

## 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 April 2015

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meetings			196	186	382			
<b>Total</b>			\$ -	\$ -	\$ 196	\$ 186	\$ 382	\$ -	\$ -	\$ -

**Total for the Month**    \$        382

Maximum daily single meal expense claimed in the month    \$        -  
 Maximum daily base hotel rate claimed in the month         \$        180  
 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 Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period	20/04/2015
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount	\$382.19
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 31/03/2015	385575436	DAYS HOTEL AND SUITES, BEST WESTERN HOTELS	196.19	CAD	196.19	9.34		Hotel accommodations Spirit Awards in Grande Cache and site visit with Dr. Gillett
② 01/04/2015	385668266	AHS RAH SE PARKADE, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	0.65		Parking paid Re: AHS servers Leaders meeting at the Royal Alexander Hospital in Edmonton
③ 08/04/2015	385423694	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.50		Monthly parking pass - Edmonton International Airport
④ 09/04/2015	385423695	AHS RAH SE PARKADE, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	0.65		Parking paid Re: Acute benchmarking meeting at the Royal Alexander Hospital in Edmonton



FOI# 101 RE: Spirit Awards, Grande Cache

①



DAYS HOTEL & SUITES GRANDE CACHE

9901-100 STREET  
GRANDE CACHE AB T0E 0Y0 CA  
Phone: 780 827 3303

Fax: 780 827 3334

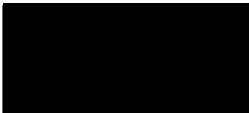
Email: info@daysinngrandecache.com

Printed: 3/30/2015 8:50:41 AM

## Folio (Detailed)

Name: WORRY, KEVIN DR.  
Company: ALBERTA HEALTH SERVICES

Confirmation Number:  
Account Number:



Address: [Redacted]

Room: [Redacted]	Room Type: [Redacted]	Nights: 1	Guests: 1/0
Rate Plan: [Redacted]	Daily Rate: \$179.99 + \$16.20 Tax	GTD: MC - MASTER CARD	
Arrival: 3/30/2015 (Mon)	Departure: 3/31/2015 (Tue)	[Redacted]	

Room Rate:

3/30/2015 (Mon) - 3/30/2015 (Mon) \$179.99 + \$16.20 Tax per night.

By signing below, I agree to these terms and conditions.

Guest Signature: \_\_\_\_\_

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

Parking Paid - Re: AHS Seniors leaders mtg @ Royal  
Alexander Hospital, Edmonton .

2

ROYAL ALEXANDRA HOSPITAL  
SE PARKADE - PUBLIC PARKING

RAH SouthEast Parkade Booth  
Rcpt# [REDACTED]  
04/01/15 13:51 LH 1 AH 10 Tx [REDACTED]  
04/01/15 06:32 In 04/01/15 13:51 Out  
Tkt [REDACTED]  
RAH SE PARK \$ 14.25  
Total Fee \$ 14.25  
MASTERCARD \$ 14.25-Change Due  
\$ 0.00

Parking Rates are GST Exempt

Comments? - email us :  
parkingedmonton@  
albertahealthservices.ca

AHS RAH SE PARKADE  
10240 KINGSWAY AVE T5K0L4  
EDMONTON AB  
20733360

1111 PURCHASE 1111

04-01-2015 13:52:16  
Acct # [REDACTED] C  
Exp Date [REDACTED] e MC  
Name: KEVIN WORRY  
A0000000041010 MasterCard

Trace # [REDACTED]  
Auth # 1 [REDACTED] RR [REDACTED]

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

**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

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

EDMONTON REGIONAL  
 AIRPORT  
 1, 1000 AIRPORT RD.  
 EDMONTON AB

CARD TYPE MASTERCARD  
 DATE 2015/03/04  
 TIME 1589 09:59:57  
 RECEIPT NUMBER

-----  
 PURCHASE TOTAL  
**\$157.50**  
 -----

APPROVED  
 AUTH# [Redacted]  
 THANK YOU

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

CARDHOLDER COPY  
 IMPORTANT - RETAIN THIS  
 COPY FOR YOUR RECORDS

Billing Date From	Billing Date To	Amount
	31-Mar-15	\$150.00
<b>Total</b>		<b>\$150.00</b>
<b>GST</b>		<b>\$7.50</b>
<b>Funds</b>		<b>\$157.50</b>

GST#: R128599776

Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum - 1.5% per month on over-due accounts

Payable in Canadian Funds

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

X

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 #: Invoice Date: Customer #: Customer Name: Alberta Health Services
Amount Due: <b>\$157.50</b> Due Date: <b>March 01, 2015</b>	Amount Remitted: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

Parking Paid - Re: Aucte Benchmarking meeting at Loyal  
Alexander Hospital, Edmonton.

④

ROYAL ALEXANDRA HOSPITAL  
SE PARKADE - PUBLIC PARKING

RAH SouthEast Parkade Booth

04/09/15 16:50 LH 1 AH 15 Txn# 51889  
04/09/15 06:51 In 04/09/15 16:50 Out

RAH SE PARK \$ 14.25  
Total Fee \$ 14.25  
MASTERCARD \$ 14.25-Change Due  
\$ 0.00

Parking Rates are GST Exempt

Comments? - email us :  
parkinedmonton@  
albertahealthservices.ca

AHS RAH SE PARKADE  
10240 KINGSWAY AVE T5K0L4  
EDMONTON AB  
20733360

|||| PURCHASE ||||  
04-09-2015 16:50:56  
Acct # [REDACTED] C  
Exp Date [REDACTED] MC  
Name: KEVIN WORRY  
AG000000041010 MasterCard

Trace [REDACTED]

Auth # [REDACTED]

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy