

AHS Board and Executive Expense Report

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

Expenses submitted during the month of December 2015

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings			510	56	566			
Dec-15	Expense Claim	Meetings		72		14	86			
Total			\$ -	\$ 72	\$ 510	\$ 70	\$ 652	\$ -	\$ -	\$ -

Total for the Month \$ 652

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 165
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Instruction:

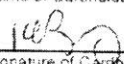
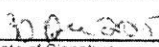
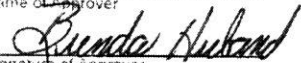
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

BALES, KERRY	CHIEF ZONE OFFICER	Billing Reporting Period:	20/12/2015
Cardholder's Name	Cardholder's Position/Title		
CENTRAL ZONE	AHS MICHENER BEND	Total Statement Amount:	\$ 215.25
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
07/12/2015	412426316	DELTA EDMONTON SOUTH H. DELTA HOTELS	185.25	CAD	185.25	0%		AHS Primary Care meeting - Edmonton
09/12/2015	412426316	MPAR0J0020258U AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.4%		09-2015 Primary Care Meeting - Edmonton zone leaders mtg

✓K

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>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>
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> <u>Name of Cardholder</u>	<u>CHIEF ZONE OFFICER</u> <u>Cardholder Position/Title</u>
 <u>Signature of Cardholder</u>	 <u>Date of Signature</u>
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. 	
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<u>Brenda Hubbard</u> <u>Name of Approver</u>	<u>VP, Chief Health Officer</u> <u>Approver Position/Title</u>
 <u>Signature of Approver</u>	<u>2016 Jan 06</u> <u>Date of Signature</u>
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. 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: _____	

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
DEC 09, 2015

Purchase Date/Time: 11:18am Dec 09, 2015

Total Parking: \$28.57

Total gst: \$1.43

Total Due: \$30.00

Total Paid: \$30.00

Ticket

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$30 - All Day
Payment Type: Card

MasterCard

Auth #

GST #887315638RT0001

Bone Leaders mtg
Dec 9/15
Edmonton.




DELTA
EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2
Tel: 780-434-6415 Fax: 780-436-9247

Kerry Mr Bales
Canada

Room: 
Folio:
Cashier:
Arrival: 12-06-15
Departure: 12-07-15

Date	Description	Additional Information	Charges	Credits
12-06-15	Room Charge		165.00	
12-06-15	Room Destination Marketing Fee		4.95	
12-06-15	Room GST		8.50	
12-06-15	AB Tourism Levy		6.80	
12-07-15	Master Card			185.25

GST Summary

Registration No: 865717755

Room 8.50

F&B 0.00

Other 11.75

Total 20.25

Total	185.25	185.25
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Balance Due	0.00 CDN
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Atts Primary care mtg
Dec 7/15
Edmonton.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



Alberta Health
Services

P-Card
details Online ®
Cardholder Statement 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

CORPORATE SERVICES

Cardholder's Dept

MICHENER BEND

Cardholder's Site/Location

KERRY.BALES@AHS.CA

Cardholder's e-mail address

Billing Reporting Period

20/12/2015

Total Statement Amount

\$ 350.36

Last 6 digits of the P-Card #

Statement of Transactions

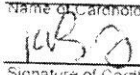
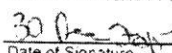
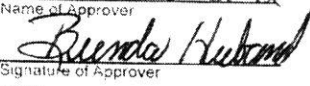
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/12/2015	413424760	AHS PARKING SOUTH HEAL HEALTH PRACTITIONERS MEDICAL SERVICES	14.25	CAD	14.25	0.00		Long Range Planning Two day Training Calgary
16/12/2015	413424766	WINDATE CALGARY LODGING HOTELS MOTELS RESORTS	324.82	CAD	324.82	15.47		Long Range Planning Two day Training Calgary
16/12/2015	413424761	AHS PARKING SOUTH HEAL HEALTH PRACTITIONERS MEDICAL SERVICES	11.25	CAD	11.25	0.00		Long Range Planning Two day Training Calgary

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RUN DATE: 12/24/2015

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO. 1

Signatures		
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BALES, KERRY Name of Cardholder _____  Signature of Cardholder _____	CHIEF ZONE OFFICER Cardholder Position/Title _____  Date of Signature _____	
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Brenda Hubbard Name of Approver _____  Signature of Approver _____	VP Chief Health Officer Approver Position/Title _____ 2016 Jan 06 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 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 _____



Wingate by Wyndham Calgary
400 Midpark Way SE
Calgary, AB T2X 3S4
Tel: (403) 514-0099 Fax: (403) 514-0090

12-16-15

Kerry Bales	Folio No. :	Room No. :
	A/R Number :	Arrival : 12-15-15
	Group Code :	Departure : 12-16-15
	Company : Alberta Health Services	Conf. No. :
	Wyndham Rewards :	Rate Code :
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
12-15-15	Room Charge	149.00	
12-15-15	Tourism Levy	5.96	
12-15-15	GST Room	7.45	
12-16-15	Room Charge	149.00	
12-16-15	Tourism Levy	5.96	
12-16-15	GST Room	7.45	

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 1-866-996-7937.

Total	324.82	0.00
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This is your invoice, payment due upon receipt.

Balance	324.82
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GST: 1040894040 RT 0002

Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate Hotels or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate Hotel's website about privacy.

Thank you for staying with us.
It was our pleasure to serve you.

Long Range Planners 2 day Training
Dec 15-16 - Calgary

Alberta Health
Services
South Campus
RECEIPT C83

ENTRY DATE/TIME:
16/12/15 08:12
PAY DATE/TIME:
16/12/15 10:30
PARK-DUR.: HRS:MIN
0:02:18

ALLOWED EXIT TO:
16.12.15 10:57

PAID: \$ 11.25
MASTER CARD

AUTH. [REDACTED]
REF. 41

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* Health Services *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-956-1090 *

Alberta Health
Services
South Campus
RECEIPT C83

ENTRY DATE/TIME:
15/12/15 07:53
PAY DATE/TIME:
15/12/15 16:15
PARK-DUR.: HRS:MIN
0:08:22

ALLOWED EXIT TO:
16.12.15 08:08

PAID: \$ 14.25
MASTER CARD

AUTH. [REDACTED]
REF. C4

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-956-1090 *

Long Range Planning 2-Day Training
Dec 15-16 - Calgary

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
BALES, KERRY R	Chief Zone Officer, Central Zone	Red Deer	85.70

[illegible]

Kerry. Expense claim

ATS Primary Care Mtg
Edmonton.

ROYAL ALEXANDRA HOSPITAL
50 PARKADE PUBLIC PARKING

Machine# [REDACTED]
Receipt# [REDACTED]
12/07/15 15:25 In 3 A# 1 Exn# 20814
12/07/15 09:12 In 12/07/15 15:25 Out
Rate \$14.25
RATE PER PARK \$ 14.25
Total Fee \$ 14.25
VISA \$ 14.25
[REDACTED]

Approval No. [REDACTED]
Reference No. 0745
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? email us at:
parkingedmonton@
albertahealthservices.ca