

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 February 2015

		Travel (1)								
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-15	P-Card	Meetings	1,806	226	325	340	2,697			291
Total			\$ 1,806	\$ 226	\$ 325	\$ 340	\$ 2,697	\$ -	\$ -	\$ 291

Total for the Month \$ 2,988

Maximum daily single meal expense claimed in the month \$ 68 3 People
 Maximum daily base hotel rate claimed in the month \$ 184
 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

<u>WORRY, KEVIN</u> Cardholder's Name	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/02/2015</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>NORTHERN LIGHTS REGIONAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$2,988.27</u>
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>██████████</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/01/2015	377558958	WESTJET ██████████, Westjet Airlines	524.96	CAD	524.96	88.96	.00	Travel to Fort McMurray, NLRHC Re: Minister Mandel Touring Northern Lights Regional Hospital
19/01/2015	377558959	WESTJET ██████████, Westjet Airlines	484.96	CAD	484.96	.00	.00	Travel: From Fort McMurray Re: Tour with Minister Mandel, Northern Lights Regional Hospital
20/01/2015	377906607	THE PANTRY FORT MCMURR, EATING PLACES, RESTAURANTS	44.01	CAD	44.01	2.10		Lunch with Faciliti Medical Director: Fort McMurray re: Tour of NLRHC with Minister Mandel; 2 Chicken Wings, 1 Coke, 1 diet
20/01/2015	378179531	SUN TAXI (FT MCMURRAY), LIMOUSINES AND TAXICABS	36.00	CAD	36.00	1.71		Travel: Taxi taken from Fort McMurray Airport to Northern Lights Regional Hospital Re: Tour of NLRHC with Minister Mandel
23/01/2015	378074714	PUROLATOR SAMEDAY, COURIER SERVICES AIR & GROUND, FREIGHT	119.27	CAD	119.27	5.68	.00	Courier to Physician:Re: Physician Recruitment, Time sensitive Contract Signature
23/01/2015	378074715	PUROLATOR SAMEDAY, COURIER SERVICES AIR & GROUND, FREIGHT	119.27	CAD	119.27	5.68	.00	Courier to Physician: Re: Time sensitive Signed Contract
26/01/2015	378328276	ESSO, GAS / SERVICE STATIONS	3.50	CAD	3.50	.00		Gas refill for rental: Re Grande Prairie Dr. AG Questioning
26/01/2015	378328277	POMEROY HOTEL GRANDE P, EATING PLACES, RESTAURANTS	41.66	CAD	41.66	1.98		Breakfast with Brent Windwick Re: Dr. AG Questioning Grande Prairie- 2 eggs, 2 coffee, 1 omelet
26/01/2015	378459928	Enterprise (780)830-19, ENTERPRISE RENT-A-CAR	99.84	CAD	99.84	4.75		Car Rental-Grande Prairie Re: Dr. AG Questioning
30/01/2015	378676290	THE FUNKY FORK, EATING PLACES, RESTAURANTS	24.45	CAD	24.45	1.16		Breakfast with Dr. Gous in Edson Re: Tour of Edson Hospital with Minister Mandel -coffee, chai, 2 turkey sandwich
30/01/2015	378849530	COMFORT INN SUITES, LODGING HOTELS, MOTELS, RESORTS	118.81	CAD	118.81	5.66		Hotel Accommodations in Edson Re: Tour of Edson Hospital with Minister Mandel
31/01/2015	378849531	MAXIMUM MOBILITY, TELECOMMUNICATION EQUIPMENT	52.49	CAD	52.49	2.50		BB Cell phone battery purchase- Re: AHS cell phone
02/02/2015	379139426	AIR CAN ██████████, AIR CANADA	382.96	CAD	382.96	74.96	.00	Flight to Calgary Re: PPEC Meeting
03/02/2015	379139425	GREEN ACRES RESTAURANT, EATING PLACES, RESTAURANTS	67.80	CAD	67.80	3.23		Lunch in Glendon with Dr. Albert, Dr. Mannion- 2 sandwiches, Greek salad and 5 soft drinks/No free refills
05/02/2015	379486143	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68		Parking at UAH Re: Zone Leadership Meeting in Edmonton
09/02/2015	379915773	AIR CAN ██████████, AIR CANADA	412.96	CAD	412.96	74.96	.00	Flight to Calgary from Edmonton Re: Zone Leadership Meeting
09/02/2015	379915774	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68		Parking at UAH Re: AZMD Meeting in Edmonton
10/02/2015	379915772	MONTANAS FT PORCH 6954, EATING PLACES, RESTAURANTS	18.94	CAD	18.94	.90	.00	Dinner in Calgary Re: Zone Leadership Meeting- Cobb Salad turkey
11/02/2015	380256073	DELTA CALGARY AIRPORT, DELTA HOTELS	229.68	CAD	229.68	.00	.00	Hotel Accommodation Re: Zone Leadership Meeting
11/02/2015	380256074	HMSHOST CALGARY AIRPOR, EATING PLACES, RESTAURANTS	6.46	CAD	6.46	.21	.00	Lunch in Calgary Re: Zone Leadership Meeting - 2 chicken Wrap and 1 bottle soda
13/02/2015	380256072	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Parking Pass at Edmonton International Airport

