

## 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 October 2023

### Travel (1)

| Approved<br>MMM-YY | Source<br>Document | Purpose  | Airfare | Meals | Accommodation | Other<br>Travel | Total<br>Travel | Professional<br>Development<br>(2) | Working<br>Sessions<br>Hosting and<br>Hospitality<br>(3) | Other<br>(4) |
|--------------------|--------------------|----------|---------|-------|---------------|-----------------|-----------------|------------------------------------|--|--------------|
| Oct-23             | P-Card             | Meetings |         |       | 174           | 115             | 289             |                                    |  |              |
| Oct-23             | Expense Claim      | Meetings |         |       |               | 301             | 301             |                                    |  |              |
| Oct-23             | Direct Bill        | Meetings |         |       | 167           |                 | 167             |                                    |  |              |
| <b>Total</b>       |                    |          | \$ -    | \$ -  | \$ 341        | \$ 416          | \$ 757          | \$ -                               | \$ -   | \$ -         |

**Total for  
the Month** \$ 757

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 155  
 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          | \$ 80.00                 |          |               |             |               |           |                |                  |               |
| Expense Date              | Business reason   | Expense Location  | Expense Type             | Amount   | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 8/29/2023                 | Paid for parking while in Edmonton to attend the in person AHS Executive Leadership Alignment Meeting at Seventh Street Plaza | AB - Other Zones  | Parking - Lot or Parkade | \$ 35.00 |               |             |               | 1         |                |                  |               |
| 9/19/2023                 | Paid for parking while in Edmonton for the Ministry of Mental Health & Addiction Recovery Expert Panel Meeting                | AB - Other Zones  | Parking - Lot or Parkade | \$ 45.00 |               |             |               | 1         |                |                  |               |
| Approver(s) for the claim | Approval Status   | Approval Date     |                          |          |               |             |               |           |                |                  |               |
| CHIES, MAURO A            | Approve   | 10-Oct-23         |                          |          |               |             |               |           |                |                  |               |

**RECEIPT**  
 Impark Lot 02-256  
 License Plate Number  
 Expiration Date/Time  
**06:00 PM**  
**AUG 29, 2023**

Purchase Date/Time: 07:20am Aug 29, 2023  
 Total Parking: \$33.33  
 Total GST: \$1.67  
 Total Due: \$35.00  
 Total Paid: \$35.00  
 Ticket #: [REDACTED]  
 S/N #: [REDACTED]  
 Selling Lot: [REDACTED]  
 Mach Name: Meter 1

[REDACTED] MasterCard [REDACTED]

gst #887315638RT0005  
 NJ IN AND OUT PRIVILEGES

NONNEMENT  
 PARKING RECEIPT  
 RECU DE STATION NEMENT  
 PARKING RECEIPT  
 RECU DE

ATB PLACE  
 GST: 887315638RT001  
 RECEIPT C2

IN: 19.09.23 07:51  
 OUT: 19.09.23 21:46  
 AMOUNT: \$ 45.00  
 CC-DATA:

Sep 19 2023 09:40 pm

TRANSACTION RECORD

Card Number : [REDACTED]

Card Type : MASTERCARD

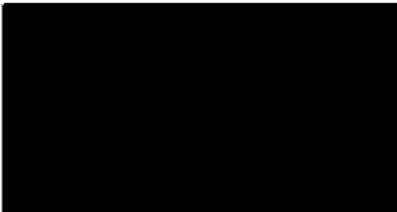
Card Entry : CHIP  
 Trans Type : PURCHASE  
 Amount : \$45.00

Auth # [REDACTED]  
 Sequence # [REDACTED]  
 Reference # [REDACTED]

Term ID : [REDACTED]  
 Date : 23/09/19  
 Time : 21:40:04

APPROVED

BY ENTERING A VERIFIED  
 PIN, CARDHOLDER  
 AGREES TO PAY ISSUER  
 SUCH TOTAL IN  
 ACCORDANCE WITH  
 ISSUERS AGREEMENT  
 WITH  
 CARDHOLDER



\*\*\* CUSTOMER  
 COPY \*\*\*

-----  
 GSTt: 887315638RT001  
 Thank you for  
 Visiting!  
 6008



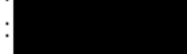


## AHS Executive Expenses Report P-Card

| 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          | \$ 209.02                |           |               |             |               |           |                |                  |               |
| Expense Date              | Business reason   | Expense Location  | Expense Type             | Amount    | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 9/19/2023                 | Meeting with Ministry of Mental Health & Addiction Recovery Expert Advisory Panel & Safety of our Cities Conference in Edmonton, Sept 19 - 20 | AB - Other Zones  | Accommodations           | \$ 174.02 |               |             |               | 1         |                |                  |               |
| 10/18/2023                | Expenditure Review Planning Meeting with Ministry of Mental Health & Addiction in Edmonton  | AB - Other Zones  | Parking - Lot or Parkade | \$ 35.00  |               |             |               | 1         |                |                  |               |
| Approver(s) for the claim | Approval Status   | Approval Date     |                          |           |               |             |               |           |                |                  |               |
| CHIES, MAURO A            | Approve   | 27-Oct-23         |                          |           |               |             |               |           |                |                  |               |






