

Official Administrator and Executive Expense Report

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

Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings	699	28		380	1,107			
Total			\$ 699	\$ 28	\$ -	\$ 380	\$ 1,107	\$ -	\$ -	\$ -

Total for the Month \$ 1,107

Maximum daily single meal expense claimed in the month \$ 11
 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 			
WORRY, KEVIN Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period:	20/09/2015
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount:	\$1,106.70
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/08/2015	400750102	AIR CAN [REDACTED] AIR CANADA	227.35	CAD	227.35	37.12		00Flight to Grande Prairie Re: Legal Hearing
24/08/2015	400750103	WESTJET [REDACTED] Westjet Airlines	200.50	CAD	200.50	39.48		00Return Flight from Grande Prairie to Edmonton Re: Legal Hearing
26/08/2015	400864121	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		00Parking Paid at Seventh Street Plaza Re: Meeting with Dr. David Mador
26/08/2015	401081759	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.50		00Monthly Parking Paid for Edmonton International
28/08/2015	401253472	WESTJET [REDACTED] Westjet Airlines	116.41	CAD	116.41	49.48		00West jet Flight to Calgary Re: PPEC Meeting
28/08/2015	401362323	AIR CAN [REDACTED] AIR CANADA	10.50	CAD	10.50	.50		00Paid Re: Flight adjustment
28/08/2015	401362324	AIR CAN [REDACTED] AIR CANADA	118.48	CAD	118.48	37.48		00Air Canada Flight to Edmonton from Calgary Re: PPEC
01/09/2015	401851355	HMSHOST EDMONTON AIRPO, EATING PLACES, RESTAURANTS	11.02	CAD	11.02	.52		00Dinner purchased at Edmonton International Airport_Turkey Cheddar, Water
02/09/2015	401851131	Enterprise (780)830-19, ENTERPRISE RENT-A-CAR	107.16	CAD	107.16	5.10		Car rental in Grande Prairie Re: Legal Hearing
02/09/2015	401851134	WESTJET [REDACTED] Westjet Airlines	26.25	CAD	26.25	1.25		00Paid Re: Luggage for Dr. AG hearing in Grande Prairie
03/09/2015	401851132	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36		00Parking Paid at Seventh Street Plaza Re: Meeting with Josephine Amelio, Jamie Rice
04/09/2015	401851133	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86		00Parking paid Re: Rural IFT Focus Group Meeting in Edmonton
10/09/2015	402497501	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		00Parking Paid at Seventh Street Plaza Re: Meeting with Josephine Amelio
14/09/2015	402777064	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		00Parking Paid at Seventh Street Plaza Re: Meeting with Dr. Verna Yiu
14/09/2015	402896151	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.68		Parking Paid at WMC Re: Edmonton ZMAC Meeting
15/09/2015	402896149	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		00Parking Paid Re: CPSA Hearing- Dr. Torbey
15/09/2015	402896150	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		00Parking Paid at Seventh Street Plaza Re: NZ ICT Meeting

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Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
14/09/2015	402777063	GRANDMA LEE'S BAKERY, BAKERIES	8.39	CAD	8.39	.40		00Lunch Paid at Grandma Lees bakery Re: Meeting at Seventh Street Plaza
15/09/2015	402896148	GRANDMA LEE'S BAKERY, BAKERIES	8.39	CAD	8.39	.40		00Lunch Paid at Grandma Lees bakery Re: CPSA hearing Edmonton

18
19

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Kevin Worry
Name of Cardholder Designate

Exec. Admin. Coordinator
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

9/28/2015
Date of Signature

Cardholder

By signing this statement

- 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.

WORRY, KEVIN
Name of Cardholder

MEDICAL DIRECTOR - NORTH
Cardholder Position/Title

[Signature]
Signature of Cardholder

9/28/2015
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Audrey Maione
Name of Approver Designate

Exec Asst
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

Sept 29/15
Date of Signature

Approver

By signing this statement

- 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.

Dr. Verna Yip
Name of Approver

VP Quality + CMO
Approver Position/Title

[Signature]
Signature of Approver

Oct 1/15
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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:

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza

FLIGHT IN 9/1/15
MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

1/2

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: August 24, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KEVIN W WORRY
AC [REDACTED]

Tuesday, September 1, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: GRANDE PRAIRIE
Stops: 0 Arrival: 01Sep15

Flight: 8365 W CLASS
01:45 PM Equipment: D8 (300 SERIES)
02:56 PM

Mile(s) Flown: 247

AIR CANADA E
AIR CANADA REWARDS CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 5D [REDACTED]

Wednesday, September 2, 2015

✈ Air

WESTJET AIRLINES
From: GRANDE PRAIRIE
To: EDMONTON INTL AB
Stops: 0 Arrival: 02Sep15
WESTJET ENCG

Flight: 3127 M CLASS
05:45 PM Equipment: DH4
06:48 PM

Mile(s) Flown: 247

Cost:

TKT- [REDACTED] E-TKT

[REDACTED]
Tax:
Ticket Total:

161.02
39.48
200.50

2

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

Invoice Number: [REDACTED]
Date: August 24, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:

AIR CANADA WEB [REDACTED] 179.40
GST: 10.83
Tax: 37.12
Ticket Total: 227.35 (1)

Total:

Grand Total: 427.85
Less Credit Card Payments: 427.85
Total GST/HST: 10.83
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.

