

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of February 2015

		Travel (1)								
Source	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
Month-Year	Document									
Feb-15	P-Card			434		74				
Feb-15	Expense					301				
						508				
						301				
Total		\$ -	\$ -	\$ 434	\$ 375	\$ 809	\$ -	\$ -	\$ -	

**Total for
the Month** \$ 809

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 129
 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

BALES, KERRY Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
CENTRAL ZONE Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	\$508.21
KERRY.BALES@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # [REDACTED]	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/01/2015	378074700	HOLIDAY INN EXPR DOWNT, HOLIDAY NNS	470.48	CAD	470.48	22.40		Rural Health Review - Edm Jan 21,22,23
27/01/2015	378328233	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	68		Parking - Senior Leaders Meeting - Edmonton
05/02/2015	378486095	AHS PARKING, HOSPITALS	14.00	CAD	14.00	67		Parking - Zone Leadership Operations/Medical Meeting - Edmonton
12/02/2015	380256007	AHS PARKING, HOSPITALS	9.50	CAD	9.50	45		Parking - RDRHC - Lloyd 3 Year Planning Mtg



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

Mandy White
Name of Cardholder Designate

Exec Asst
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

FEB 23/15
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 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
Name of Cardholder

CHIEF ZONE OFFICER
Cardholder Position/Title

[Signature]
Signature of Cardholder

[Date]
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]
Name of Approver Designate

Approver Designate Position/Title
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

[Date]
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
Name of Approver

VP Chief Health Operations Officer
Approver Position/Title

[Signature]
Signature of Approver

2015 Feb 26
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
- Dispute 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 _____



01-23-15

Kerry Bales	Folio No. :	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	Arrival :	01-20-15
[REDACTED]	Group Code :	Departure :	01-23-15
Canada	Company :	Conf. No. :	[REDACTED]
	Membership No. :	Rate Code :	[REDACTED]
	Invoice No. :	Page No. :	1 of 2

Date	Description	Charges	Credits
01-20-15	Parking	12.00	
01-20-15	*Room	129.00	
01-20-15	GST Tax	6.45	
01-20-15	Trsm Levy Tax	5.16	
01-20-15	Municipal DMF	3.87	
01-20-15	Municipal DMF GST	0.19	
01-20-15	Municipal DMF Tourism Levy	0.15	
01-21-15	Parking	12.00	
01-21-15	*Room	129.00	
01-21-15	GST Tax	6.45	
01-21-15	Trsm Levy Tax	5.16	
01-21-15	Municipal DMF	3.87	
01-21-15	Municipal DMF GST	0.19	
01-21-15	Municipal DMF Tourism Levy	0.15	
01-22-15	Parking	12.00	
01-22-15	*Room	129.00	
01-22-15	GST Tax	6.45	
01-22-15	Trsm Levy Tax	5.16	
01-22-15	Municipal DMF	3.87	
01-22-15	Municipal DMF GST	0.19	
01-22-15	Municipal DMF Tourism Levy	0.15	

*Rural Review in
Edmonton
Jan 21, 22, 23. ✓*

Holiday Inn Express Downtown
Edmonton 10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
OGST #896724515
www.hiexdowntown.com



01-23-15

Key: Belen [Redacted] Canada	Folio No. :	Room No. :	[Redacted]
	A/R Number :	Arrival :	01-20-15
	Group Code :	Departure :	01-23-15
	Company :	Conf. No. :	[Redacted]
	Membership No. :	Rate Code :	[Redacted]
	Invoice No. :	Page No. :	2 of 2

Date	Description	Charges	Credits
		Total	470.46
			0.00
		Balance	470.46

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. 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 Downtown
Edmonton 10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
0GST #896724515
www.hiexdowntown.com

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

EXPIRATION TIME

DETACH RECEIPT FROM TICKET

DATE ISSUED

TIME ISSUED

AMOUNT PAID

28/01/15 08:42 AM

27/01/15 08:42 AM \$14.25

AMOUNT PAID

\$14.25 77040000 08:42 AM

CREDIT CARD NUMBER

CC

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 Senior Leaders meeting Jan 28/15 Edmonton

Parking Zone Leadership meeting Feb 5/15

Parking Lloyd 3yr Planning RDRHC Feb 2/15

UNIVERSITY OF ALBERTA HOSPITAL
83 AVE, EAST PARKADE

RED DEER REGIONAL HOSPITAL
Public Underground Parking Lot

Mach [redacted]
Rcpt# [redacted]
02/05/15 15:50 In 1 1 AM 1 [redacted]
02/05/15 12:39 In 02/05/15 15:50 Out
Tkt# [redacted]
UAH 83 Ave \$ 14.00
Total Fee \$ 14.00
MATH (K.A.) \$ 14.00

Mach [redacted]
Rcpt# [redacted]
02/12/15 15:02 In 1 AM 1 [redacted]
02/12/15 09:40 In 02/12/15 15:02 Out
Tkt# [redacted]
RDRH Public \$ 9.50
Total Fee \$ 9.50
MATH (K.A.) \$ 9.50

Reference No: 10745
Change Due \$ 0.00

Reference No: 10734
Change Due \$ 0.00

Parking Rates are GST Exempt

Parking Rates are GST Exempt

Comments? email us:
parking@edmonton.ca
albertahealthservices.ca

Comments? email us:
parking@central.ca
albertahealthservices.ca



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: 21-01-2015 To: 20-02-2015
 Travel Period from: _____ To: _____ (if applicable)
 Out-of-Province Travel

Name: Kerry Bales Position (Title): Chief Zone Officer, Central Zone
 Location: _____ Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	0007	71110100064	\$300.98						\$300.98		
2B												
2C												
2D												
				\$300.98								

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

✓K

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and that I am compliant with the policies 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 signed or made 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.

Employee Signature: [Signature] Date: 9/16/2015
 Approved By (PRINT ONLY): Brenda Huband
 Signature: _____ Date: 2015 March 11
 Sign: [Signature]

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.
 PH: _____ Date: _____

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 27(6) of the Health Information Act (HIA) and sections 23(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 0007 71110100064

Emp # (E-People)

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							
05-02-15	Return Mileage - Red Deer to Edmonton - Zone Senior Leadership Mtg	AB	Meeting	Yes										308.00	
13-02-15	Return Mileage - Red Deer to Devon - Rural Review Community Consultation	AB	Meeting	Yes										288.00	
SUBTOTALS															Total Kms 596.00

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 OR rate per Union Agreement (see Mileage details to the left) \$0.505

Mileage \$ 300.98

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ 300.98

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

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)