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
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27/01/2015	378459929	AHS PARKING, HOSPITALS	14.25	CAD	14.25	.68	Parking at the RAH Re: Seniors Leaders Meeting
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<p>Signatories</p> <p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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. <p><u>Reana Bridgetal</u> Name of Cardholder Designate</p> <p><u>Exec Admin Coordinator</u> Cardholder Designate Position/Title</p> <p><u>KB Bridgetal</u> Signature of Cardholder Designate</p> <p><u>Feb-24-2015</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> 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 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. <p><u>McKORY, KEVIN</u> Name of Cardholder</p> <p><u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title</p> <p><u>Feb 24 - 2015</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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. <p>_____ Name of Approver Designate</p> <p>_____ Approver Designate Position/Title</p> <p>_____ Signature of Approver Designate</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> 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. <p><u>Dr. Verna Singh</u> Name of Approver</p> <p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>Feb 24/15</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable</p> <p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) are where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Returns, refunds and/or credit receipts Disputes (if any) Business reasons for travel require detailed descriptions include where travel led to, who attended (if meet), why travel was necessary and detailed explanation of reason. <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only.</p> <p>Reference #: _____ Reviewed by: _____ Date: _____</p>	

*Travel: Northern Lights Regional Hospital Re: Meeting/
Touring with Minister Mandel.*

①

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:
Agent:

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

Invoice Number:
Date: January 19, 2015
Page: 1/2
Our Reference:

INVOICE

For

DR KEVIN W WORRY
AC

Sunday, January 25, 2015

Air

WESTJET AIRLINES Flight: 3291 V CLASS
From: EDMONTON INTL AB 07:55 PM Equipment: DH4
To: GRANDE PRAIRIE 09:11 PM Mile(s) Flown: 247
Stops: 0 Arrival: 25Jan15
WESTJET ENCO
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Monday, January 26, 2015

Air

WESTJET AIRLINES Flight: 3292 M CLASS
From: GRANDE PRAIRIE 09:41 PM Equipment: DH4
To: EDMONTON INTL AB 10:50 PM Mile(s) Flown: 247
Stops: 0 Arrival: 26Jan15
WESTJET ENCO
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT-	E-TKT	436.00
	Tax:	88.96
	Ticket Total:	524.96

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

Invoice Number: [REDACTED]
Date: January 19, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	524.96
Less Credit Card Payments:	524.96
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: 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.

Travel: Return Flight from Fort McMurray Re: Tour with Minister
Mandel @ Northern Lights Regional Hospital

(2)

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]
GST REG# 885101915
PHONE: 780-425-8611

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

LOCATOR : [REDACTED]
OUR REF : [REDACTED]
AGENT : [REDACTED]

I N V O I C E

INV NO: [REDACTED]
DATE: 20JAN15
PAGE: 1

FOR: DR KEVIN W WORRY
AC [REDACTED]

- - - - - I T I N E R A R Y - - - - -

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST	DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	FT MCMURRAY	WESTJET	AI 139 Q	HK	20JAN	6:30A	7:40A		
			73W						
FT MCMURRAY	EDMONTON INTL	WESTJET	AI 3272 Q	HK	20JAN	3:25P	4:36P		
			DH4						
		WESTJET ENCO							

