

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings				254	254			27
Total			\$ -	\$ -	\$ -	\$ 254	\$ 254	\$ -	\$ -	\$ 27

Total for the Month \$ 281

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:			
<ul style="list-style-type: none"> • 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>	<u>MEDICAL DIRECTOR - NORTH</u>	Billing Reporting Period:	<u>20/07/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>NORTHERN LIGHTS REGIONAL</u>	Total Statement Amount	<u>\$280.56</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 21/06/2015	394346179	ADOBE. COMPUTER SOFTWARE STORES	20.95	USD	20.47	00	00	Subscription paid for Adobe document converter in USD
② 25/06/2015	394776898	MPARK00020350. AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	00	Parking Paid Re AZMD meeting in Edmonton
③ 03/07/2015	395622006	EDMONTON AIRPORT. AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.50	00	Monthly Parking paid Re Edmonton International Airport
④ 09/07/2015	395155556	MPARK00020350. AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	26.00	1.24	00	Parking Paid- Re Meeting at Seventh street Plaza Edmonton
⑤ 11/07/2015	396320289	SAFEWAY #3885. GROCERY STORES. SUPERMARKETS	40.55	CAD	40.55	1.93	00	Fuel purchase -Re Safeway does not take fuel card so had to use the PCard

Signatures		
<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>KEENA BRIDGEMAN</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Robin Woodruff</u> Cardholder Designate Position/Title</p> <p><u>27 July 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 July 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><u>Audrey Maroue</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec Asst</u> Approver Designate Position/Title</p> <p><u>July 23/15</u> 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 Yiu</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>July 27/15</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 • 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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
Reference #:	Reviewed by:	Date



Remit To:
 Adobe Systems Incorporated
 75 Remittance Drive
 Suite 1025
 Chicago, IL 60675-1025
 Wires To:
 ABA#: 071000152
 Acct#: 30160895

Federal Tax ID 77-0019522

Bill To:
 Kevin Worry



INVOICE

Adobe for rework

Reprint Page 1 of 1

Invoice Number: [REDACTED]

Invoice Date: JUN-21-15

Payment Terms: Credit Card

Due Date: JUN-28-15

Purchase Order: [REDACTED]

Contract No: [REDACTED]

Order Number: [REDACTED]

Order Date: JUN-21-15

Customer No.: [REDACTED]

Bill to No. [REDACTED]

Adobe Contact Information:
 eCommerce - Intercompany + 1 408 536 50

GST 892147950RT0001

Line No	Material No / Description	UOM	Unit Price	Qty	Extended Price	
000010	[REDACTED] Acrobat.com ALL OTH Anual Hostd Web Spt1 MUN EXPORTPDF	EA	19.99	1	19.99	
North America		Invoice Totals				
		S & H	GST	Currency	Qty Shipped	Invoice Total
		0.00	1.00	USD	1	20.99

Comments:

Parking Paid - Re: A?MD meeting at Seventh Street (2)
Pizza Edmonton

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
JUN 25, 2015

Purchase Date/Time: 12:58pm Jun 25, 2015
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00
Total Paid: \$30.00
Ticket #: [REDACTED]
SIN #: 50001245104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$30 - All Day
Payment Type: Card

Card [REDACTED] MasterCard

Auth # [REDACTED]

GST #687315638RT0001

*morning parking at Edmonton International airport
for travelling.*

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

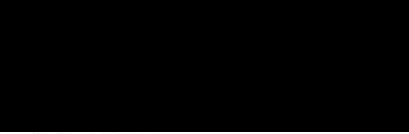


3

we'll move you.

Page 1 of 1

Alberta Health Services
Dr. Kevin Worry - Zone Medical Director



Customer #:



Invoice #:

Date:

July 01, 2015

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

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Jul-15	31-Jul-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)

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 #:	[Redacted]
	Invoice Date:	July 01, 2015
	Customer #:	[Redacted]
	Customer Name:	Alberta Health Services
Amount Due: \$ 157.50	Amount Remitted:	[Redacted]
Due Date: July 01, 2015		

=====
Pay
=====



=====
Merchant Name **Edmonton International Airport Finance Department**
Transaction Date **Fr Jul 03 2015 09 35 52 AM**

Merchant Address **1 1000 AIRPORT ROAD**
 Alberta AB T9E 0V0

Card Type **MASTERCARD**
Card Number [REDACTED]
Amount **\$157.50**
Auth Code [REDACTED]
Transaction Ref [REDACTED]
Transaction Type **DEBIT**
Card Read Method **KEYED**

Transaction Status **Capture Queued**
 APPROVAL

Merchant ID [REDACTED]
User Ref [REDACTED]
User Data 1 [REDACTED]
User Data 2 [REDACTED]

Signature

=====
=====

Parking paid at Seventh Street Plaza
Re: Meeting

④

TICKET VOID IF RE-SOLD

6:00 PM THU
JUL 08 15

impark

\$26.00

PLACE THIS SIDE UP ON DASH

VOID IF RE-SOLD

6:00 PM THU
JUL 08 15

PLACE THIS SIDE UP

GAS paid as fleet card did not work

5

TRANSACTION NON COMPLETE

MERCHANT ID [REDACTED]
CLIENT ID [REDACTED]
TERMINAL ID [REDACTED] RECEIPT# [REDACTED]
TRACE# [REDACTED]
** PURCHASE ** \$ 40.59
DEBIT #
ACCOUNT
DATE 07/11/2015 RESP
TIME 12:23:09
AUTH # REF #

TRANSACTION NOT COMPLETED

CLIE [REDACTED] GLISSER
POSTE [REDACTED]
** ACHAT ** \$ 40.59
CARTE PRIV # RECU 8369000
NO. [REDACTED] RESP
DATE 07/11/2015 HEURE 12:23:17
AUTOR NO.REF

TRANSACTION NON COMPLETEE

CLIENT ID 9303 INSERTED
TERMINAL ID 086
** PURCHASE ** \$ 40.59
CARD MasterCard RPT 8369000
NO. [REDACTED] RESP 000
DATE 07/11/2015 TIME 12:23:45
AUTH # [REDACTED] REF # [REDACTED]
APPL. MasterCard
AID A0000000041010
TVR 0000003000 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 Store Oper 07/11/15
[REDACTED] 147 12:23:50

Thank you for shopping at Our Store
Come Again Soon

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

4202 S. Park Drive
Stony Plain, AB
T7Z1L1

STORE NO: [REDACTED]
GST#ST: 831536503

Invoice # [REDACTED]
Trans Date: 11-Jul-2015 at 12:22
Cashier: SFWY

Description	Quantity	Price	Amount
Pump-5/R	39.450L	\$1.029/L	\$40.59
Total			40.59
Fuel Includes GST (13%) (5 mg)			1.93