

Official Administrator and Executive Expense Report

Name Kerry Bales
Title Chief Zone Officer, Central Zone
Location Red Deer
 Expenses submitted during the month of August 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)
Aug-15	P-Card	Meetings				15	15			
Total			\$ -	\$ -	\$ -	\$ 15	\$ 15	\$ -	\$ -	\$ -

Total for the Month \$ 15

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


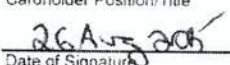
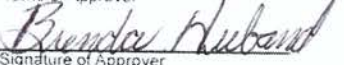
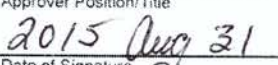
Instruction:

- 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>	<u>CHIEF ZONE OFFICER</u>	Billing Reporting Period:	<u>20/08/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>CENTRAL ZONE</u>	<u>AHS MICHENER BEND</u>	Total Statement Amount:	<u>\$15.00</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>KERRY.BALES@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>██████████</u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/07/2015	898234132	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		ZEI Workshop - Calgary

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>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>
<p>_____ Signature of Cardholder Designate</p>	<p>_____ 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>BALES, KERRY _____ Name of Cardholder</p>	<p>CHIEF ZONE OFFICER _____ Cardholder Position/Title</p>
<p> _____ Signature of Cardholder</p>	<p> _____ 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>_____ Approver Designate Position/Title</p>
<p>_____ Signature of Approver Designate</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>Brenda Hubbard _____ Name of Approver</p>	<p>VP + Chief Health Operations Officer _____ Approver Position/Title</p>
<p> _____ Signature of Approver</p>	<p> _____ Date of Signature</p>
Submit approved statement with attachments to Accounts Payable:	
<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>
Accounts Payable only:	
<p>Reference # _____</p>	<p>Reviewed by: _____</p>
<p>Date: _____</p>	

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ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

30 JUL 15

08:17 AM PAID \$ 15.00C

ENTRY TIME 29 JUL 15 08:17 AM

SPACE 3

EXPIRES

30 JUL 15

08:17 AM

PAID

\$ 15.00C

RECEIPT

SPACE 3

AU DE BORD
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PLACER SUR LE TABLEAU DE BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DE BORD
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2EL workshop
Calgary - SPT
July 29/15