- - - - - C O S T - - - - -

WESTJET AIR	TKT NO	WS	[REDACTED]	(INCL 98.96 TAX)	484.96
*** SUB-TOTAL EXCLUDING GST/HST & APT					484.96
*** TOTAL CHARGES THIS INVOICE ***					484.96
PAYMENT BY	[REDACTED]	TKT	[REDACTED]		484.96
*** BALANCE DUE THIS INVOICE ****					0.00
BALANCE DUE TO DATE					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 2ECO
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Lunch Re: Facility Medical Director

3

Lunch: Northern Lights Regional Health centre Re: Tour with Minister Mandel

CHECK # [REDACTED] DATE 1/20/15
TABLE # [REDACTED] TIME 2:12PM

-- PANTRY : [REDACTED] --

ITEMS ORDERED	AMOUNT
2 Chicken Wings	25.98
1 COCA-COLA	3.49
1 DIET COKE	3.49
1 SPRITE	3.49

SUBTOTAL 36.45
GST 1.82

TOTAL DUE 38.27

ROOM # _____
GRATUITY _____
TOTAL _____
NAME _____
PLEASE PAY YOUR SERVER
SIGNATURE _____

GST# 841323967

PANTRY RESTAURANT PLEASE COME AGAIN!!!

THE PANTRY FORT MCMURR
8200 FRANKLIN AVEN T9H2H9
FORT MCMURRAYAB
21029496

|||| PURCHASE ||||

01-20-2015 14:13:50
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
AGGGGGGGGG41010 MasterCard

Trace # [REDACTED] Operator 018
FV2102949601

Inv. # [REDACTED]
Sctn # [REDACTED] RRN 001104038

Purchase \$38.27
Tip \$5.74
Total \$44.01

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Travel: Taxi from Fort McMurray Airport to Northern Lights
Regional Health Centre Re: Tour of NLRHC with Minister
Mandel. (4)

Sun Taxi
140 Mackenzie King Road
Fort McMurry, AB
T9H 4L2
780-743-5050

TAXI: [REDACTED]

15/01/20 07:58:29

MASTERCARD
Card : [REDACTED]
MasterCard
CHIP CARD

A0000000041010
0000008000

VERIFIED BY PIN
Order [REDACTED]
Ref [REDACTED]
Auth [REDACTED]

FARE : \$ 36.00 PURCHASE
TIP : \$ 0.00
TOTAL: \$ 36.00

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

GST# 125868893

Thank you for using
Sun Taxi

Reana Bridgelal

From: PurolatorSameDay <PurolatorSameDay@sci.local>
Sent: Friday, January 23, 2015 5:38 AM
To: Reana Bridgelal; PurolatorSameDay
Subject: RE: Purolator Same Day Service Order [REDACTED]
Attachments: image001.png; image002.png

5

*courier to Physician Re: Time sensitive
Contract for signature*

Hi Reana,

As requested.

Purolator SameDay
5925 Avenue Rd
Mississauga, L5R 3T1
905-712-1084
Merchant ID [REDACTED]

Date: 1/23/2015 Time: 7:37 AM

Trans Type: Preruth Complete

Transaction #: [REDACTED]
Name: DR KEVIN WORRY
Account: [REDACTED]
Exp Date: [REDACTED]
Card Type: MasterCard
Entry: Manual
Invoice #: [REDACTED]
Contractor ID: DR KEVIN WORRY
Auth Code: [REDACTED]
Result: APPROVED
Message: AP
Batch Num: [REDACTED]
Tran ID: [REDACTED]

Description: _____

Subtotal: \$119.27
Total Amt (CAD): \$119.27

No Signature Required

Cardholder Copy
Return this copy for statement verification

6

Purolator Sameday
5995 Avonbury Rd
Mississauga, L5R 3T8
905-713-1054
Merchant ID

Date: 1/23/2015 Time: 7:36 AM

Trans Type: Preauth Complete

Transaction #: [Redacted]

Name: DR. KEVIN WORRY

Account: [Redacted]

Exp. Date: [Redacted]

Card Type: MasterCard

Entry: Manual

Invoice #: [Redacted]

Customer ID: DR. KEVIN WORRY

Auth Code: [Redacted]

Result: APPROVED

Message: AP

Batch Num: [Redacted]

Tran ID: [Redacted]

Courier from Physician. Re: Time sensitive contract signed.

