

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-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-15	P-Card	Meetings				9	9			
Oct-15	Expense Claim	Meetings		32		152	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

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	CHIEF ZONE OFFICER	Billing Reporting Period:	20/10/2015
Cardholder's Name	Cardholder's Position/Title		
CENTRAL ZONE	AHS MICHENER BEND	Total Statement Amount:	\$8.75
Cardholder's Dept	Cardholder's Site/Location		
KERRY.BALES@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
07/10/2015	405642631	AHS PARKING, HOSPITALS	8.75	CAD	8.75	.42		Benchmarking meeting Red Deer Hospital

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
<u>Dorothy Peterson</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>Executive Associate</u> Cardholder Designate Position/Title <u>Oct 25/15</u> Date of Signature	
Cardholder By signing this statement <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. 		
<u>BALES, KERRY</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>CHIEF ZONE OFFICER</u> Cardholder Position/Title <u>[Signature]</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <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. 		
<u>[Signature]</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>[Signature]</u> Approver Designate Position/Title <u>[Signature]</u> Date of Signature	
Approver By signing this statement <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. 		
<u>Brenda Hubbard</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>VP-CHOO Central & Southern AB</u> Approver Position/Title <u>2015 Oct 28</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable		
Attach: <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: <ul style="list-style-type: none"> 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: _____

D DEER REGIONAL HOSPITAL
Public Underground Parking Lot

Machine ID [REDACTED]
pt# [REDACTED]
10/07/15 10:56 L# 1 A# 1 Exd [REDACTED]
10/07/15 07:48 In 10/07/15 10:56 Out
t# [REDACTED]
RH Public \$ 8.75
tal Fee \$ 8.75
STERCAP [REDACTED] 75-
Approval No [REDACTED]
Reference [REDACTED]
Amount Due \$ 0.00

Parking Rates are GST Exempt

Comments? - email us :
kingcentral@
entahealthservices.ca

AHS Public Disclosure Expense Claims

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

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/10/2015	Meeting - Lloydminister Bi-Provincial Meeting		Meals Per Diem	32.35			Lunch/Dinner	1			
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 claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		27-Oct-15							