

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 posted during the month of June 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-24	P-Card	Meetings			1,061	18	1,078			
Jun-24	Expense Claim	Meetings		239		646	885			
	Direct Bill	Meetings					-			
Total by category			\$ -	\$ 239	\$ 1,061	\$ 664	\$ 1,963	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 1,963

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 159
 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 membership dues, 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 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	\$ 884.90								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/21/2024	Dinner while in Edmonton for in person Mental Health & Addiction Town Hall meeting on April 22 @ 9:30am with the Minister of Mental Health and Addiction	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
5/6/2024	Round Trip - Strategic Direction Setting and System Establishment Kick-off Workshop on May 6. Recovery Alberta Walk the Wall meeting on May 8		Mileage-Other	\$ 161.60	Red Deer	Edmonton		1			320
5/7/2024	Dinner while in Edmonton for in person Recovery Alberta Walk the Wall meeting on May 8	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
5/15/2024	Dinner while in Edmonton for in person Mental Health & Addiction Town Hall meeting on May 15 and May16 with the Minister of Mental Health and Addiction	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
5/15/2024	Round Trip - Mental Health & Addiction Town Hall meeting on May 16 @8:00am, with the Minister of Mental Health and Addiction		Mileage-Other	\$ 161.60	Red Deer	Edmonton		1			320
6/3/2024	Dinner while in Edmonton for the in person Executive Leadership Media Training on June 4.	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
6/4/2024	Round Trip - Executive Leadership Media Training on June 4.		Mileage-Other	\$ 161.60	Red Deer	Edmonton		1			320
6/16/2024	Dinner while in Edmonton for the in person Recovery Alberta Meeting with the Minister of Mental Health & Addiction&internal Human resources meeting	AB - Other Zones	Meals Per Diem	\$ 142.50				3			
6/19/2024	Round Trip - Recovery Alberta Meeting with the Minister of Mental Health & Addiction and internal Human resources meeting on June 17, Recovery Alberta		Mileage-Other	\$ 161.60	Red Deer	Edmonton		1			320
Approver(s) for the claim	Approval Status	Approval Date									
MENTZELOPOULOS, ATHANA	Approve	26-Jun-24									






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	\$ 1,078.24								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/21/2024	Accommodation required while in Edmonton for the in -person Mental Health & Addiction Town Hall meeting on April 22 @ 9:30am with the Minister of Mental Health & Addiction	AB - Other Zones	Accommodations	\$ 176.79				1			
5/7/2024	Accommodation required in Edmonton for in person Recovery Alberta Walk the Wall meeting on May 8	AB - Other Zones	Accommodations	\$ 176.79				1			
5/15/2024	Accommodation required while in Edmonton for the in person Mental Health & Addiction Town Hall meeting on May 16 @8:00am, with the Minister of Mental Health & Addiction	AB - Other Zones	Accommodations	\$ 176.79				1			
6/3/2024	Accommodation required while in Edmonton for the in person Executive Leadership Media Training on June 4.	AB - Other Zones	Accommodations	\$ 176.79				1			
6/16/2024	Accommodation required while in Edmonton for the in person Recovery Alberta Meeting with the Minister of Mental Health & Addiction and internal Human - Jun 16 to 18	AB - Other Zones	Accommodations	\$ 353.58				2			
6/19/2024	Paid for parking while in Edmonton for full day in person Recovery Alberta Joint Walk the Wall session on June 19	AB - Other Zones	Parking - Lot or Parkade	\$ 17.50				1			
Approver(s) for the claim	Approval Status	Approval Date									
MENTZELOPOULOS, ATHANA	Approve	26-Jun-24									




Kerry Bales

INFORMATION INVOICE

Room No. : 
Arrival : 04-21-24
Departure : 04-22-24
Page No. : 1 of 2
Folio No. : 
Conf. No. : 
Cashier No. : 
Custom Ref. : 

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
04-21-24	Package Revenue	159.00	
04-21-24	Destination Marketing Fee	4.35	
04-21-24	Room GST	7.47	
04-21-24	Tourism Levy	5.97	
04-22-24	Mastercard XXXXXXXXXXXX  XX/XX		176.79
Total Charges		176.79	
Total Credits			176.79
Balance			0.00

Merchant ID		Credit Card #	XXXXXXXXXXXX 
Transaction ID		Credit Card Expiry	XX/XX
Approval Code		Capture Method	Manual
Approval Amount	176.79	Transaction Amount	176.79

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.