Description: _____

Subtotal: \$119.27

Total Amt (CAD): \$119.27

No Signature Required

Cardholder Copy
Retain this copy for statement verification.

Thanks,

Yusra

Yusra Sultan
Sameday Customer Service Coordinator

Purolator Sameday

[Redacted]

Toll Free: 1-888-744-7123 Option 1 & 4

From: Reana Bridgelal [mailto:Reana.Bridgelal@albertahealthservices.ca]

Sent: January-22-15 5:02 PM

To: PurolatorSameDay

Subject: RE: Purolator Same Day Service Order [Redacted]

Travel: Gas refill for rental Re: Grande Prairie Dr. AG
questioning. (7)

CENTRE WEST ESSO
11910 99 AVENUE
GRANDE PRAIRIE, AB T8V 0C7

VR

01/26/2015 9:06:23 PM

Register: [REDACTED] Trans # [REDACTED] ID: [REDACTED]

Your cashier: [REDACTED]

[REDACTED] CA PUMP [REDACTED] \$3.50 101
4.032 L @ \$ 0.869/L
GST Incl In Fuel \$0.17

Subtotal = \$3.50

Total = \$3.50

Change Due = \$0.00

Credit \$3.50

TYPE: PURCHASE \$3.50

ACCOUNT: MCARDFLEET

AUTH: [REDACTED] INVOICE: [REDACTED]

CARD NUMBER: C [REDACTED]

ODOMETER: 0

A- MasterCard

B- A000000041010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

Customer Copy

Breakfast: Grande Prairie Re: Dr. AG Questioning
With Brent Windwick.

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Pomeroy Lodging LP

MON JANUARY 26, 2015

CHECK # [REDACTED]

1 2 EGG	\$14.00
2 COFFEE	\$4.50
1 CHEF'S OMELET	\$16.00
SUB-TOTAL	\$34.50
TAX	\$1.73
TOTAL	\$36.23

ROOM NUMBER _____

GUEST NAME _____

TIP _____

TOTAL _____

SIGN _____

ASK YOUR SERVER ABOUT
OUR SUNDAY
MARITIME BRUNCH

GST # 865473310 RT0014
Time: 08:24 2 CUSTOMERS

POMEROY HOTEL GRANDE
PRAIRIE
11633 CLAIRMONT RD
GRANDE PRAIRIE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/01/26
TIME 08:26:34
SERV ID [REDACTED]
CHECK # [REDACTED]
TABLE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$36.23
TIP \$5.43
TOTAL

\$41.66

MasterCard
A0000000041010
A1D05BE17CC42E98
0000008000-EB00
3382A9DE77B68893

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



10610 AIRPORT DRIVE
GRANDE PRAIRIE, AB T8V7Z5
Federal GST# :889365821

Rental Agreement #: 9
Bill Ref #: [REDACTED]
Invoice Date: 26/01/2015
Account #:

BILL TO

KEVIN W DR WORRY

RENTAL INFORMATION

Date/Time Out: 01/25/2015 21:01 Date/Time In: 01/26/2015 21:20

Renter: WORRY, KEVIN W DR

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
GRAY	K32143	3	7H7SFG	42,809	42,828

VIN: JM1BL1UF2D1813019

CLAIM INFORMATION

Claim# / PO# / RO# Insured
Date of Loss Type of Loss Type of Vehicle
Repair Shop

BILLING DETAIL			
Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	52.00	52.00
DW	1 DAY	23.99	23.99
ROADSIDE ASSISTANCE PROTECT	1 DAY	4.99	4.99
Subtotal			80.98
CONCESSION FEE	PCT	16.28	13.32
VLF	1 DAY	0.79	0.79
GST	PCT	5.00	4.75
Total Charges (CAD)			99.84
PAYMENTS			
Payment	Master Card		-99.84
Total Payments (CAD)			-99.84
Amount Due (CAD)			0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g. sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Car rental - Grande Prairie Re: Dr. Alt questioning

For Billing Inquiries / Payment Terms :
Tel#: (403) 216-3490
ALBARADMIN@ehi.com
Payment Due within days of invoice date
Late payments are subject to a finance charge.

