

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 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)
Dec-16	P-Card	Meetings				9	9			
Total			\$ -	\$ -	\$ -	\$ 9	\$ 9	\$ -	\$ -	\$ -

Total for the Month \$ 9

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:

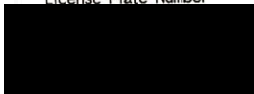
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

BALES, KERRY Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period: 20/12/2016
CORPORATE SERVICES Cardholder's Dept	MICHENER BEND Cardholder's Site/Location	Total Statement Amount: \$9.00
KERRY.BALES@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/11/2016	[REDACTED]	AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.43		1:1 Meeting with VP & CMO South/Central Operations

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

05:15 PM
NOV 22, 2016

Purchase Date/Time: 03:15pm Nov 22, 2016

Total Due: \$9.00 Rate: \$9.00 - 2 Hours
Total Paid: \$9.00 Payment Type: Card

Ticket # [REDACTED]

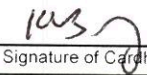

S/N #: [REDACTED]

Setting: SP [REDACTED]

Mach Name: [REDACTED]

[REDACTED] MasterCard Auth # [REDACTED]

www.ahs.ca
DO NOT PLACE ON DASH

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	29 Dec 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, CTO Central & Southern AB _____ Approver Position/Title	
 _____ Signature of Approver	30-Dec-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: <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: _____