

## 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			
<b>Total</b>			\$ 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

**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> <b>Cardholder's Name</b>	<u>MEDICAL DIRECTOR - NORTH</u> <b>Cardholder's Position/Title</b>	<u>20/05/2015</u> <b>Billing Reporting Period:</b>
<u>MEDICAL AFFAIRS</u> <b>Cardholder's Dept</b>	<u>NORTHERN LIGHTS REGIONAL</u> <b>Cardholder's Site/Location</b>	<u>\$548.28</u> <b>Total Statement Amount:</b>
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u> <b>Cardholder's e-mail address</b>	<u>[REDACTED]</u> <b>Last 6 digits of the P-Card #:</b>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 20/04/2015	387472655	GRANDMA LEES BAKERQPS, FAST-FOOD RESTAURANTS	7.43	CAD	7.43	.35	.00	Lunch at Grandma Lee's Bakery Re: CPSA Hearing
② 21/04/2015	387591587	GRANDMA LEES BAKERQPS, FAST-FOOD RESTAURANTS	7.43	CAD	7.43	.35	.00	Lunch at Grandma Lee's Bakery Re: CPSA hearing
③ 21/04/2015	387591588	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	40.00	CAD	40.00	1.90	.00	Parking Re: CPSA Hearing
④ 22/04/2015	387944933	ESSO, GAS / SERVICE STATIONS	7.86	CAD	7.86	.00	.00	Gas Re: NZ Acute Benchmarking Planning Meeting in Leduc
⑤ 27/04/2015	338235840	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking paid Re: AZMD/ZCDH Medical Leadership Meeting in Edmonton
⑥ 28/04/2015	388355856	COOKIE LOVE CAFE, EATING PLACES, RESTAURANTS	13.60	CAD	13.60	.65	.00	Lunch Re: Judicial Review- sandwich, fruit, water and coffee
⑦ 29/04/2015	388355857	ADV PARKING00600003A, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	1.24	.00	Parking paid Re: Judicial Review
⑧ 05/05/2015	389331031	WESTJET [REDACTED] Airlines	191.48	CAD	191.48	49.48	.00	Travel: Flight from Edmonton to Calgary International Airport for PPEC Mtg
⑨ 05/05/2015	389542728	AIR CANADA [REDACTED] AIR CANADA	191.48	CAD	191.48	37.48	.00	Flight from Calgary International Airport to Edmonton Re: PPEC Meeting

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
⑩ 20/04/2015	387472656	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	45.00	CAD	45.00	2.14	.00	Parking- Underground Parking at Telus Plaza Re: CPSA Hearing

<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <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>		
<p><u>KEANA BEIDGELAL</u> Name of Cardholder Designate</p> <p><u>KB Beidgelal</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin Coordinator</u> Cardholder Designate Position/Title</p> <p><u>May 22 - 2015</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <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>		
<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>May 25 - 2015</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <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>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <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>		
<p><u>Dr. Verna Vijay</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>May 26 / 15</u> Date of Signature</p>	
<p><b>Submit approved statement with attachments to Accounts Payable:</b></p>		
<p><b>Attach:</b></p> <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:</li> <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>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p><b>Accounts Payable only:</b></p>		
Reference #: _____	Reviewed by _____	Date _____

Lunch - Re: CPSA Hearing in Edmonton

①

GRANDMA LEE'S BAKERY  
CAFE  
UNIT 55-10025 JASPER AVE  
EDMONTON, AB T5J2B8  
7804209037

MERCHANT ID: [REDACTED] ERM ID: 001

SALE

[REDACTED]  
MASTERCARD ENTRY METHOD: CHIP  
04/20/15 12:58  
INV #: [REDACTED] APPR CODE [REDACTED]  
BATCH # [REDACTED]  
REF # [REDACTED]

AMOUNT \$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  
TVR: 00 00 00 80 00  
TSI: E8 00

Written Attestation for Lost Receipt

Date/Purpose/Amount *April 20/2015 / CPBA Hearing / \$17.43*

Location *Unit 55 - 10025 Jasper Ave, Edmonton AB*

Meeting Description *Dr. AG CPBA Hearing*

*Tuna sandwich, diet pepsi - No alcohol beverages*

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

  
\_\_\_\_\_  
Employee Authorization

*June 1/2015*  
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Dr. Verna Yiu

Claim Approver  
*June 4/15*  
\_\_\_\_\_  
Date Signed

Lunch - Re: CPSA Hearing in Edmonton.

(2)

GRANDMA LEE'S BAKERY  
CAFE  
UNIT 55-10025 JASPER AVE  
EDMONTON, AB T5J2B8  
7804209037

MERCHANT [REDACTED] 001

SALE

[REDACTED]  
MASTERCARD ENTRY METHOD: CHIP  
04/21/15 12:22:58  
INV #: [REDACTED] PPR CODE [REDACTED]  
BATCH #: [REDACTED]  
REF #: [REDACTED]

AMOUNT \$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: A000000041010  
TUR: 00 00 00 00  
TSI: EB 00

Written Attestation for Lost Receipt

Date/Purpose/Amount *April 21/2015/ CPSA Hearing*

Location *Unit 55 - 10025 Jasper Ave*


Meeting Description *Dr. AG CPSA Hearing*

*Tuna sandwich, diet Pepsi, - no alcohol beverages*

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

  
\_\_\_\_\_  
Employee Authorization

*June 1/2015*  
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Dr. Verna Yiu  
Claim Approver  
*June 3/15*  
\_\_\_\_\_  
Date Signed

Parking - Re: CPSA Hearing

3

ATB PLACE  
GST:887315638RT001  
RECEIPT C1

IN: 21.04.15 08:07  
PAY: 21.04.15 15:28  
AMOUNT: \$ 40.00

----- TRANSACTION  
RECORD -----

Card # [REDACTED]  
Card Entry:CHIP  
Account:MASTERCARD  
Trans:PURCHASE  
Amount:\$40.00

Auth # [REDACTED]  
Sequence # [REDACTED]  
Term ID: 00 [REDACTED]  
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: A000000041010  
TSI: E800  
TC: 5061C5FDOB7A2E95

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

-----  
Thank you for  
Visiting!