Thank You For Choosing Enterprise

Please Return This Portion With Remittance		Amount Due (CAD)	0
Remit To : ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4		Paid By: KEVIN W DR WORRY	[REDACTED]
Account #	Rental Agreement	Amount	GPBR
[REDACTED]	[REDACTED]	0	[REDACTED]

Breakfast - Dr. Gous in Edson Re: Tour of Edson Hospital
with Minister Mandel.

10

THE FUNKY FORK
5202 2 AVE
EDSON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/01/30
TIME 5302 07:47:02
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$21.26
TIP \$3.19
TOTAL

\$24.45

MasterCard
A0000000041010
C5F2F7203E051BCB
000000B000-E800
66FCABA9A9BC4E49

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 840815583R10001

THE
FUNKY FORK
(780) 7237797

01/30/2015 9:29AM 0001
[REDACTED]

REG COFFEE LRG 11 \$3.00
CHAI LATTE LG 11 \$4.75
TURKEY EGDURANCE 11 \$6.25
TURKEY EGDURANCE 11 \$6.25
MOUSE ST \$20.25
TAX1 \$1.01

CHARGE1 \$21.26

YOUR RECEIPT
THANK YOU!
G:T 840815583RT0001

Hotel accommodations Re: Tour of Edson Hospitals with Minister Mandel



BY CHOICE HOTELS

AB Health Services

Worry, Kevin



Comfort Inn & Suites (CN784)

5517- 4th Avenue
Edson, AB T7E 1L6
(780) 723-7303
GM.CN784@choicehotels.com

Account: [REDACTED] 11L
Date: 2/9/15
Room: [REDACTED] BAR
Arrival Date: 1/29/15
Departure Date: 1/30/15
Check In Time: 1/29/15 9:25 PM
Check Out Time: 1/30/15 3:10 PM
Rewards Program ID:
You were checked out by: [REDACTED]
You were checked in by: [REDACTED]
Total Balance Due: 0.00

Post Date	Description	Comment	Amount
1/29/15	Room Charge	[REDACTED]	109.00
1/29/15	Occupancy Tax		4.36
1/29/15	Goods & Services Tax		5.45
1/30/15	Master Card	[REDACTED]	(118.81)

Folio Summary 1/29/15 - 1/30/15

Room Charge	109.00
Goods & Services Tax	5.45
Occupancy Tax	4.36
Master Card	(118.81)
Balance Due:	0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

x _____

choiceprivileges

You could be earning free nights and other great rewards. Join Choice Privileges today, at www.choiceprivileges.com.

Thank you for your stay. Visit ChoiceHotels.com/VerifiedReviews to post your comments about your recent experience (Click the 'Write a Review' button)

cell phone battery purchase for Atts cell phone.

12



Sale

Invoice: [REDACTED]



Maximum Mobility-Westland
#116 - 70 McLeod Ave.
Spruce Grove AB Canada T7X 2H8
(780)962-4959

Tendered On 31-Jan-2015 02:43 PM
Tendered At: Maximum Mobility-Westland

Customer Information

No Customer

MAXIMUM MOBILITY
70 MCLEOD AVE UNIT 116
SPRUCE GROVE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/01/31
TIME 9779 14:43:22
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$52.49

MasterCard
A0000000041010
A212A0987164AAC1
000000B000-E800
F15CE476325028B3

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

PABATL000161

Battery [REDACTED]

Tracking #

1 @ \$49.99 \$49.99

Subtotal: \$49.99

GST: \$2.50

Total: \$52.49

Change: \$0.00

MasterCard \$52.49

Contract Details:

Tracking # Contract #

Comments:

Flight to Calgary - Re: PPEC Meeting

13

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: February 2, 2015
Page: 1/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

For
DR KEVIN WORRY
AC [REDACTED]

Wednesday, February 4, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 10D

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:53 AM

Mile(s) Flown: 153

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 04Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 12D

Flight: 8150 V CLASS
03:30 PM Equipment: DH4
04:25 PM

Mile(s) Flown: 153

Cost:
AIR CANADA WEB [REDACTED] 308.00
Tax: 74.96
Ticket Total: 382.96

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

Invoice Number: [REDACTED]
Date: February 2, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

Total:

Grand Total:	382.96
Less Credit Card Payments:	382.96
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: 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.

