

## Official Administrator and Executive Expense Report

**Name** Kerry Bales  
**Title** Chief Zone Officer, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of May 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)
May-15	Expense Claim	Meetings					-	460		
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 460	\$ -	\$ -

**Total for the Month**    \$        460

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

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
KERRY BALES	Chief Zone Officer, Central Zone	Red Deer	460.00


Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/3/2015	Courses and Professional Development	AB - Local		460.00				1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
HUBAND, BRENDA		Approve		15-Jun-15							



CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

# RECEIPT / REÇU

Received from:  
Reçu de:

Mr. Kerry Bales  


Invoice Date / Date de la facture

Invoice / Facture

CCHL ID/ No d'identification du CCLS

03/04/2015 14:11

Description

Amount received / Montant reçu

CCHL Member 01/01/2015 - 01/01/2016  
Annual Fee - \$460.00 Active Member

\$460.00

*THANK YOU FOR YOUR PAYMENT / MERCI POUR VOTRE PAIEMENT*

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