

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings				344	344			
Total			\$ -	\$ -	\$ -	\$ 344	\$ 344	\$ -	\$ -	\$ -

Total for the Month \$ 344

Maximum daily single meal expense claimed in the month \$ -
 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	20/06/2015
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	NORTHERN LIGHTS REGIONAL	Total Statement Amount:	\$343.50
Cardholder's Dept	Cardholder's Site/Location		
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/05/2015	391874352	AHS RAH SE PARKADE, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	68		Parking Pat the Royal Alexander Hospital re Edmonton TIA workshop
01/06/2015	392163952	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	68		Parking paid at University of Alberta Re Edmonton AZMD and ZMAC meeting
18/06/2015	394043137	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	315.00	CAD	315.00	15.00	00	Parking paid- Re Edmonton International Airport for May and June

Signatures		
Cardholder Designate (if Applicable) By signing this statement: <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. 		
<u>Roana Bridgford</u> Name of Cardholder Designate <u>RS Bridgford</u> Signature of Cardholder Designate	<u>Exec Admin Coordinator</u> Cardholder Designate Position/Title <u>June 24 2015</u> Date of Signature	
Cardholder By signing this statement: <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. 		
<u>WORRY, KEVIN</u> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title <u>June 24 2015</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement: <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. 		
<u>Audrey Maione</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>Exec Asst</u> Approver Designate Position/Title <u>June 25/15</u> Date of Signature	
Approver By signing this statement: <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. 		
<u>Dr. Verna Yiu</u> Name of Approver <u>[Signature]</u> Signature of Approver	<u>VP Quality + CMO</u> Approver Position/Title <u>June 25, 2015</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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: • 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 travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

Paid Parking Re: Edmonton TIA Workshop at Royal
Alexander Hospital.

(1)

ROYAL ALEXANDRA HOSPITAL
SE PARKADE - PUBLIC PARKING

RAH SouthEast Parkade Booth
Rcpt# [REDACTED]
05/29/15 16:23 [REDACTED]
05/29/15 09:48 In 05/29/15 16:23 Out
Tktn# [REDACTED]
RAH SE PARK \$ 14.25
Total Fee \$ 14.25
MASTERCARD \$ 14.25-Charge 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 ||||

05-29-2015 16:24:23

Acct # [REDACTED]

Exp Date [REDACTED]

Name: KEVIN WORRY

MasterCard

Trace # [REDACTED]

Auth # [REDACTED]

RRN 001467005

Total \$14.25

(00) APPROVED-THANK YOU

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records
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Paid parking - Edmonton AZMD + ZMAC mtg at
University of Alberta Hospital.

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UNIVERSITY OF ALBERTA
HOSPITAL

PAID PARKING
UNIVERSITY OF ALBERTA
HOSPITAL
EDMONTON, AB
T6G 2B7
CANADA
TEL: 780-441-2345
FAX: 780-441-2346
WWW.UAHOSPITAL.CA

PAID - \$14.25

UNIVERSITY OF ALBERTA
HOSPITAL
EDMONTON, AB
T6G 2B7
CANADA

AHS UAH PARKADE EAST
8440-112 STREET T6G2B7
EDMONTON AB
20733436

|||| PURCHASE ||||

06-01-2015 19:14:15
Acct # [REDACTED]
Exp Date [REDACTED]
Name: KEVIN WORRY
[REDACTED] MasterCard

Trace # [REDACTED]
Auth # [REDACTED] RKN 001737017

Total \$14.25

(00) APPROVED-THANK YOU

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records
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Receipt

Parking paid at Edmonton International Airport.

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Pay



Merchant Name: Edmonton International Airport Finance Department
Transaction Date: Thu, Jun 18 2015, 12:52:42 PM
Merchant Address: 1, 1000 AIRPORT ROAD
Alberta AB T9E 0V7
Card Type: **MASTERCARD**
Card Number: [REDACTED]
Amount: \$315.00
Auth Code: [REDACTED]
Transaction Ref: [REDACTED]
Transaction Type: DEBIT
Card Read Method: KEYED
Transaction Status: Capture Queued
APPROVAL

Merchant ID
User Ref
User Data 1
User Data 2

Signature

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.flyera.com Email: accounts@flye-a.com



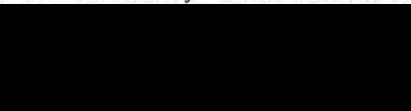
EIA

we'll move you.

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Alberta Health Services

Dr. Kevin Worry - Zone Medical Director



Customer #:

Invoice #:

Date:

May 01, 2015

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

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-May-15	31-May-15	\$150.00

Invoice Subtotal \$150.00

GST \$7.50

Please pay this amount in Canadian funds \$157.50

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)



<p>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</p>	<p>Invoice #: Invoice Date: Customer #: Customer Name: Alberta Health Services</p>
<p>Amount Due: \$157.50 Due Date: May 01, 2015</p>	<p>Amount Remitted: <input type="text"/></p>

INVOICE

Edmonton Regional Airports Authority

1, 1000 Airport Road

Edmonton International Airport, AB, Canada T9E 0V3

Tel 780-890-6864 Fax 780-890-4446

Website: www.flyeia.com Email: accounts@flyeia.com



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we'll move you.

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Alberta Health Services

Dr. Kevin Worry - Zone Medical Director

Customer #:

Invoice #:

Date:

June 01, 2015

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

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Jun-15	30-Jun-15	\$150.00

Invoice Subtotal \$150.00

GST \$7.50

Please pay this amount in Canadian funds \$157.50

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)

X

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 #: Invoice Date: June 01, 2015 Customer #: Customer Name: Alberta Health Services
Amount Due: \$157.50 Due Date: June 01, 2015	Amount Remitted: <div></div>