

### **Official Administrator and Executive Expense Report**

Name Dr. Kevin Worry
Title ZMD, North Zone
Location Fort McMurray

Expenses submitted during the month of May 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)
May-15	P-Card	Meetings	383	28		137	548			
Total			\$ 383	\$ 28	\$ -	\$ 137	\$ 548	\$ -	\$ -	\$ -

Total for the Month

548

Maximum daily single meal expense claimed in the month \$ 14

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



	iled receipts and supporting documents in the sam	le order as it appears on this stat	ement
Cardnolder AND Approver	's signatures required where indicated below		227 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 122 - 12
WORRY, KEVIN	MEDICAL DIRECTOR - NORTH		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/05/2015
MEDICALAFFAIRS	NORTHERN LIGHTS REGIONAL		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$548.28
KEVIN.WORRY@ALBERTAHE	ALTHSERVICES.CA		100,000
Cardholder's e-mail address	The state of the s	Last 6 digits of the P-Card #	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription t
20/04/2015	387472655	GRANDMA LEES BAKERQPS, FAST-FOOD RESTAURANTS	7.43	CAD	7.43	.35	.00 Lunch at Grandma Lee's Bakery Re; CPS/ Hearing
21/04/2015	387591587	GRANDMA LEES BAKERQPS, FAST-FOOD RESTAURANTS	7.43	CAD	7.43	.35	.00Lunch at Grandma Lee's Bakery Re: CPS/ nearing
21/04/2015	387591588	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	40.00	CAD	40.00	1.90	.00Parking Re: CPSA Hearing
22/04/2015	387944933	ESSO, GAS / SERVICE STATIONS	7.86	CAD	7.86	.00	Gas Re: NZ Acute Benchmarking Planning Meeting in Leduc
27/04/2015	338235840	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00Parking paid Re: AZMD/ZCDH Medical Leadership Meeting in Edmonton
28/04/2015	388355856	COOKIE LOVE CAFE, EATING PLACES, RESTAURANTS	13.60	CAD	13.60	.65	Lunch Re: Judicial Review- sandwich, fruit water and coffee
28/04/2015	386355857	ADV PARKING00600003A, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	1.24	.00Parking paid Re: Judicial Review
05/05/2015	389331031	WESTJI	191.48	CAD	191.48	49.48	.00Travel: Flight from Edmonton to Calgary International Airport for PPEC Mtg
05/05/2015	389542728	AIR CANADA	191.48	CAD	191.48	37.48	.00 Flight from Calgary International Airport to Edmonton Re: PPEC Meeting

	Transaction	s without F	Receipts or supporting documentation	ion				
-	Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	-	Trans Amount	GST	FreighDescription
	20/04/2015	387472656	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	45.00	CAD	45.00	2.14	.00Parking- Underground Parking at Telus Plaza Re: CPSA Hearing

(10)