Matrix Hotel | 10640 100 Ave NW | Edmonton, AB T5J 3N8
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962
Email: info@matrixedmonton.com
www.matrixedmonton.com



Kerry Bales

INFORMATION INVOICE

Room No. [REDACTED]
Arrival : 05-07-24
Departure : 05-08-24
Page No. : 1 of 2
Folio No. :
Conf. No. [REDACTED]
Cashier No. [REDACTED]
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
05-07-24	Package Revenue	159.00	
05-07-24	Destination Marketing Fee	4.35	
05-07-24	Room GST	7.47	
05-07-24	Tourism Levy	5.97	
05-08-24	Mastercard XXXXXXXXXXXX [REDACTED] XX/XX		176.79
Total Charges		176.79	
Total Credits			176.79
Balance			0.00

Merchant ID	[REDACTED]	Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Manual
Approval Amount	176.79	Transaction Amount	176.79

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INFORMATION INVOICE

Room No. : [REDACTED]
Arrival : 05-15-24
Departure : 05-16-24
Page No. : 1 of 2
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
05-15-24	Package Revenue	159.00	
05-15-24	Destination Marketing Fee	4.35	
05-15-24	Room GST	7.47	
05-15-24	Tourism Levy	5.97	
05-16-24	Mastercard XXXXXXXXXXXX [REDACTED] XX/XX		176.79
Total Charges		176.79	
Total Credits			176.79
Balance			0.00

Merchant ID	[REDACTED]	Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Manual
Approval Amount	176.79	Transaction Amount	176.79

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Kerry Bales

INFORMATION INVOICE

Room No. : [REDACTED]
Arrival : 06-03-24
Departure : 06-04-24
Page No. : 1 of 2
Folio No. :
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
06-03-24	Package Revenue	159.00	
06-03-24	Destination Marketing Fee	4.35	
06-03-24	Room GST	7.47	
06-03-24	Tourism Levy	5.97	
06-04-24	Mastercard [REDACTED] XX/XX XXXXXXXXXXXX		176.79
Total Charges		176.79	
Total Credits			176.79
Balance			0.00

Merchant ID	[REDACTED]	Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Manual
Approval Amount	176.79	Transaction Amount	176.79

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Kerry Bales

INFORMATION INVOICE

Room No. : [REDACTED]
Arrival : 06-16-24
Departure : 06-18-24
Page No. : 1 of 2
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
06-16-24	Package Revenue	159.00	
06-16-24	Destination Marketing Fee	4.35	
06-16-24	Room GST	7.47	
06-16-24	Tourism Levy	5.97	
06-17-24	Package Revenue	159.00	
06-17-24	Destination Marketing Fee	4.35	
06-17-24	Room GST	7.47	
06-17-24	Tourism Levy	5.97	
06-18-24	Mastercard XXXXXXXXXXXX [REDACTED] XX/XX		353.58
Total Charges		353.58	
Total Credits			353.58
Balance			0.00

Merchant ID

Credit Card #

XXXXXXXXXXXX [REDACTED]

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.

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THANK YOU

INDIGO Lot 507
ECC West Parkade
PARKING PERMIT

Trans: [REDACTED]
Time: 14:54PM JUN19 24
Pay: \$17.50
License Plate: [REDACTED]

THANK YOU

Card: [REDACTED]
Auth: [REDACTED]
Expires: [REDACTED]

8:00AM THU
JUN 20 2024

Thank you for Parking
with INDIGO

GST 120996095RT0005

TRANSACTION RECORD

WestPark

10231 103rd Street NW,
Edmonton, AB T5J 4C9
MyBN

TYPE: PURCHASE
ACCT: MASTERCARD
AMOUNT \$17.50

Card #: [REDACTED]

Date: 2024/06/19
Time: 14:57:26



VERIFIED BY PIN

ISO 15418 SPDH
APPROVED
THANK YOU



PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

THANK YOU

20240619