

Official Administrator and Executive Expense Report

Name Kerry Bales
Title Chief Zone Officer, Central Zone
Location Red Deer
 Expenses submitted during the month of March 2015

		Travel (1)									
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
Mar-15	P-Card	Meetings			161	15	176				
Mar-15	Expense Claim	Meetings		9		156	165				
Total			\$ -	\$ -	\$ 161	\$ 15	\$ 341	\$ -	\$ -	\$ -	

Total for the Month \$ 341

Maximum daily single meal expense claimed in the month \$ 9
 Maximum daily base hotel rate claimed in the month \$ 143
 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 # (if Partial) if your payroll has migrated to the New People payroll system.
 * If you are an Employee # (if Partial) your payroll has not migrated to the New People payroll system.
 * If you are a temp employee and your payroll is in People, you do not have an Employee # (if Partial).

Expense Date From: 21.02.2015 To: 20.03.2015
 Travel Period from: _____ To: _____
 Out of Province Travel: _____

Name: Sally Davis Position (Title): _____ (Dist/Zone/Office/Central Zone)
 Location: _____ Dept: _____ Union: _____ Home Ph: _____
 Employee # (if Partial): _____

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	71110100004	\$164.74						\$164.74		
2B												
2C												
2D												
				\$164.74								

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

TOTAL CLAIM \$164.74

SECTION F: AUTHORIZATION

Employee Signature: [Signature] Date: 2/25/15

Approved By (PRINT ONLY): Brenda Huband DO: Brenda Huband, VP & CHOO Position #: [Redacted] Date: 2/25/15 Sign: [Signature]

DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____ Title: _____ Date: _____

Health and Personal Information as this form is collected by AHS under the authority of section 23(1) of the Health Information Act (HIA) and sections 10(1) and 14(2) of the Freedom of Information and Protection of Privacy Act (FIPPA) for the purpose of administering AHS Expense to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10020-167 St North Tower, 10th Floor, Accounts Payable Edmonton, AB T6L 3E4

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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: 21-02-2015 To 20-03-2015
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

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

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	\$164.74						\$164.74		
2B												
2C												
2D												
				\$164.74							TOTAL CLAIM	\$164.74

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: 25 Mar 2015

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): Brenda Huband DOFA Level [Redacted] Position # [Redacted] Ph [Redacted] Ext [Redacted]
 Signature: _____ Title VP, Chief Health Operations, South Zone Date _____

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.

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

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0007 71110100064	Emp # (E-People) [REDACTED]	Page 2A
<i>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 [REDACTED] 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</i>		

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-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	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							
26-Feb-15	Return Mileage - Red Deer to Edmonton - Rural Review Panel	AB	Meeting	Yes	B-\$9.20	\$9.20									308.00
SUBTOTALS							\$9.20								Total Kms 308.00

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 <i>(see Mileage details to the left)</i>						
Note: Total will auto fill into pg 1, Section E. If form completed electronically - Additional pg 2's can be found after Page 3							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: right;">Mileage \$</td> <td>\$155.54</td> </tr> <tr> <td style="text-align: right;">Travel \$ Subtotal</td> <td>\$9.20</td> </tr> <tr> <td style="text-align: right;">Auto fills on page 1 - TOTAL TRAVEL \$</td> <td>\$164.74</td> </tr> </table>		Mileage \$	\$155.54	Travel \$ Subtotal	\$9.20	Auto fills on page 1 - TOTAL TRAVEL \$	\$164.74
Mileage \$	\$155.54						
Travel \$ Subtotal	\$9.20						
Auto fills on page 1 - TOTAL TRAVEL \$	\$164.74						

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)

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>20/03/2015</u>
<u>CENTRAL ZONE</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$175.65</u>
<u>KERRY.BALES@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card	<u>██████████</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
26/02/2015	381722623	IMPARK00020276U, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	12.00	.57	.00	Parking - Legislative Annex for Rural Review Meeting - Edmonton
27/02/2015	381960217	DOUBLETREE FRONT DESK, DOUBLETREE HOTELS	160.65	CAD	160.65	.00	.00	Rural Review Legislative Annex then videointroduction for ELearning Severe Weather next day
27/02/2015	381960218	AHS PARKING, HOSPITALS	3.00	CAD	3.00	.14		Parking - RDRHC Meeting with Physicians re: OCP Protocol

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.

