG 03 16

SST NO. 8573 [REDACTED]

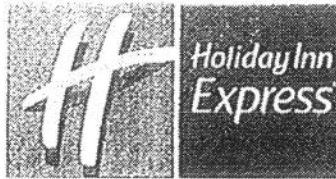
INSTRUCTIONS ON BACK

PLACE THIS STAMP UP ON DASH

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Hotel raid re: Edson Medical Staff meeting & site visit

5



08-15-16

Kevin Worry	Folio No. :	██████████	Room No. :	██████████
████████████████████	A/R Number :		Arrival :	08-02-16
	Group Code :		Departure :	08-03-16
	Company :	Abc Global Services	Conf. No. :	██████████
	Membership No. :	██████████	Rate Code :	IPABC
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
08-02-16	*Accommodation	149.99	
08-02-16	AHT Tax - Room	6.00	
08-02-16	GST Tax - Room	7.50	
08-03-16	MasterCard ██████████		163.49
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	163.49
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel & Suites-Edson
4520 2nd Ave.
Edson, AB T7E 1C3
Telephone: (780) 723-4011 Fax: (780) 723-4447
GST 878160969

Parking Paid at Seventh Street Plaza Re: NZEL meeting.

6

SH

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

IMPARK
PHONE 780-420-1978
VENTING PARKER
Meter : LOT 383
no in and out privileges
Time 022 AUG 17
impark

Price: \$15.00 \$15.00
Card: [REDACTED]
Exp: [REDACTED]
Exp: [REDACTED]

TICKET VOID IF RE-SOLD

6:00AM THU
AUG 18 16

ST NO. 0573 [REDACTED]
impark

PLACE THIS SIDE UP ON I

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	227.50

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/2/2016	Edson Medical Staff Meeting	AB - North Zone	Meals Per Diem	24.00			Drive to Edmonton to Edson for Medical staff meeting Dinner = 1 * 24.00	2			
8/3/2016	In Person meeting with Dr. Mador and Dr. Verna Yiu	AB - North Zone	Meals Per Diem	13.00			In person meeting with Dr. Mador and Dr. Yiu at Seventh Street Plaza Lunch = 1 * 13.00	2			
8/4/2016	CEO tour of the Edson Health Care Centre	AB - North Zone	Meals Per Diem	34.50			CEO Tour of the Edson Health Care centre. Drive back to Edmonton Bfast = 1* 10.50 Dinner = 1 * 24.00	2			
8/16/2016	Minister tour of Whitecourt Health Care center	AB - North Zone	Meals Per Diem	47.50			6am drive to Whitecourt for Minister tour of the Whitecourt Health Care centre Bfast = 1* 10.50 Lunch = 1 * 13.00 Dinner = 1 * 24.00	2			
8/18/2016	Meeting with Dr. Belanger, Dr. Nichol and Michael Cleghorn in Calgary	AB - North Zone	Meals Per Diem	61.00			Drive to Edmonton to Calgary on August 18 for meeting on August 19. Lunch = 1 * 13.00 Dinner = 2 * 24.00	3			
8/22/2016	Meeting in Edmonton Re: Edmonton AZMD and Dr. Mador 1:1	AB - Other Zones	Meals Per Diem	13.00			AZMD Meeting and Dr. Mador 1:1 in Edmonton Lunch = 1 * 13.00	2			

8/29/2016	Cold Lake medical staff meeting in Cold Lake	AB - North Zone	Meals Per Diem	34.50			Medical staff meeting with the physicians and site visit Bfast = 1 * 10.50 Dinner = 1 * 24.00	2			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		26-Sep-16							