

AHS Board and Executive Expense Report

Name: Kerry Bales
Title: Chief Program Officer, Addiction & Mental Health and Correctional Health Services, Provincial
Location: Red Deer
 Expenses approved during the month of August 2023

Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Aug-23	P-Card	Meetings				60	60			
	Expense Claim	Meetings					-			
Aug-23	Direct Bill	Meetings			144		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 \$ 134
 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 Health and Correctional Health Services, Provincial	Red Deer	\$ 60.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/8/2023	Meeting with Medical Director in Edmonton	AB - Local	Parking - Lot or Parkade	\$ 60.00			Lost receipt. Transaction has been verified by Kerry Bales and expense has not been claimed previously. Parking was for evening & full following day.	1			
Approver(s) for the claim	Approval Status	Approval Date									
CHIES, MAURO A	Approve	23-Aug-23									

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: [Providing a Standard Business Reason\(s\)](#)
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Kerry Bales	Reporting Period for the Month of : Aug-23
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
9-Aug-23	Direct Billing	Hotel	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 the 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 : 08-08-23
 Departure : 08-09-23
 Page No. : 1 of 1
 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.