

AHS Board and Executive Expense Report

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

Expenses submitted during the month of March 2016

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)
Mar-16	P-Card	Meetings			311		311			
Mar-16	Expense Claim	Meetings		42		254	296			
Total			\$ -	\$ 42	\$ 311	\$ 254	\$ 607	\$ -	\$ -	\$ -

Total for the Month \$ 607

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 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:			
<ul style="list-style-type: none"> • 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:	20/03/2016
CORPORATE SERVICES Cardholder's Dept	MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	\$310.64
KERRY.BALES@AHS.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	
12/03/2016	422270776	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	310.64	CAD	310.64	14.79		Interviews CZO North - Edmonton	

Signatures

Cardholder Designate (if Applicable)
By signing this statement

- 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>Dawn Peterson</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Associate</u> Cardholder Designate Position/Title</p> <p><u>March 28/16</u> Date of Signature</p>
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Cardholder
By signing this statement

- 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>[Signature]</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>29 Mar 2016</u> Date of Signature</p>
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Approver Designate (if Applicable)
By signing this statement

- 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>
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Approver
By signing this statement

- 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>[Signature]</u> Signature of Approver</p>	<p><u>VP of CHOO Central & Southern AB</u> Approver Position/Title</p> <p><u>2016 March 31</u> Date of Signature</p>
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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: <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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Accounts Payable only:

Reference # _____	Reviewed by: _____	Date: _____
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Mr Kerry Bales
Canada

Room Number: [REDACTED]
Arrival Date: 03-10-16
Departure Date: 03-12-16
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

03-11-16

Date	Description	Charges	Credits
03-10-16	Room Revenue	145.00	
03-10-16	Destination Marketing Fee - 3%	4.35	
03-10-16	Tourism Levy - 4%	5.97	
03-11-16	Room Revenue	145.00	
03-11-16	Destination Marketing Fee - 3%	4.35	
03-11-16	Tourism Levy - 4%	5.97	
03-11-16	Mastercard [REDACTED]		310.64
Total		310.64	310.64
Balance		0.00	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
BALES, KERRY R	Chief Zone Officer, Central Zone	Red Deer	295.02

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/10/2016	CZO North Interviews		Meals Per Diem	20.75			Dinner	1			
3/11/2016	CZO North Interviews		Meals Per Diem	20.75			Dinner	1			
3/21/2016	Meeting with Town of Sundre re: LTC Beds		Mileage	51.01	Red Deer	Sundre		1			101
3/21/2016	Meeting with Town of Sundre re: LTC beds		Mileage	51.01	Sundre	Red Deer		1			101
3/30/2016	Imagination Unlimited Quality Event		Mileage-Service Recipient	75.75				1			150
3/30/2016	Imagination Unlimited Quality Event - return home		Mileage	75.75	Calgary	Red Deer		1			150
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		31-Mar-16							