

Official Administrator and Executive Expense Report

Name Kerry Bales

Title Chief Zone Officer, Central Zone

Location Red Deer

Expenses submitted during the month of October 2015

					Travel (1)					
Month-Yea	Source r Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-15 Oct-15	P-Card Expense Claim	Meetings Meetings		32	!	9 152	9 184			
Total			\$ -	\$ 32	. \$ -	\$ 161	\$ 193	\$ -	\$ - :	\$ -

Total for

the Month \$ 193

Maximum daily single meal expense claimed in the month \$ 21

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

P-Card details Online ® Cardholder Statement Report

Cardholder AND Approver	's signatures required where indicated below		
BALES, KERRY	CHIEF ZONE OFFICER		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/10/2015
CENTRAL ZONE	AHS MICHENER BEND		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount	\$8.75
KERRY.BALES@ALBERTAHE	ALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card	#:

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	A DECEMBER OF STREET	Trans Amount	GST	FreighDescription
07/10/2015	405642631	AHS PARKING, HOSPITALS	8.75	CAD	8.75	.42	Benchmarking meeting Red Deer Hospita

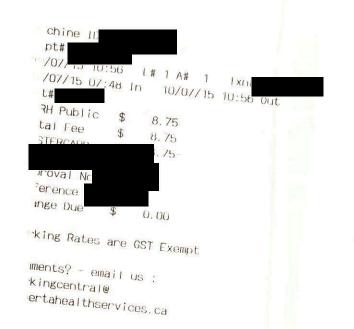
RUN DATE: 10/23/2015



P-Card details Online ® Cardholder Statement Report

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Cardholder Designate (if Applicable)	40-11-12-13-14-14-14-14-14-14-14-14-14-14-14-14-14-	This specifies of the officer of the second
By signing this statement		
Program User Guide and Training. I have allocate	ed this statement in BMO Online to the best of my ability in	accordance to AHS Corporate Policies
Dalanca	Sign L' Accor	:
Name of Cardholder Designate	CARCUTIVE ASSOC	iaic
Designate	Cardholder Designate Position/Title	
	Oct 25/15	
Signature of Cardholder Designate	Date of Signature	
Cardholder		
By signing this statement		
expenses being claimed are in compliance with si	ef, Hospitality and Working Session Expense Policy (1122)* of Alberta Health Services and confirm
	r valid business purposes for Alberta Health Services and	that this claim has not been previously
cramed by me or on my benair from Alberta Healt	h Services or any other Organization. A personal cheque	for any personal expenses inadvertently
charged is attached.		SF *0. (6)
provided.	been incurred by using a cost effective method, otherwis	e rationale and supporting analysis is
BALES, KERRY Name of Caronolder	CHIEF ZONE OFFICER	
thine or caranonier	Cardholder Position/Title	
And the National Control of th		
Signature of Cardholder	Date of Signature	
Approver Designate (if Applicable)		
By signing this statement		
I attest that I have read and understand the "Trave	al, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm
expenses being claimed are in compliance with su	ich policy.	
 Lattest the expenses enclosed in this claim are for 	r valid business purposes for Alberta Health Services and	that this claim has not been previously
claimed by the claimant or on their behalf from Alt charged has been obtained.	perta Health Services or any other Organization. A person	al cheque for personal expenses inadvertently
 I attest that expenses submitted in this claim have 	been incurred by using a cost effective method, otherwis	e rationale and supporting analysis is
provided	95s (55s)	, , , , , , , , , , , , , , , , , , , ,
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	
Approved		
Approver		
Approver By signing this statement		
By signing this statement • I attest that I have read and understand the "Trave	el, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm
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D DEER REGIONAL HOSPITAL blic Underground Parking Lot



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
BALES, KERRY R	Chief Zone Officer,	Red Deer	183.85
	Central Zone		

Expense Date	Business reason	Expense Location	Expense Type	Amount	From	To Location	Justification	# of	# of	Attendee	Trip
					Location			days	Attendees	Name(s)	Distance
9/10/2015	Meeting - Lloydminister Bi-Provincial		Meals Per	32.35			Lunch/Dinner	1			
	Meeting		Diem								
10/21/2015	Meeting - Zone Leaders Meeting		Mileage	75.75	Edmonton	Red Deer		1			150
10/21/2015	Meeting - Zone Leaders Meeting		Mileage	75.75	Red Deer	Edmonton		1			150
Approver(s) for the cla	aim Annroval Status		Annroval							•	

10/21/2015	e Leaders Wiceting	iviii c
Approver(s) for the claim	• •	Approval Date
HUBAND, BRENDA	Approve	27-Oct-15