M. White
Name of Cardholder Designate
[Signature]
Signature of Cardholder Designate

Chief Asst
Cardholder Designate Position/Title
May 24/15
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 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
Name of Cardholder
[Signature]
Signature of Cardholder

Chief Zone Officer
Cardholder Position/Title
[Signature]
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.

[Signature]
Name of Approver Designate
[Signature]
Signature of Approver Designate

[Signature]
Approver Designate Position/Title
[Signature]
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.
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[Signature]
Name of Approver
[Signature]
Signature of Approver

VP Chief Health Operations
Approver Position/Title
2015 April 09
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:



16615 - 109 Avenue • Edmonton, AB T5P 4K8
 Phone (780) 484-0821 • Fax (780) 486-1634
 For reservations across the nation
 www.westedmonton.doubletree.com or 1-800-222-TREE

Name & Address

BALES, KERRY
 [Redacted Address]

Room [Redacted]
 Arrival Date 2/26/2015 3:50:00 PM
 Departure Date 2/27/2015
 Adult/Child 1/0
 Room Rate [Redacted]
 Rate Plan:
 HH # [Redacted]
 AL:
 Car:

Folio

Confirmation Number: 82741872

2/27/2015



DATE	REFERENCE	DESCRIPTION	AMOUNT
2/26/2015	[Redacted]	GUEST ROOM	\$143.10
2/26/2015	[Redacted]	AB TOURISM LEVY	\$5.89
2/26/2015	[Redacted]	DMF	\$4.29
2/26/2015	[Redacted]	GST	\$7.37
2/27/2015	[Redacted]	MC [Redacted]	(\$160.65)
		BALANCE	\$0.00

*Rural Review
 Legislative Annex
 Edmonton
 Feb 26/15.*



ACCOUNT NO

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT ADDRESS TO TRANSFER TO CARDHOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE
 X

DATE OF CHARGE: [Redacted] FOLIO NO./CHECK NO: [Redacted]

AUTHORIZATION: [Redacted] INITIAL: [Redacted]

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -160.65

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND OR RETURNED FOR A CASH REFUND

PAYMENT DUE UPON RECEIPT



Impark Lot 276

06:00 AM
FEB 27, 2015

Purchase Date/Time: 09:57am Feb 26, 2015
Total Parking: \$11.43
Total gst: \$0.57
Total Due: \$12.00
Total Paid: \$12.00
Ticket #: [redacted]
S/N #: 30000390833
Setting: Lot 276
Mach Name: Meter 1

Rate: \$12 - All Day
Payment Type: Card

Card: [redacted] MasterCard

Auth: [redacted]

GST #867316636R70001
NO IN AND OUT PRIVILEGES

*RECEIPT
Impark Lot 276

06:00am Feb 27, 2015
Purchase Date/Time: 09:57am Feb 26, 2015
Total Parking: \$11.43
Total gst: \$0.57
Total Due: \$12.00
Total Paid: \$12.00
Ticket #: [redacted]
Setting: Lot 276
Mach Name: Meter 1

Rate: \$12 - All Day
Payment Type: Card

Card: [redacted] MasterCard

Auth: [redacted]

Parking: Legislative Annex
for Rural Review Meeting
Edmonton.

RED DEER REGIONAL HOSPITAL
Public Underground Parking Lot

Machine ID: [redacted]
Receipt: [redacted]
02/27/15 22:38 L# 2 A# 1 [redacted]
02/27/15 21:28 In: 02/27/15 22:38 Out
Tx: [redacted]
RDRH Public \$ 3.00
Total Fee \$ 3.00
MASTERCARD \$ 3.00
Approval No: [redacted]
Reference No: [redacted]
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - email us:
parkingcentral@
albertahealthservices.ca

Parking:
met Physicians
at Red Deer Regional
Hospital to discuss
overcapacity
protocol