

AHS Board and Executive Expense Report

Name Kerry Bales

Title Chief Zone Officer Central Zone

Location Red Deer

Expenses submitted during the month of August 2016

						,	Travel (1)							
MMM-YY	Source Document	Purpose	Airfar	·e	Meals	Acc	commodation	Othe Trav		Tot Trav		Professional Development (2)	_	
Aug-16	P-Card	Meetings							10		10			
Total			\$	-	\$	- \$	-	\$	10	\$	10	\$	- \$ -	\$ -

Total for

the Month \$ 10

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.

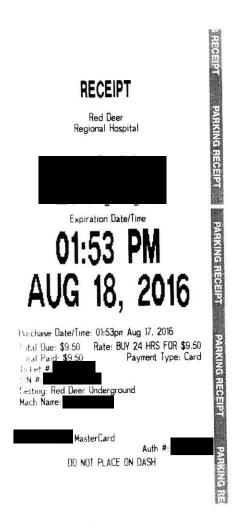
5) Remuneration, Allowances Reported in the Financial Statements

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



	receipts and supporting documents in the ignatures required where indicated below	sume order as it appears on this sta	nement
BALES, KERRY	CHIEF ZONE OFFICER		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period	20/08/2016
CORPORATE SERVICES	MICHENER BEND		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount	\$9.50
KERRY.BALES@AHS.CA			
Cardholder's e-mail address		Last 6 digits of the P-Card	#-

Statement o	· manage	Tally There's Dec Gries (1946)	The Bridge of the Control	103/151			AND THE PARTY OF T
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
17/08/2016		AHS RDRH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	9.50	CAD	9.50	.45	Cardiac Meeting Red Deer Hospital



RUN DATE: 10/21/2016

P-Card details Online ® Cardholder Statement Report

	Signatures									
	Cardholder Designate (if Applicable)									
	By signing this statement									
	 Thereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Police Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 									
	Name of Cardholder Designate	Carcholder Designate Position/Title	_							
	Signature of Cardholder Designate	Date of Signature	•••							
	Cardholder By signing this statement									
	2)" of Alberta Health Services and confirm									
	 I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta He charged is attached 	for any personal expenses inadvertently								
	 lattest that expenses submitted in this claim has provided. 	ave been incurred by using a cost effective method, otherw	ise rationale and supporting analysis is							
	BALES, KERRY	CHIEF ZONE OFFICER								
Enursay for & Bules Carcholder Position/Title.										
	Synature of Cardholder	Date of Signature								
*******	Approver Designate (if Applicable)									
	By signing this statement									
	 I attest that I have read and understand the "Tri expenses being claimed are in compliance with 	avel, Hospitality and Working Session Expense Policy (112 such policy.	2)" of Alberta Health Services and confirm							
	· lattest the expenses enclosed in this claim are	for valid business purposes for Alberta Health Services an	d that this claim has not been provided							
	claimed by the claimant or on their behalf from charged has been obtained.	Alberta Health Services or any other Organization. A person	nal cheque for personal expenses inadvertently							
Tatlest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided Continue of Approver Designale										
								0	Approver Designate Position/Life	
								Signature of Approver Designate	QG 28 19	
	Approver	was or a graduate								
	By signing this statement									
	 I attest that I have read and understand the "Tra expenses being claimed are in compliance with 	avel, Hospitality and Working Session Expense Policy (112) such policy	2)" of Alberta Health Services and confirm							
tattest 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 chaque for personal expenses inadverted has been obtained. - Lattest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is									
	 Lattest that expenses submitted in this claim hat provided 	ve been incurred by using a cost effective method, atherwi	se rationale and supporting analysis is							
	Brenda Huband	110 allow Combon A.	Sandaga AR							
	Name of Aporover	Approver Position/Title	Southern AB							
	Dundy Klubout	2016 000								
	Signature of Approver	Date of Signature	8							
	Submit approved statement with attachments to Ac	counts Payable:								
Attach: Address:										
	 Original (or scanned) itemized receipts with docum where required 	nented business reasons including names of participants	Alberta Health Services							
Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: Accounts Payable 7th Street Plaza										
	And where applicable Copies of pre-approvals for travel 10th Floor, North Tower 10030-10									
	Personal cheque payable to "Alberta Health Service	ces"	Edmonton, AB T5J 3E4							
	Return_refund and/or credit receipts Disputes letter		and the second s							
	Business reasons for travel require detailed descrimeal), why travel was necessary and detailed expl	ptions – include where travelled to, who attended (if								
Ţ.	Accounts Payable only:									
	Reference #	Reviewed by								
		I DESIGNED BY	Date:							