Gas - Re: NZ Acute Benchmarking Planning

It did not accept his gas card so had to use his P-card.

(4)



We're drivers too.

CALMAR ESSO  
4710 50TH AVENUE  
CALMAR, AB T0C 0V0

VRN [REDACTED] 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

AUT [REDACTED] INVOICE [REDACTED]

MCARDFILE [REDACTED]

01 Approved - Thank You 027

LOYALTY: NO

A- MasterCard  
B- A000000041010  
C- 3B58E6E9D5F08BD5  
D- 61092D79  
E- 0000001000 - E800  
F- C8E8B5DCEE0BA23A  
G- 0000001000

IMPORTANT - retain this copy for your records

\*\* CUSTOMER COPY \*\*

Parking Re: AZMD/ZCDH Medical Leadership Meeting  
in Edmonton

6

TICKET VOID IF RE-SOLD

IMPARK  
PHONE 780-420-1976  
EARLY BIRD  
Meter: 21 883  
Impark  
ne: 780-420-1976  
ETA APR 27

PLACE THIS SIDE UP ON DASH

Price: \$18.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

VOID IF RE-SOLD

6:00 PM MON  
APR 27 15  
NO. 53 3158388 0001  
INSTRUCTIONS ON BACK

PLACE THIS SIDE U

Lunch: Re: Dr. AG Judicial Review

6

COOKIE LOVE CAFE  
10235 101 ST NW SUITE  
142  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/04/28  
TIME 2193 12:31:39  
RECEIPT NUMBER  
[REDACTED]

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

PURCHASE  
TOTAL

\$13.60

MasterCard  
A0000000041010  
A1D6762B6BB0B6AA  
0000008000-E800  
0130305C1FC180EA

APPROVED

AU [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

[REDACTED]  
1 SANDWI/SALAD T1 \$7.00  
1 FOOD:FRUIT T1 \$2.00  
1 EARTHWATER T1 \$1.95  
1 M COFFEE 11 \$2.00  
4 NO  
TA1 \$12.95  
TX1 \$0.65  
TL \$13.60  
CHARGE \$13.60

GSI B29944198R10001  
QUESTIONS/COMMENTS?  
CONTACT US: 780-705-0014  
EMAIL CAFE@COOKIELOVE.CA

Parking - Dr. AGT Judicial Review

7

ADU PARKING00600003A  
10235-101 ST  
EDMONTON, AB T5J3E9  
7804201995

MERCHANT ID [REDACTED] TERM ID: 101

SALE

MASTERCARD ENTRY METHOD: CHIP  
04/28/15 17:42:13  
INV #: [REDACTED] APPR CODE: [REDACTED]  
BATCH #: [REDACTED]  
REF #: [REDACTED]

AMOUNT \$26.00

PIH 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

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: MasterCard  
AID: A0000000041010  
TIR: 00 00 00 00 00  
TS: E8 00

6071:2015018100017  
CITY: 10045079 RT 0013

[REDACTED] THE NO  
26.00  
26.00

ITEM [REDACTED]  
[REDACTED]

Travel: Flight to Calgary for PPEC Meeting

819

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: May 5, 2015  
Page: 1/2  
Our Reference:

### INVOICE

For  
DR KEVIN W WORRY  
AC

Wednesday, May 6, 2015

**Air**

WESTJET AIRLINES  
From: EDMONTON INTL AB Flight: 395 Q CLASS  
To: CALGARY AB 06:45 AM Equipment: 736  
Stops: 0 Arrival: 06May15 07:33 AM Mile(s) Flown: 163  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Air**

AIR CANADA  
From: CALGARY AB Flight: 8172 V CLASS  
To: EDMONTON INTL AB 05:30 PM Equipment: D8 (300 SERIES)  
Stops: 0 Arrival: 06May15 06:22 PM Mile(s) Flown: 163  
AIR CANADA E  
AIR CANADA  
TICKET NUMB  
SEAT 6D

Cost:

[REDACTED]	E-TKT	[REDACTED]	142.00
		Tax:	49.48
		Ticket Total:	191.48 (8)
AIR CANAD	[REDACTED]	[REDACTED]	154.00
		Tax:	37.48
		Ticket Total:	191.48 (9)

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

Invoice Number: [REDACTED]  
Date: May 5, 2015  
Page: 2/2  
Our 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.

(16)

Written Attestation for Lost Receipt


Date/Purpose/Amount *April 20/14 / CPSA Hearing / \$ 45.00 - Parking*

Location *ATB Place 100-25 Jasper Ave Edmonton*


Meeting Description

*CPSA Hearing*

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

  
\_\_\_\_\_  
Employee Authorization

*May 25 - 2015*  
\_\_\_\_\_  
Date Signed

  
\_\_\_\_\_  
Dr. Verna Yiu

Claim Approver  
*May 26 / 15*  
\_\_\_\_\_  
Date Signed