

## Official Administrator and Executive Expense Report

**Name** Kerry Bales  
**Title** Chief Zone Officer, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of April 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)
Apr-15	P-Card	Meetings				29	29			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 29	\$ 29	\$ -	\$ -	\$ -

**Total for the Month** \$ 29

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

<u>BALES, KERRY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2015</u>
<u>CENTRAL ZONE</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount: <u>\$29.25</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
08/04/2015	386423650	AHS FMC PARKING I ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Benchmarking Meeting - Foothills Campus (Parking Receipt)
16/04/2015	387188696	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Family Meeting with Patient Relations - Edmonton (Parking Receipt)

✓ K

**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 Carter  
Name of Cardholder Designate

Zone Asst  
Cardholder Designate Position/Title

M. Carter  
Signature of Cardholder Designate

Apr 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 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

CHIEF ZONE OFFICER  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

23 Nov 2015  
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  
Name of Approver

VP + Chief Health Officer  
Approver Position/Title

[Signature]  
Signature of Approver

2015 April 30  
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: \_\_\_\_\_

ALBERTA HEALTH  
SERVICES  
FMC Lot 1

RECEIPT C3

\*\*\*\*\*

ENTRY DATE/TIME:

08/04/15 08:27

PAY DATE/TIME:

08/04/15 15:31

PARK-DUR.: HRS:MIN

0:07:04

\*\*\*\*\*

ALLOWED EXIT TO:

09.04.15 08:42

\*\*\*\*\*

PAID: \$ 14.25

MASTER CARD

REF. [REDACTED]

\*\*\*\*\*

\* Parking Rates \*

\* Are GST Exempt \*

\*\*\*\*\*

\* Please Exit \*

\* Site Within \*

\* 15 Minutes \*

\* After Payment \*

\* Is Made \*

\*\*\*\*\*

\* No In/Out \*

\* Privileges \*

\*\*\*\*\*

\* Managed by \*

\* Alberta \*

\* HealthServices \*

\*\*\*\*\*

\* Have Questions \*

\* Or Concerns? \*

\* Call Us \*

\* 403-944-1014 \*

\*\*\*\*\*

Benchmarking Meeting  
Foothills Campus  
Calgary  
Parking Receipt

DETACH RECEIPT FROM TICKET

AMOUNT PAID

TIME ISSUED

EXPIRATION TIME

EXPIRATION DATE

16/04/15 12:31 PM \$15.00

17/04/15 12:31 PM

CREDIT CARD NUMBER

CC

AMOUNT PAID

\$15.00 76490000 12:31 PM

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

Family Meeting  
Patient Relations  
Edmonton  
Parking Receipt