

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Zone Medical Director ,North Zone
Location Fort McMurray

Expenses submitted during the month of September 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-14	P-Card	Meetings	446		156	170	772			
Total			\$ 446	\$ -	\$ 156	\$ 170	\$ 772	\$ -	\$ -	\$ -

Total for the Month \$ 772

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 149
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

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

WORRY, KEVIN	MEDICAL DIRECTOR - NORTH	Billing Reporting Period:	20/09/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	NORTHERN LIGHTS REGIONAL	Total Statement Amount:	\$772.41
Cardholder's Dept	Cardholder's Site/Location		
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	XXXXXXXXXX
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/08/2014	361823614	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	12.50	CAD	12.50	.00	.00	Meeting at Bennett Jones re: Dr. Z
02/09/2014	362905585	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Dr. Worry EIA Monthly Parking Charge
11/09/2014	364280497	AIR CAN 0142138871696, AIR CANADA	445.96	CAD	445.96	.00	.00	Dr. Worry return flight to Calgary for CMO Offsite Meeting
18/09/2014	364765249	RADISSON AIRPORT HOTEL, RADISSON	156.45	CAD	156.45	7.67		Dr. Kevin Worry - CMO Offsite Meeting (Sep 18-19/14) accomodations in Calgary

Signatures

Cardholder Designate (if Applicable)

By signing this statement:

- I hereby certify that I have reviewed and understand this statement in BMO Online to the best of my ability in accordance to the IS (Corporate) Policy, Program User Guide and Training. I have attached the bank statement(s) to the proper cost centre.

Leanne Muttlow

Designate Position Title

[Signature]

Signature of Cardholder Designate

Exec Admin Coordinator

Cardholder Designate Position Title

Sep 29/14

Date of Signature

Cardholder

By signing this statement:

- 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 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: KEVIN

Designate Position Title

[Signature]

Signature of Cardholder

MEDICAL DIRECTOR - NORTH

Cardholder Position Title

Sep. 29/14

Date of Signature

Approver Designate (if Applicable)

By signing this statement:

- 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:

- 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.

Dr. Verda Yiu

Name of Approver

[Signature]

Signature of Approver

VP Equality + CEO

Approver Position Title

Oct 2/14

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original for approved item and receipts with documents, business receipts including names of participants where required.
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) and where applicable
- Copies of pre-approvals for travel
- Personal cheque payable to Alberta Health Services
- Return refund and/or credit receipt
- Disputes letter
- Business receipt for travel require detailed descriptions - include where travelled to, was attended to, meals why travel was necessary and detailed explanation of reason

Address:

Alberta Health Services
Accounts Payable
7th Street P.O. Box
10th Floor, North Tower, 10340 107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____

Reviewed by _____

Date _____

TICKET VOID IF RE-SOLD

IMPAK
PHONE 780-420-1076

HOURLY PARKED
IN AND OUT OF THE LOT
801 11:43 PM AUG 22

①

PLACE THIS SIDE UP ON DASH

PRICE \$12.50
TAXES
TOTAL

IT VOID IF RE-SOLD

4:13PM FRI
AUG 22 14

801 AC 68731513501100
DISTRICT ENS ON GALS

PLACE THIS SIDE UP ON

INVOICE

Edmonton Regional Airports Authority
1, 1000 Airport Road
Edmonton International Airport, AB, Canada T9E 0V3
Tel: 780-890-8484 Fax: 780-890-8446
Website: www.flyeia.com Email: accounts@flyeia.com

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Alberta Health Services
Dr. Kevin Worny - Zone Medical Director

Customer #:

Invoice #:

Date: September 01

Contract #: 2011-03 Parking Agreement - Airport Site YEG

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Ar
1-Sep-14	30-Sep-14	\$

Invoice Subtotal \$1

GST

Please pay this amount in Canadian funds \$1

EDMONTON REGIONAL
AIRPORT
1, 1000 AIRPORT RD.
EDMONTON AB

CARD
CARD TYPE
CARD NUMBER

PURCHASE
TOTAL
\$157.50

APPROVED
AUTH
THANK YOU

CARDHOLDER WILL PAY
CARD ISSUER ABOVE AMOUNT
PURSUANT TO CARDHOLDER
AGREEMENT.

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#: R128599776

Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum + 1 1/2% per month on overdue accounts.

Payable in Canada

REMITTANCE FORM (include with all payments)

Please make cheques payable to
Edmonton Regional Airports Authority
and mail to:
Edmonton Regional Airports Authority
1, 1000 Airport Road
Edmonton International Airport, AB
T9E 0V3 Canada

Invoice #:
Invoice Date:
Customer #:
Customer Name: Alberta Health Services

Amount Due: \$ 157.50
Due Date: September 01, 2014

Amount Remitted:

Produced by ALFA Airport Billing Software

MARLIN TRAVEL
O-O PERCY HUNT TRAVEL GROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: September 11, 2014
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KEVIN WORRY
AC [REDACTED]

Thursday, September 18, 2014

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0

Flight: 8133 V CLASS
07:00 AM Equipment: CRJ JET
07:47 AM

Mile(s) Flown: 153

AIR CANADA
AIR CANADA
TICKET NUMBER
SEAT ID

CANCELLED PRIOR TO 4TH DAY OF ARRIVAL TO AVOID [REDACTED]

Hotel

Check In: 18Sep2014 12:00 AM
Check Out: 19Sep2014 12:00 AM
CALGARY AB
RADISSON
RADISSON CONF CENTER
6620 36TH STREET NE, CALGARY
AB, CANADA
T3J 4C8
Tel: [REDACTED]
Confirmation: [REDACTED]

Rooms 1
1 Night(s)

STANDARD ONE QUEEN BED
Rate: 149.00 CAD per Night

Friday, September 19, 2014

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: September 11, 2014
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Friday, September 19, 2014

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0

Flight: 8154 W CLASS
05:00 PM Equipment: D8 (300 SEAT(S))
05:52 PM

Mile(s) Flown: 153

AIR CANADA B
AIR CANADA C
TICKET NUMBER
FARE TYPE

Cost:

AIR CANADA W [REDACTED]	371.00
Tax:	74.96
Ticket Total:	445.96

Total:

Grand Total:	445.96
Less Credit Card Payments:	445.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: A VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GIRMM11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2FC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Radisson

④

Kevin Worry

Room No. : [REDACTED]
Arrival : 09-18-14
Departure : 09-19-14
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name : [REDACTED]

09-19-14 03:17:46 AM EST

Date	Text	Charges	Credits
09-18-14	Room	149.00	
09-18-14	Marketing Fee	4.47	
09-18-14	GST Tax	7.67	
09-18-14	Alberta Tourism Levy	6.14	
09-19-14	Mastercard		167.28
Total		167.28	167.28
Balance			0.00

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Thank You For Staying With Us

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

Guest Signature _____

Radisson Hotel & Conference Centre Calgary Airport East
6620 36th Street NE
Calgary, AB T3J 4C8
Telephone: (403) 475-1111 Fax: (403) 719-3855
GST # 82338 3401 RT0001