

AHS Board and Executive Expense Report

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

Expenses submitted during the month of June 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) |
| Jun-16 | P-Card | Meetings | | | | 57 | 57 | | | |
| Jun-16 | Expense Claim | Meetings | | | | 169 | 169 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 225 | \$ 225 | \$ - | \$ - | \$ - |

Total for the Month \$ 225

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

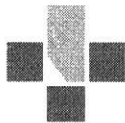
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

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.

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.




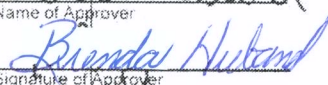
Instruction:

- 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: | 20/06/2016 |
| Cardholder's Name | Cardholder's Position/Title | | |
| CORPORATE SERVICES | MICHENER BEND | Total Statement Amount: | \$56.77 |
| Cardholder's Dept | Cardholder's Site/Location | | |
| KERRY.BALES@AHS.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 |
|------------------|-----------|----------------------------------|-----------------------|----------|--------------|-----|---------|------------------------------------|
| 30/05/2016 | 431216217 | PETROCAN, GAS / SERVICE STATIONS | 56.77 | CAD | 56.77 | .00 | | Lloydminster Bi-Provincial Meeting |

| | | |
|---|---|-------------|
| 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. | | |
| Name of Cardholder Designate _____ | Cardholder Designate Position/Title _____ | |
| Signature of Cardholder Designate _____ | 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. | | |
| BALES, KERRY Name of Cardholder _____ | CHIEF ZONE OFFICER Cardholder Position/Title _____ | |
|  Signature of Cardholder _____ | 23 Jun 2016 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. | | |
| Name of Approver Designate _____ | Approver Designate Position/Title _____ | |
| Signature of Approver Designate _____ | 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. | | |
| Brenda Hubbard Name of Approver _____ | VP - Chief Health Officer, Central/Southern Approver Position/Title _____ | |
|  Signature of Approver _____ | 27 Jun 2016 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: _____ |

PETRO-CANADA
JCT 870 & HWY 16
INNISFREE
Alberta T0B 2G0

GST: 838442929 (780) 592-3782
2016-05-30 PC0468168:6820201 18:43
TERMINAL: 026820201 OPER: A
PAYPOINT: 026820201

| FUEL | (L) | (\$/L) | (\$) |
|------------|--------|--------|--------|
| Pump 1 | | | |
| Regular | 56.825 | 0.999 | 56.77* |
| Total Owed | | | 56.77 |

TOTAL PAID
CREDIT CARD \$ 56.77

*TAXES INCL. #TAXES EXCL.

GST TOTAL \$ 2.70

MASTERCARD [REDACTED] C

Purchase
C 0010010010 00 027

MasterCard
A0000000041010
0000008000
E800

VERIFIED BY PIN

00 APPROVED -- THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

CUSTOMER COPY

Survey! Earn Points
& chance to win gas
petro-canada.ca/hero

Lloydminster Bi-Provincial
Mtg.

Fleet card not
working.

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim |
|---------------|-------------------------------------|-------------------|---------------|
| BALES, KERRY | Chief Zone Officer, Central Zone | Red Deer | 168.68 |

[illegible]