Lunche in Glendon - Re: Meeting with Dr. Mannion & Dr. Albert Harmse

124

GREEN ACRES RESTAURANT
13 RAILWAY AVE
GLENNDON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/02/03
TIME 5224 14:30:03
RECEIPT NUMBER [REDACTED]

GREEN ACRES
GST: 638807819 ☺
☎ 7806352885 THANKU

PURCHASE AMOUNT \$58.96
TIP \$8.84
TOTAL

\$67.80

DATE: 03/01/15
NAME:
NOM:
ADDRESS:
ADRESSE:

MasterCard
A0000000041010
294E79FB415530A7
0000008000-E800
B7A2914877149390

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

SOLD BY VENDU PAR	C.O.D C.R.	CHARGE	CH ACCT. REQU'AVC.	ACCT FORWARD MONT. REPORTE
1		2X House 2nd		
2				
3				
4		LG Greek Salad		
5		with chicken		
6				
7		5 DRINK		
8				
9				
10				
			GST 4%	
			HST 7%	
TAX REG. NO No ENRG TAXE			PST/TVP	
			TOTAL/TOTALE	67.80
[REDACTED]			SIGNATURE:	

Parking at UAH - Re: AzMD meeting in Edmonton.

15

UNIVERSITY OF ALBERTA
HOSPITAL - 8th Ave. PARKADE

UAH East Parkade Booth #2

Recd [redacted]
02/05/15 16:44 LH 2 # 2 [redacted]
02/05/15 16:44 In 02/05/15 16:44 Out
TKT [redacted]
UPR [redacted] 14.25
Total Fee \$ 14.25
PASTER CARD \$ 14.25 - license fee
\$ 0.00

Parking Order and GST exempt.

Comments - Email us at
parking@ualberta.ca
alter@ahes@ualberta.ca

AHS UAH PARKADE EAST11
8440-112 STREET T6C2B7
EDMONTON AB
20733493

|||| PURCHASE ||||
02-05-2015 16:45:10
Acct # [redacted] C
Exp Date [redacted] Card Type MC
Name: KEVIN WORRY
A0000000041010 MasterCard
Trac [redacted]
Auth [redacted] RRN 001131050

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Flight to Calgary from Edmonton Re: Zone leadership

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: February 9, 2015
Page: 1/2
Our Reference: [Redacted]

INVOICE

For
DR KEVIN WORRY
AC [Redacted]

Tuesday, February 10, 2015

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 10Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [Redacted]
TICKET NUMBER [Redacted]
SEAT 7C

Flight: 8171 V CLASS
08:00 PM Equipment: D8 (300 SERIES)
08:56 PM

Mile(s) Flown: 153

Wednesday, February 11, 2015

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 11Feb15
AIR CANADA E
AIR CANADA CONFIRMATION [Redacted]
TICKET NUMBER [Redacted]
SEAT 5A - NO AISLE SEATS AVAILABLE

Flight: 8148 V CLASS
01:30 PM Equipment: D8 (300 SERIES)
02:25 PM

Mile(s) Flown: 153

Cost:
AIR CANADA WEB [Redacted] 338.00
Tax: 74.96
Ticket Total: 412.96

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

Invoice Number: [REDACTED]
Date: February 9, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	412.96
Less Credit Card Payments:	412.96
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: 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.

Parking at UAH Re: Zone Leadership
Edmonton



(17)

UNIVERSITY OF ALBERTA
830710 - 93 AVE. PARKADE

UAH Uah Parkade 06/10 25
Rcpt# [REDACTED]
02/09/15 17:12 LH 0 00 0 [REDACTED]
02/09/15 12:53 D 02/09/15 12:53 00
Tkt [REDACTED]
UAH 83 Ave \$ 14.25
Total Fee \$ 14.25
MASTER CARD \$ 14.25-Credit Card
\$ 0.00

Parking Rates and GST Exempt

Comment - Paid via
parkingsystem
alberta.ca/uaehome

AHS UAH PARKADE EAST11
8440-112 STREET T6G2B7
EDMONTON AB
20733493

|||| PURCHASE ||||

02-09-2015 17:12:30
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
A0000000041010 MasterCard

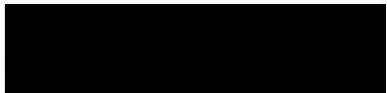
Trace # [REDACTED]
FS2073349301
Auth # [REDACTED] RRN 001133054

