

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 March 2015

| Month-Year | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|-------------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Travel (1) | | | | | | | | | | |
| Mar-15 | P-Card | Meetings | 536 | 30 | | 237 | 803 | | | 24 |
| Total | | | \$ 536 | \$ 30 | \$ - | \$ 237 | \$ 803 | \$ - | \$ - | \$ 24 |

Total for the Month \$ 827

Maximum daily single meal expense claimed in the month \$ 30 2 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

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: 20/03/2015 |
| Cardholder's Name | Cardholder's Position/Title | | |
| MEDICAL AFFAIRS | NORTHERN LIGHTS REGIONAL | | Total Statement Amount: \$826.31 |
| Cardholder's Dept | Cardholder's Site/Location | | |
| KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA | | | Last 6 digits of the P-Card # [REDACTED] |
| Cardholder's e-mail address | | | |

| Statement of Transactions | | | | | | | | |
|---------------------------|-----------|--|-----------------------|----------|--------------|-------|---------|---|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 23/02/2015 | 381401279 | WESTJET [REDACTED] Westjet Airlines | 242.48 | CAD | 242.48 | 49.48 | .00 | Flight to Fort McMurray Re: Patient concern |
| 23/02/2015 | 381533318 | AIR CAN [REDACTED] AIR CANADA | 293.48 | CAD | 293.48 | 37.48 | .00 | Flight from Fort McMurray to Edmonton Re: Patient Concerns |
| 25/02/2015 | 381533316 | UNITED CLASS CAB, LIMOUSINES AND TAXICABS | 33.40 | CAD | 33.40 | 1.59 | .00 | Taxi Fare: From Northern Lights Regional health centre to Fort McMurray Airport Re: Patient Concern |
| 25/02/2015 | 381533317 | SAFEWAY [REDACTED] GROCERY STORES, SUPERMARKETS | 23.69 | CAD | 23.69 | 1.13 | .00 | Windshield washer fluid and Gas for fleet vehicle: |
| 25/02/2015 | 382109370 | SUN TAXI (FT MCMURRAY), LIMOUSINES AND TAXICABS | 35.10 | CAD | 35.10 | 1.67 | .00 | Taxi from Fort McMurray Airport to Northern lights regional Health Centre Re: Patient concerns |
| 26/02/2015 | 381722776 | EARL S FORT MCMURRAY A, EATING PLACES, RESTAURANTS | 29.66 | CAD | 29.66 | 1.41 | .00 | Dinner in Fort McMurray International Airport Re: Patient Concerns/ 1 Pop 1 refill 1 cajun Chicken |
| 04/03/2015 | 382366045 | EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS | 157.50 | CAD | 157.50 | 7.50 | .00 | Monthly Parking Pass: Edmonton International Airport |
| 04/03/2015 | 382648113 | AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES | 6.00 | CAD | 6.00 | .29 | .00 | Parking paid: ZEL monthly meeting in person at Walter Mackenzie Centre |
| 05/03/2015 | 382648112 | MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES | 5.00 | CAD | 5.00 | .24 | .00 | Parking at 10960 104 street n.w. Re: CMO Offsite Meeting: Senior Leaders meeting: Development and Strategic |



| | |
|---|--|
| <p>Signatures</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>KEANA BRIDGEMAN</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> <p><u>Exec. Admin. Coordinator</u> Cardholder Designate Position/Title</p> <p><u>23/ March / 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 any personal expenses inadvertently charged is attached. 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>WORRY, KEVIN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> <p><u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title</p> <p><u>23/ March / 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. Verma</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p> <p><u>VP Quality - CR</u> Approver Position/Title</p> <p><u>Mar 25/15</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) And where applicable: <ul style="list-style-type: none"> Copies of pre approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions - include where traveled to, who attended (if any), 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 T6J 3E4</p> | |
| <p>Accounts Payable only</p> <p>Reference #: _____ Reviewed by: _____ Date: _____</p> | |

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

Invoice Number: [REDACTED]
Date: February 23, 2015
Page: [REDACTED]
Our Reference: [REDACTED]

INVOICE

Total:

| | |
|---------------------------------------|--------|
| Grand Total: | 535.96 |
| Less Credit Card Payments: | 535.96 |
| 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.

