

## 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 January 2015

### Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings	455	313		158	926			
<b>Total</b>			\$ 455	\$ 313	\$ -	\$ 158	\$ 926	\$ -	\$ -	\$ -

**Total for the Month** \$ 926

Maximum daily single meal expense claimed in the month \$ 313 12 People  
 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.

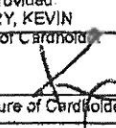

#### 4) Other

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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
WORRY, KEVIN Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period	20/01/2015
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount	\$925.94
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	[REDACTED]

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 06/01/2015	376071476	EDMONTON REGIONAL AIRP. AIRPORTS. AIRPORT TERMINALS. FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Parking Pass for Edmonton International Airport
② 07/01/2015	376368404	AIR CAN [REDACTED] CANADA	229.48	CAD	229.48	27.48		00 Flight from Grande Prairie to Edmonton Re Dr AG questioning
③ 07/01/2015	376368405	WESTJE [REDACTED] Westjet Airlines	225.48	CAD	225.48	49.48		00 Flight from Edmonton to Grande Prairie Re Dr AG questioning
④ 10/01/2015	376540043	SMITTY'S HIGH PRAIRIE, EATING PLACES RESTAURANTS	313.48	CAD	313.48	14.93		00 Lunch in High Prairie - Re Tour of High Prairie Health Centre for potential Physician Recruitment- Dr Aboud/Dr Ghaun

<b>Signatures</b>	
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies Program User Guide and Training I have allocated the transaction(s) to the proper cost centre</li> </ul>	
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____
Signature of Cardholder Designate _____	Date of Signature _____
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
WORRY, KEVIN Name of Cardholder _____  Signature of Cardholder _____	MEDICAL DIRECTOR - NORTH Cardholder Position/Title _____ 23 Jan - 2015 Date of Signature _____
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
Name of Approver Designate _____	Approver Designate Position/Title _____
Signature of Approver Designate _____	Date of Signature _____
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
Dr. Verna Yiu Name of Approver _____  Signature of Approver _____	VP Quality + CRM Approver Position/Title _____ Jan 29/15 Date of Signature _____
<b>Submit approved statement with attachments to Accounts Payable:</b>	
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable only:</b>	
Reference #: _____	Reviewed by _____
Date: _____	

**INVOICE**

*Monthly Parking Pass*



we'll move you.

Edmonton Regional Airports Authority  
1, 1000 Airport Road  
Edmonton International Airport, AB, Canada T9E 0V3  
Tel: 780-890-6864 Fax: 780-890-8446  
Website: www.flyeia.com Email: accounts@flyeia.com

Alberta Health Services  
Dr. Kevin Worry - Zone Medical Director

Customer #: [REDACTED]

Invoice #: [REDACTED]

Date: January 01, 2015

Contract #:	Billing Date From	Billing Date To	Amount
2011 Parking Agreement - Airport Site: YEG	1-Jan-15	31-Jan-15	\$150.00
P1 Parkade Parking Stall			

Invoice Subtotal \$150.00

GST \$7.50

Please pay this amount in Canadian funds \$157.50

EDMONTON REGIONAL AIRPORT  
1, 1000 AIRPORT RD.  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/01/06  
TIME 6789 15:19:09  
RECEIPT NUMBER [REDACTED]

PURCHASE TOTAL

\$157.50

APPROVED

01-027

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 - 1.5% per month on overdue accounts.

Payable in Canadian Funds.

**REMITTANCE FORM** (include with all payments)

Please make cheques payable to: <b>Edmonton Regional Airports Authority</b> and mail to: Edmonton Regional Airports Authority 1, 1000 Airport Road Edmonton International Airport, AB T9E 0V3 Canada	Invoice #: [REDACTED] Invoice Date: January 01, 2015 Customer #: [REDACTED] Customer Name: Alberta Health Services
	Amount Due: \$ 157.50 Due Date: January 01, 2015

Travel: Flight to Grande Prairie from Edmonton

Re: Dr. AG hearing

②/③

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP 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  
CA T5J 3E4

Invoice Number: [REDACTED]  
Date: January 7, 2015  
Page: 1/2  
Our Reference: [REDACTED]

### INVOICE

For  
DR KEVIN W WORRY  
AC [REDACTED]

Monday, January 12, 2015

✈ Air

WESTJET AIRLINES Flight: 3250 M CLASS  
From: EDMONTON INTL AB 07:17 AM Equipment: DH4  
To: GRANDE PRAIRIE 08:35 AM Mile(s) Flown: 247  
Stops: 0 Arrival: 12Jan15  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

✈ Air

AIR CANADA Flight: 8368 W CLASS  
From: GRANDE PRAIRIE 08:55 PM Equipment: D8 (300 SERIES)  
To: EDMONTON INTL AB 10:03 PM Mile(s) Flown: 250  
Stops: 0 Arrival: 12Jan15  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 5C

Cost:

TKT [REDACTED] -TKT [REDACTED] 176.00  
Tax: 49.48  
Ticket Total: 225.48

③

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

Invoice Number: [REDACTED]  
Date: January 7, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>		
AIR CANADA WE [REDACTED]		202.00
	Tax:	27.48
	<b>Ticket Total:</b>	229.48 → ②

<b>Total:</b>		
	<b>Grand Total:</b>	454.96
	<b>Less Credit Card Payments:</b>	454.96
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: 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  
GTRMM 11506 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 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Lunch in High Prairie - Re: Site visit.

Attendees: Dr. Worry & potential candidates  
(12 people)

Lunch in High Prairie  
Re: Tour of High Prairie ..  
Clinic

④

SMITTY'S RESTAURANT  
HIGH PRAIRIE AB

Svrck: 11 14:03 01/10/15

0042

Server: MARY R (#17) Rec: 31  
01/10/15 14:58, Swiped T: 208 Term: 1

\*\*\*Duplicate Copy\*\*\*

TRANSACTION RECORD

Tran. #: [redacted]

Check #: [redacted]

MasterCard Purchase

AID: A0000000041010

Amount \$272.59  
Tip \$40.89  
=====

TOTAL CAD\$313.48

APPROVED [redacted]  
00-001 16  
SSH80001/SCH80001  
045001001007  
Invoice [redacted]  
2015/01/10 14:58:13

TVR: 0000008000  
TSI: E800

No signature required

1 Boneless Wings	10.79
1 SHRIMP STIR-FRY	14.99
1 PHILLY CHS MELT, x gravy	15.18
1 BLT, x gravy, x bacon	16.97
2 CHICK STIR-FRY	29.98
1 SANTA FE QUESADILLA, whole wheat	14.29
6 ONE EGG, 1 omelette style, 1 omelette style, 1 omelette style, 1 omelette style, 1 omelette style	11.94
1 FRUIT CUP	4.99
1 BBQ RIB DINNER, bbq honey, add shrimp (1)	24.98
1 PHILLY CHS MELT, poutine	16.48
1 SALMON DINNER	16.49
1 GOURMAC&CHEESE, add chicken	16.78
1 SALMON DINNER, no sides	14.49
1 PHILLY CHS MELT	13.59
12 SOFT DRINK 20 OZ	34.68
1 HOT CHOCOLATE	2.99

Sub Total: 259.61

GST : 12.98

01/10 14:56 TOTAL : 272.59

THANKS FOR VISITING!  
COME AGAIN!!