RUN DATE: 05/22/2015



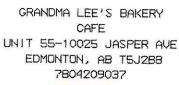
RUN DATE: 05/22/2015

P-Card details Online ® Cardholder Statement Report

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Signaturus		
Cardholder Disalguate (If Applicable)		
By signing this statement		
Program User Guide and Training I have all	onciled this statement in BMO Online to the best of my abili ocated the transaction(s) to the proper cost centre.	ty in accordance to AHS Corporate Policies
North Bangara	C. 11-6	and do-
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Signature of Cymra o'der Designate	Date of Structure	Marie .
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	Travel, Hospitality and Working Session Expense Policy (19	
expenses being claimed are in compliance w	ith such policy.	(22) of Alberta Health Services and confirm
<ul> <li>I affect the expenses enclosed in this claim a</li> </ul>	re for valid business nurcours for Albaria Marith Condens	and that this state has not been all the
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provided.	have been incurred by using a cost effective method, other	wise rationale and supporting analysis is
WORRY, KEVIN	MEDICAL DIRECTOR - NORTH	
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Operation Programme	Date of Signature	
Approver Dosignate (#Applicable)		
By signing this statement		
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expenses being claimed are in compliance wi	in such policy	
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Signature of Approver Designate Approver	120108-12010	
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· I attest the expenses enclosed in this claim are	for valid business purposes for Alberta Health Services and	d that this slates has not been all the
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Name of Adjusters	. , , , , , , , , , , , , , , , , , , ,	
realise of Admires / VVV	May 26/1	5
Signature of Approver	May 26 / 13	5
Signature of Approver Submit approved statement with attaches and approved statement with a s	May 26 / 13	5
Submit approved statement with attachments to Ac	May 26 / 13	
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Attach:  Original (or scanned) itemized receipts with document or required.	Date of Signature  Date of Signature  mental Payable:  mental business reasons including names of participants	Address: Alberta Health Services
Submit approved statement with statements to Ac  Attach: Original (or scanned) itemized receipts with documents of the scanned	Date of Signature  Date of Signature  mental Payable:  mental business reasons including names of participants	Address:
Original (or scanned) itemized receipts with documenter required     Signed Cardholder Statement Report (or copies of And where applicable:     Copies of pre-approvals for travel	Date of Separature  mented business reasons including names of participants electronic signatures if signatures are not on report)	Address: Alberta Health Services Accounts Payable
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### Lunch - Re: CPSA Hearing in Edmonton









### THUOMA

### \$7.43

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

MERCHANT COPY

### APPROVED

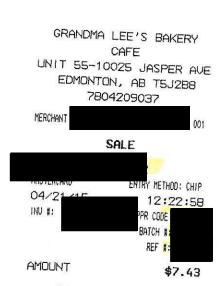
APPLICATION LABEL: MasterCard

AID: A0000000041010 TUR: 00 00 00 80 00 TS1: E8 00

Written Attestation for Lost Receipt  Date/Purpose/Amount April 20/2015   CISA Hearing   \$17.43
Location Unit 55 - 10025 Jasper Ave, Edmonton AB
Meeting Description Dr. AG CPSA Hearing Tura Sandwich, chief pepsi - No alcohol bererages
The above receipt has been misplaced
The expense was incurred and related to AHS business
The expense has not been previously claimed
News News
Employee Authorization Dr. Verna Ylu
Claim Approver
Frence 1/2015 June 4/15
Date Signed Date Signed

Lunch - Le: CPSA Hearing in Edmonton.





PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

MERCHANT COPY

APPROVED

APPLICATION LABEL: MasterCard

AID: A00000000041010 TUR: 00 00 00 80 00

TS1: E8 00

Written Attestation for Lost Re					
Date/Purpose/Amount April 21/2015/CPSA He	learing				
Location Unit 55-10005 Jasper Are					
Meeting Description Dr. AG CPSA Hearing					
Tuna sandwich, diet Peps, - no a	clonel beverages				
<ul> <li>The above receipt has been misplaced</li> </ul>					
The expense was incurred and related to AHS business	The expense was incurred and related to AHS business				
<ul> <li>The expense has not been previously claimed</li> </ul>	/				
V	Vers				
Employee Authorization	Dr. Verna Yiu				
	Claim Approver				
Frene 1/2015	June 3/15				
. /	Date Signed				

## Parking - le : CPSA Hearing

3

ATB PLACE GST:887315638RTD01 RECEIPT C1

IN: 21.04.15 D8:07 PAY: 21.04.15 15:28 AMOUNT: \$ 40.00

RECORD -----

Card #

Card Entry: LHIP

Account: MASTERCARD

Trans: PURCHASE

Amount: \$40.00

Auth

Sequence

Term ID: DO

Date: 15/04/21

Time: 15:27:59

### **APPROVED**

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

Application Label:

MasterCard

TVR: 0000008000

AID: A00000000041010

TSI: E800

TC: 5061C5FD0B7A2E95

\*\*\* CUSTOMER
COPY \*\*\*

Thank you for Visiting!