Taxi fare: from Northern Lights Regional Health centre to Fort McMurray
Airport Re: Patient concerns (3)

UNITED CLASS CAB
9501 MANNING AVE APT. 119
FORT McMURRAY, AB

Term ID: 05120025

Purchase

██████████
MASTERCARD

Entry Method: C

Total: \$ 33.40

2015/02/25

18:03:07

Seq #: ██████████

APP Code: ██████████

Resp Code: 01/027

MasterCard
A0000000041010
EC 08 93 EE 40 05 0C 04
00 00 00 00 00
E8 00
0A 78 08 10 00 6E 67 12

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

Windshield washer fluid for fleet vehicle
Gas for fleet vehicle

4



Safeway Heritage
2310 - 109 Street NW Edmonton AB
Phone: 780.430.4278
GST# 831536503

Served by: [REDACTED]
RainX 40W [REDACTED] \$5.49 GC
RainX 40W 3.78L \$5.49 GC
Fuel Unleaded 96 \$12.16
SUBTOTAL \$23.14
5% GST \$0.55
TOTAL \$23.69
Master Card TENDER \$23.69
Cash CHANGE \$0.00

NUMBER OF ITEMS 3

CLIENT [REDACTED] INSERTED
TERMIN [REDACTED]
** PURCHASE ** \$ 23.69
CARD MasterCard RCP [REDACTED]
NO. [REDACTED] RESP 000
DAT [REDACTED] TIME 20:29:07
AUT [REDACTED] REF [REDACTED]
APPL. MasterCard
AID A0000000041010
TVR 0000008000 TSI E800

APPROVED

NO SIGNATURE REQUIRED

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

Term Tran Oper 02/25/15
85 1724 [REDACTED] 237 20:29:13

Thank you for shopping at Our Store
Come Again Soon

How was your shopping experience?
Please share your thoughts online.
safewaycanada.survey.marketforce.com

Taxi Fare: Fort McMurray Airport to Northern Lights Regional Health
Centre. Re: Patient concerns

⑤

Sun Taxi

140 MacKenzie King Road
Fort McMurray, AB
T9H 4L2
780-743-5050

TAXI: 37/66233221

15/02/25

08:11:18

MASTERCARD
Card :
MasterCard
CHIP CARD

A0000000041010
000008000

VERIFIED BY PIN
Order
Ref
Auth

| | | PURCHASE |
|--------|----|----------|
| FARE : | \$ | 31.90 |
| TIP : | \$ | 3.20 |
| TOTAL: | \$ | 35.10 |

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

GST# 125868893

Thank you for using
Sun Taxi

Dinner: Fort McMurray International Airport: Re: Patient concerns

6

EARLS RESTAURANTS

earls
GREAT FOOD GREAT PEOPLE

240 - 100 Snowbird Way
Fort McMurray Intl Airport
Fort McMurray, AB T9H 5B4
780-790-1700

[REDACTED] Gst 2
Feb 15 06:19PM

| | |
|-----------------|-------|
| 1 POP | 3.25 |
| 1 POP REFILL | 0.00 |
| 1 CAJUN CHICKEN | 25.00 |
| Subtotal | 28.25 |
| GST Tax | 1.41 |
| 06:34PM Total | 29.66 |

PLEASE PAY YOUR SERVER
GST # 83096 3310 RT0001

Monthly Parking Pass

INVOICE

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



we'll move you.

Alberta Health Services
Dr. Kevin Worry - Zone Medical Director

Customer #:

Invoice #:

Date:

March 01, 2015

Canada

Contract # [Redacted]

P1 Parkade Parking Stall

Table with columns: Billing Date From, Billing Date To, Amount. Row 1: 1-Mar-15, 31-Mar-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
DATE 2015/03/04
TIME 1589 09:59:57
RECEIPT NUMBER [Redacted]
PURCHASE TOTAL \$157.50
APPROVED [Redacted] 01-027
THANK YOU [Redacted]
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)



Remittance form table with fields for payment details, invoice information, and amounts due/remitted.

Parking paid for. ZEL Monthly meeting in person at the Walter Mackenzie
Centre. (8)

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

|||| PURCHASE ||||

03-04-2015 12:39:27
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
A0000000041010 MasterCard

Trace [REDACTED]
Auth [REDACTED] 001149022

Total \$6.00

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

UNIVERSITY OF ALBERTA
HOSPITAL - 83 AVEL PARADE

UAH East Parade [REDACTED]
Rcpt# [REDACTED]
03/04/15 12:39 In 2 2 In# 30452
03/04/15 11:12 To 03/04/15 12:33 Out

[REDACTED] .00
Total Fee \$ 6.00
MASTER CARD \$ 6.00-Charge Due
\$ 0.00

Parking Rates are GST Exempt

Comments? - Email us:
parking@monten@
albertahealthservices.ca

Parking paid at 10960 - 104 street NW

CMD off-site in person meeting:

Seniors Leaders Meeting

9

1

IMPARK
PHONE 730-420-1976
VENUE PETER
and all private cases
MAR 05
impark
588

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON D

6:00AM FRI
MAR 05 15

NO 156381 COOL
INSTRUCTIONS ON BACK

IF RE-SOLD

PLACE THIS SID