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Dinner: Calgary Re: Zone leadership



18

HMSHOST
MONTANA'S COOKHOUSE
EDMONTON INTERNATIONAL AIRPORT



GST 1
FEB10'15 7:30PM

DINE IN

**** SEAT 1 ****
1 WTR GLASS 0.00
1 SLD COBB 15.69
RANCH
SUB TURKEY BREAS
TAX 0.78 AMOUNT D 16.47

SUBTOTAL 15.69
TAX 0.78
AMOUNT DUE \$ 16.47

THANK YOU FOR YOUR BUSINESS!

CALL US ABOUT OUR EXPERIENCE

TAMARA LAWLOR
780-890-4447
TAMARA.LAWLOR@HMSSH0ST.COM

GST #137512901

MONTANA'S FT PORCH 6954
3688L-1000 AIRPORT ROAD
EDMONTON, AB T9E0V3
7808904451

SALE

Server #: [REDACTED]
MID: 26813460011
TID: 002 REF#: [REDACTED]
Batch #: [REDACTED] 19:57:09
02/10/15
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED] [REDACTED]

AMOUNT \$16.47
TIP \$2.47
TOTAL \$18.94

APPROVED

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

THANK YOU
PLEASE COME AGAIN

MERCHANT COPY

Hotel Accommodations - Re: Zone leadership



DELTA

CALGARY AIRPORT


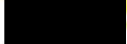
2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-6121


19

AB HEALTH SERVICES
Mr Kevin W Worry



Canada

Room: 
Folio: 
Cashier:
Arrival: 02-10-15
Departure: 02-11-15

Date	Description	Additional Information	Charges	Credits
02-10-15	Room Charge		184.00	
02-10-15	Room Destination Marketing Fee		5.52	
02-10-15	Room Tourism Levy		7.58	
02-10-15	Room GST		9.48	
02-11-15	In Room Dining - Breakfast		23.10	
02-11-15	Mastercard			229.68
			Total	229.68
				229.68
			Balance Due	0.00 CDN

GST Summary	
Reg No:807209770 RT0001	
Room	9.48
F&B	1.10
Other	0.00
Total	10.58

Guest Signature: _____

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.

Lunch in Calgary - Re: zone leadership [REDACTED]

20

HMSHOST
TIM HORTONS C
CALGARY INTERNATIONAL AIRPORT

[REDACTED]

[REDACTED]

[REDACTED]

FEB11'15 1:10PM

TO GO

2 WRAP CHPTL CHX	3.98
1 SODA BTL M ECO DEPT	2.27

SUBTOTAL	6.25
TAX	0.21
AMOUNT PAID	6.46

[REDACTED] MASTERCARD 6.46

[REDACTED] Closed FEB11 01:10PM---

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

JOHN VAN BESOUW
JOHN.VANBESOUW@HMSSHOST.COM

GST # 137512901

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 #:

Invoice #:

Date:

February 01, 2015

Canada

Contract	Billing Date From	Billing Date To	Amount
P1 Parkade Parking Stall	1-Feb-15	28-Feb-15	\$150.00

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 TYPE MASTERCARD
CARD NUMBER [REDACTED]
DATE 2015/02/13
TIME 6778 14:48:08
RECEIPT NUMBER [REDACTED]

PURCHASE TOTAL \$157.50

APPROVED
AUTH# [REDACTED] 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: Edmonton Regional Airports Authority and mail to: Edmonton Regional Airports Authority 1, 1000 Airport Road Edmonton International Airport, AB T9E 0V3 Canada	Invoice #: [REDACTED] Invoice Date: February 01, 2015 Customer #: [REDACTED] Customer Name: Alberta Health Services
	Amount Due: \$ 157.50 Due Date: February 01, 2015

Written Attestation for Lost Receipt

Date/Purpose/Amount *Jan 27/15 / Parking / \$ 14.25*

Location *Robbins Learning Centre, Royal Alexandra Hospital*

Meeting Description

Seniors Leaders Meeting: Development of Strategic Session

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

K
Employee Authorization

Feb-24-2015
Date Signed

Verna Yiu
Dr. Verna Yiu

Claim Approver
Feb 24 / 15
Date Signed