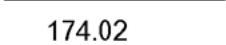
Kerry Mr Bales

INFORMATION INVOICE

Room No. :   
 Arrival : 09-19-23  
 Departure : 09-20-23  
 Page No. : 1 of 2  
 Folio No. :   
 Conf. No. :   
 Cashier No. :   
 Custom Ref. : 

Company Name :  
 Group Name :  
 Guest Name :

| Date          | Description   | Charges | Credits |
|---------------|---|---------|---------|
| 09-19-23      | Room Revenue  | 155.00  |         |
| 09-19-23      | Destination Marketing Fee   | 4.65    |         |
| 09-19-23      | Room GST  | 7.98    |         |
| 09-19-23      | Tourism Levy  | 6.39    |         |
| 09-20-23      | Mastercard<br> |         | 174.02  |
| Total Charges |   | 174.02  |         |
| Total Credits |   |         | 174.02  |
| Balance       |   |         | 0.00    |

|                 |   |                    |   |
|-----------------|---|--------------------|---|
| Merchant ID     |  | Credit Card #      |  |
| Transaction ID  |  | Credit Card Expiry | XX/XX   |
| Approval Code   |  | Capture Method     | Manual  |
| Approval Amount | 174.02  | Transaction Amount | 174.02  |

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.

INSERT  
THIS WAY

RTS-PEACE-1-10440000

10/18/20 15:42 C2

PAID: \$ 35.00

## INSTRUCTIONS

Take ticket with you. Pay at  
pay station before returning to car.

**impark**

PART OF THE REEF NETWORK

# AHS Executive Expenses Report Expenses

| 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          | \$ 150.40           |           |               |             |               |           |                |                  |               |
| Expense Date              | Business reason   | Expense Location  | Expense Type        | Amount    | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 9/19/2023                 | Roundtrip - Meeting with Ministry of Mental Health & Addiction Recovery Expert Advisory Panel & Safety of our Cities Conference in Edmonton |                   | Mileage-Other       | \$ 150.40 | Red Deer      | Edmonton    |               | 2         |                |                  | 320           |
| Approver(s) for the claim | Approval Status   | Approval Date     |                     |           |               |             |               |           |                |                  |               |
| CHIES, MAURO A            | Approve   | 10-Oct-23         |                     |           |               |             |               |           |                |                  |               |

## AHS Executive Expenses Report Expenses

| 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          | \$ 150.40           |           |               |             |               |           |                |                  |               |
| Expense Date              | Business reason   | Expense Location  | Expense Type        | Amount    | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 10/18/2023                | Round Trip - Expenditure Review Planning Meeting with Ministry of Mental Health & Addiction in Edmonton |                   | Mileage-Other       | \$ 150.40 | Red Deer      | Edmonton    |               | 1         |                |                  | 320           |
| Approver(s) for the claim | Approval Status   | Approval Date     |                     |           |               |             |               |           |                |                  |               |
| CHIES, MAURO A            | Approve   | 27-Oct-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

|                           |   |
|---------------------------|---|
| <b>Name :</b> Kerry Bales | <b>Reporting Period for the Month of :</b> Oct-23 |
|---------------------------|---|

| Invoice Date<br>DD-MMM-YYYY    | Payment Method | Category                   | Business Reason   | Name of Vendor                    | Amount Paid |
|--------------------------------|----------------|----------------------------|---|-----------------------------------|-------------|
| 8-Sep-2023                     | Direct Billing | Hotel                      | Attended Addiction and Mental Health Provincial Advisory Council Meeting in Edmonton Sept 8-9, 2023 | Vision Travel DT Ontario-West Inc | \$167.28    |
|                                | 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        |             |
| <b>Total Paid in the Month</b> |                |                            |   |                                   | \$ 167.28   |


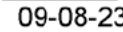
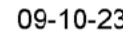


