

# **AHS Board and Executive Expense Report**

Name: Kerry Bales

Chief Program Officer, Addiction & Mental Health and Correctional Health Services, Provincial

**Location:** Red Deer

Title:

Expenses approved during the month of August 2023

					Trav	/el (1)							
Approved Source MMM-YY Document Purpose		Airfare		Meals	Accom	modation	Other Trave		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
Aug-23 P-Card Meetings Expense Claim Meetings Aug-23 Direct Bill Meetings						144		60	60 - 144				
Total	_	\$	- \$	-	\$	144	\$	60	\$ 204	\$ -	\$ -	\$ -	_

Total for

the Month \$ 204

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

# **AHS Executive Expenses Report P-Card**

Claimant Name	Claimant Title	Claimant Location	Expense Claim	]							
			Total								
BALES, KERRY R	Chief Program Officer, Addiction & Mental	Red Deer	\$ 60.00								
	Health and Correctional Health Services,										
	Provincial										
Expense Date	Business reason	Expense Location	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
					Location	Location		days	Attendees	Name(s)	Distance
8/8/2023	Meeting with Medical Director in Edmonton	AB - Local	Parking - Lot or	\$ 60.00			Lost receipt. Transaction	1			
			Parkade				has been verified by Kerry				
							Bales and expense has not				
							been claimed previously.				
							Parking was for evening &				
							full following day.				
Approver(s) for the	Approval Status	Approval Date									
claim											
CHIES, MAURO A	Approve	23-Aug-23	1								



# **Expense Report Direct Bill Summary**

## **Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for Public Disclosure reporting.

## **Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

# **Direct Bill Report**

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- Refer to Quick Reference Guide for: <u>Providing a Standard Business Reason(s)</u>
- A personal cheque must be attached to cover expenses deemed ineligible.

• Indicate whethe	r you have expenses to report in this section	or this reporting period:	YES	
Name :	Kerry Bales	Reporting Period for the Month o	f: Aug-23	

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
9-Aug-23	Direct Billing		AMH (Addiction & Mental Health) in person planning meeting in Edmonton August 9	Matrix Hotel	\$143.64
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in tl	he Month				\$ 143.64



AB Health Services Accounts Payable P.O. Box 1600 Suite 300, 10030 - 107 Street NW Edmonton AB T5J 2N9 Canada

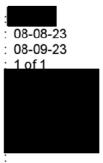
.. .

Company Name : Group Name :

Guest Name : Bales, Kerry Mr

# COPY OF INVOICE

Room No. Arrival Departure Page No. Folio No. Invoice No. AR No. Conf. No. Cashier No. Custom Ref.



Date	Description		Charges	Credits
08-08-23	Room Revenue		134.10	
08-08-23	Destination Marketing Fee		4.02	
08-08-23	Tourism Levy		5.52	
		Total Charges	143.64	
		Total Credits		0.00
		Balance		143.64

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.