

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings			184		184			
Jul-15	Expense Claim	Meetings		42			42			
Total			\$ -	\$ 42	\$ 184	\$ -	\$ 226	\$ -	\$ -	\$ -

Total for the Month \$ 226

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 169
 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	20/07/2015
CENTRAL ZONE Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount	\$184.21
KERRY.BALES@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
14/07/2015	896568231	HOLIDAY INN HOTEL & SU. HOLIDAY INNS	184.21	CAD	164.21	8.7%		Minister Tour of Dr. Cooke Centre Lloydminster

✓K

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Mandy Wark</u> Name of Cardholder Designate</p> <p><u>M. Wark</u> Signature of Cardholder Designate</p>	<p><u>Exec Asst</u> Cardholder Designate Position/Title</p> <p><u>July 22/15</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>BALES, KERRY</u> Name of Cardholder</p> <p><u>KB</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>24.5.2015</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Brenda Hubbard</u> Name of Approver</p> <p><u>Brenda Hubbard</u> Signature of Approver</p>	<p><u>VP + Chief Health Operations Officer</u> Approver Position/Title</p> <p><u>2015 July 29</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<p>Attach:</p> <ul style="list-style-type: none"> • 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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
Reference #: _____	Reviewed by: _____	Date: _____



Holiday Inn
& Suites

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07-14-15

Kerry Bales [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :		Arrival :	07-13-15
	Group Code :		Departure :	07-14-15
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :		Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
07-13-15	*Accommodation	169.00	
07-13-15	GST Tax 5%	8.45	
07-13-15	Tourism Levy Occ Tax 4%	6.76	
07-14-15	MasterCard [Redacted]		184.21
Total		184.21	184.21
Balance		0.00	

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.

Minister Tour - Lloydminster

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
Kerry Bales	Chief Zone Officer, Central Zone	Red Deer	41.55

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/13/2015	Minister Tour - Lloydminster		Meals Per Diem	20.75				1			
7/14/2015	Minister Tour - Lloydminster		Meals Per Diem	20.8				1			
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		10-Aug-15							