# Gas - le: N2 Acute Benchmarking Planning It did not accept his gas card so had to use his Peard.



### We're drivers too.

CALMAR ESSO 4710 50TH AVENUE CALMAR, AB TOC 0V0

VRN

2015/04/22 13:03

### \* CREDIT PURCHASE \*

ITEM

QTY PRICE

**AMOUNT** 

EREG

8,695L \$0,904

7.861

GST INCL. IN FUEL

0.37

TOTAL \$7,86

AUTI

INVOICE

MCARDFLE

01 Approved - Thank You 027

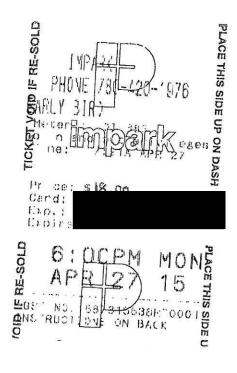
LOYALTY: NO

- A- MasterCard
- B- A0000000041010
- C- 3B58E6E9D5F08BD5
- D 61092D79
- E- 0000001000 E800
- F- C8E8B5DCEE0BA23A
- G- 0000001000

IMPORTANT - retain this copy for your records

\*\* CUSTOMER COPY \*\*

## Parking Re.: AZMO/ZCOH Medical Leadership Meeting. in Edmonton (6)



Lunch: le: Dr. AG Judicial Review



COOKIE LOVE CAFE 10235 101 ST NW SUITE 142 **EDMONTON** AB

CARD

CARD TYPE

MASTERCARD

DATE

2015/04/28

TIME

2193 12:31:39

RECEIPT NUMBER

**PURCHASE** TOTAL

\$13.60

MasterCard A0000000041010 A1D6762B6BB0B6AA 0000008000-E800 0130305C1FC180EA

**APPROVED** 

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

THANK YOU FOR PURCHASING FROM COOKIE LOVE CAFE :) 10235-101ST EUMONTON AB

1 SAN	DWI/SAL	ΑD	40000
	T 1		\$7.00
	):FRU11 T1		\$2.00
	HWAILR T1		\$1.95
1 M CC	FFEL	11	\$2.00
		4 No	
TA1			\$12.95
T X 1			\$0.65
11	\$	13	. 60
CHAR	3E		\$13.60
GS1 8298	344198R	Tono	1

ONTACT US: 780-705-0014 EMAIL CAFF@COOKIFLOVE CA

7

Parking - Dr. AG Judicial Review



PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
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RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CAROHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard FID: A0000000041010 TPR: 00 00 00 80 00 TS: E8 00 60151:201:3019:0003 0016:12045679 RT 0013



IIIM IIIM

1.

### Travel: Flight to Calgary for PPEC Meeting



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:

Page: Our Reference:

May 5, 2015

### INVOICE

For

DR K

۸C

Wednesday, May 6, 2015

🐃 Air

To:

WESTJET AIRLINES

From: EDMONTON INTL AB

AB

Flight: 395

**Q CLASS** 

06:45 AM Equipment: 736

07:33 AM

Mile(s) Flown: 163

Stops: 0 Arrival: 06May 15

CALGARY

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Air 🔾

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops:

0 Arrival: 06May15

AJR CANADA E

AIR CANADA

TICKET NUME

SEAT 6D

Flight: 8172

V CLASS

05:30 PM Equipment: D8 (300 SERIES)

06:22 PM

Mile(s) Flown: 163

E-TKT

Tax:

Ticket Total:

49.48 191.48

142.00

154.00

37.48

191.48

Ticket Total;

AIR CANAD

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST

EDMONTON AB CA T5J 3E4 Invoice Number:

Our Reserence:

Date:

Page:

May 5, 2015

### 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.



Written Attestation for Los	t Receipt
Date/Purpose/Amount April 30/14 / CASA Hea	ving 1 \$ 45.00 - Parkin
Location ATB Place 100-25 Jaspen	r Are Edmonton
Meeting Description	
CFSA Hearing	
<ul> <li>The above receipt has been misplaced</li> </ul>	
<ul> <li>The expense was incurred and related to AHS busines</li> </ul>	SS
<ul> <li>The expense has not been previously claimed</li> </ul>	
	News
Employee Authorization	Dr. Verna Yiu
	Claim Annroyer

Date Signed

Dr. Verna Yiu Claim Approver Way 26/15