EDMONTON SOUTH  
CONFERENCE CENTRE

**4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2**  
**Tel: 780-434-6415 Fax: 780-436-9247**

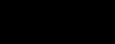

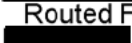


Alberta Health Services

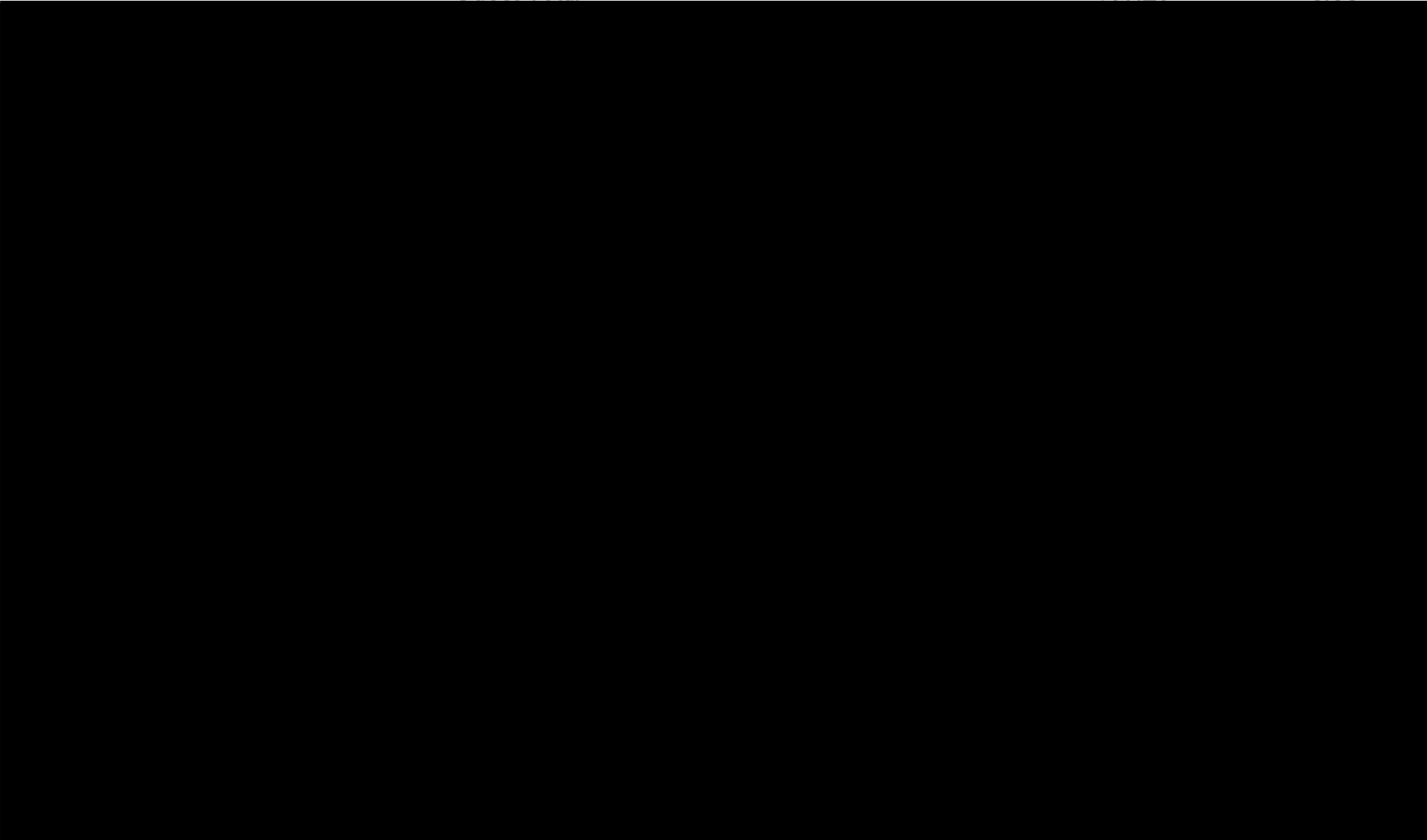


Room:   
 Folio:   
 Cashier:   
 Arrival: 09-08-23  
 Departure: 09-10-23

AHS Addiction Health PAC Meeting, 

A/R Account: 

| Date     | Description   | Additional Information  | Charges | Credits |
|----------|---|---|---------|---------|
| 09-08-23 | Bales, Kerry Room  |   |         |         |
| 09-08-23 | ROOM CHARGE   | Routed From Bales Kerry Of Room  | 149.00  |         |
| 09-08-23 | Room Destination Marketing Fee  | Routed From Bales Kerry Of Room  | 4.47    |         |
| 09-08-23 | Room GST  | Routed From Bales Kerry Of Room  | 7.67    |         |
| 09-08-23 | AB Tourism Levy   | Routed From Bales Kerry Of Room  | 6.14    |         |
|          |   | Sub Total   | 167.28  | 0.00    |
|          |   | Guest Total   | 167.28  | 0.00    |



I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.