

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of August 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)
Aug-15	P-Card	Meetings	363			193	556			
Total			\$ 363	\$ -	- \$ -	\$ 193	\$ 556	\$ -	\$ -	\$ -

Total for the Month

s 556

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

P-Card details Online ® Cardholder Statement Report

	iled receipts and supporting documents in the sam s signatures required where indicated below		
WORRY, KEVIN	MEDICAL DIRECTOR - NORTH		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/08/2015
MEDICAL AFFAIRS	NORTHERN LIGHTS REGIONAL		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$555.46
KEVIN WORRY@ALBERTAHE	ALTHSERVICES CA		
Cardholder's e-mail address		Last 6 digits of the P-Card	#:

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	A STATE OF THE PROPERTY.	Trans Amount	GST	FreighDescription
23/07/2015	397567940	AIR CANADA	362.96	CAD	362.96	74.96	.00Flight from Edmonton to Calgary and return Re: Zone Executive Leadership meeting
24/07/2015	397567939	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00Parking Paid Impark Edmonton Re: Meeting with VP
27/07/2015	397821685	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00Parking Paid Impark Edmonton Re: Meeting with Dr , Yiu
27/07/2015	397929870	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.50	.00Monthly parking pass Re: Edmonton International Airport
28/07/2015	397929869	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00Parking paid at Impark Re: Meeting at Seventh Street Plaza

RUN DATE: 08/25/2015 Proprietary and Confidential Powered by BMO Spend & Payment Solutions



RUN DATE: 08/25/2015

P-Card details Online ® Cardholder Statement Report

Signatures						
Cardholder Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconciled this statement		in accordance to AHS Corporate Policies.				
Program User Guide and Training, I have allocated the transaction	P 11 1					
Name of Cardholder Designate	Exec. Halmin. Coordinator Cardholder Designate Position/Title					
Il Duch!	Qua 20-15					
Signature of Cardholder Designate	Date of Signature	•				
Cardholder						
By signing this statement I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy.	Working Session Expense Policy (112:	2)" of Alberta Health Services and confirm				
 I attest the expenses enclosed in this claim are for valid business p claimed by me or on my behalf from Alberta Health Services or any charged is attached. 						
 I attest that expenses submitted in this claim have been incurred by provided. 	using a cost effective method, otherwi	se rationale and supporting analysis is				
WORRY, KEVIN	MEDICAL DIRECTOR - NORTH					
Name or Cardnoider	Cardholder Position/Title					
Ko	aug 25/15					
Signature of Cardiolder	Date of Signature /					
Approver Designate (if Applicable) By signing this statement						
 I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy. 	Working Session Expense Policy (1122	?)" of Alberta Health Services and confirm				
 I attest the expenses enclosed in this claim are for valid business p claimed by the claimant or on their behalf from Alberta Health Servi charged has been obtained. 	ces or any other Organization. A persor	nal cheque for personal expenses inadvertently				
 I attest that expenses submitted in this claim have been incurred by provided. 	using a cost effective method, otherwit	se rationale and supporting analysis is				
Hudrey Maione	Exec 18st.					
Name of Approver Designate	Approver Designate Position/Title	•				
/Signature of Approver Designate	Hug 26/15 Date of Signature					
Approver						
By signing this statement						
 I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy. 	Working Session Expense Policy (1122	t)" of Alberta Health Services and confirm				
 I attest the expenses enclosed in this claim are for valid business proclaimed by the claimant or on their behalf from Alberta Health Servicharged has been obtained. I attest that expenses submitted in this claim have been incurred by 	ces or any other Organization. A person	al cheque for personal expenses inadvertently				
provided.						
Name of Approver	VP Quality + C Approver Position/Title	40				
Sept 1/2015						
Signature of Approver	Date of Signature					
Submit approved statement with attachments to Accounts Payable:						
Attach:		Address:				
 Original (or scanned) Itemized receipts with documented business rea where required 	sons including names or paracipants	Alberta Health Services				
 Signed Cardholder Statement Report (or copies of electronic signature 	es if signatures are not on report)	Accounts Payable 7th Street Plaza				
And where applicable: * Copies of pre-approvals for travel	10th Floor, North Tower, 10030-107 Street					
 Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts 		Edmonton, AB T5J 3E4				
Neturn, return 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.						
Accounts Payable only:						

Flight/return Edmanton to Calgary

Re: Zone Executive Leadership 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:

July 23, 2015

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Our Reference:

INVOICE

For

DR KEVIN W WORRY

AC

Wednesday, July 29, 2015

Air Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY AB

0 Arrival: 29Jul15

Stops: AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2A

Flight: 8133

W CLASS

07:00 AM Equipment: CRIJET

07:50 AM

Mile(s) Flown: 163

K Air

AIR CANADA

From: CALGARY

To:

AB EDMONTON INTL. AB

Stops:

0 Arrival: 29Jul15

AIR CANADA E

AIR CANADA CONFIRMATE

TICKET NUMBER

SEAT 8D

Flight: 8154

W CLASS

05:00 PM Equipment: D8 (300 SERIES)

05:52 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB

Ticket Total:

288.00 74.96

362.96

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

Invoice Number: Date: July 23, 2015 Page: 2/2

Our Reference:

INVOICE

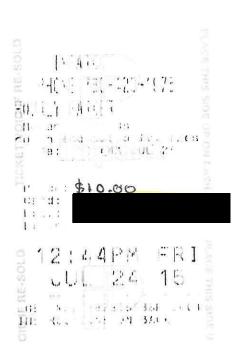
Total:

Grand Total: 362.96 Less Credit Card Payments: 362.96 Credit / Balance Due To This Invoice: 0.00 Total Balance Due: 0.00

1 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.

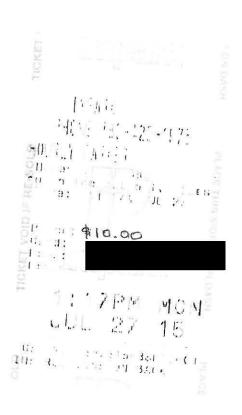
Parking Paid: Edmonton Le: Meeting with Dr. Mador.





Parking paid he: Meeting with Dr. You





Monthly parking pass Ke: Travel

(4)

Pay



Merchant Name: Edmonton International Airport Finance Department

Transaction Date: Mon, Jul 27, 2015, 08:22:48 AM

Merchant Address: 1, 1000 AIRPORT ROAD
Alberta, AB T9E 0V3

Card Type: MASTERCARD
Card Number:

Amount: \$157.50

Auth Code: Transaction Ref: DEBIT
Card Read Method: KEYED

Card Read Method: KEYED
Transaction Status: Capture Queued
APPROVAL

Merchant ID:
User Ref:
User Data 1:
User Data 2:

Parking paid: Le: Meeting at Seventin Street