Parking Paid Re. Meeting at Seventh Street Plaza with
Dr. David Walker.

(3)

TICKET

1 DASH

TICKET VOID IF RE-SOLD

PLACE

15.00

impark

3:22 PM WED

AUG 26 15

1 DASH

1 DASH

1 DASH

11/07/15 11:00 AM

11

=====
Pay
=====



we'll move you..

=====
Merchant Name: **Edmonton International
Airport Finance
Department**
Transaction Date: **Wed, Aug 26, 2015,
09:39:13 AM**
Merchant Address: **1, 1000 AIRPORT ROAD
Alberta, AB T9E 0V3**
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]**
=====

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

5/6/7

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: August 28, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KEVIN W WORRY
AC [REDACTED]

Wednesday, October 7, 2015

Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 07Oct15

Flight: 395 XFARE

06:45 AM Equipment: 736

07:34 AM

Mile(s) Flown: 163

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 07Oct15

Flight: 8152 ECONOMY CLASS

04:30 PM Equipment: D8 (300 SERIES)

05:22 PM

Mile(s) Flown: 163

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 5C

Cost:

TKT- [REDACTED] E-TKT

[REDACTED] 66.93

Tax: 49.48

Ticket Total: 116.41 (5)

AIR CANADA [REDACTED]

[REDACTED] 81.00

Tax: 37.48

Ticket Total: 118.48 (7)

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

Invoice Number: [REDACTED]
Date: August 28, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:

AIR CANADA WE [REDACTED] 10.00

Tax: 0.50

Ticket Total: 10.50

Total:

Grand Total: 245.39

Less Credit Card Payments: 245.39

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.

Dinner at Edmonton International Airport, Starbucks

Re: legal hearing

③

HMSHOST
STARBUCKS CENTRAL
EDMONTON INTERNATIONAL AIRPORT

[REDACTED]

[REDACTED] GST 1
SEP01'15 12:40PM

TO GO

1 WTR MONTCLAIR M 3.51
ECO DEPT
1 RTE TURK CHDR 6.99

SUBTOTAL 10.50
TAX 0.52
AMOUNT PAID 11.02

[REDACTED] MASTERCARD 11.02

[REDACTED] Closed SEP01 12:40PM---

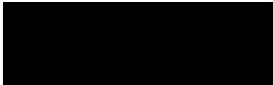
WE WANT TO HEAR YOUR FEEDBACK!
PLEASE CONTACT 1-877-672-7467
OR CUSTOMERSERVICE@HMSSHOT.COM
TO SHARE YOUR EXPERIENCE.

STOREID: [REDACTED]
GST #137512901



10610 AIRPORT DRIVE
 GRANDE PRAIRIE, AB T8V7Z5
 Federal GST# :889365821

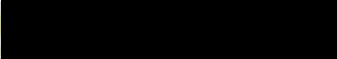
Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:



02/09/2015

BILL TO

KEVIN WORRY



RENTAL INFORMATION

Date/Time Out 09/01/2015 14:45 Date/Time In 09/02/2015 13:15

Renter
 WORRY, KEVIN

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms	
				Out	In
				10.556	10.565

VIN:3FA6P0D99FR285066

CLAIM INFORMATION

Claim# / PO# / RO#	Insured

Date of Loss	Type of Loss	Type of Vehicle	Repair Shop

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	58.00	58.00
DW	1 DAY	23.99	23.99
ROADSIDE ASSISTANCE PROTECT	1 DAY	4.99	4.99
Subtotal			86.98
CONCESSION FEE	PCT	16.28	14.29
VLF	1 DAY	0.79	0.79
GST	PCT	5.00	5.10
Total Charges (CAD)			107.16
PAYMENTS			
Payment	Master Card		-107.16
Total Payments (CAD)			-107.16
Amount Due (CAD)			0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges for sales taxes and fees or surcharges, and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :

Tel#:(403) 216-3490
 ALBARADMIN@ehi.com
 Payment Due within days of invoice date
 Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance		Amount Due (CAD)	-0
Remit To :		Paid By:	
ENTERPRISE RENT-A-CAR		KEVIN WORRY	
5821 - 6 STREET SE			
CALGARY, AB T2H1M4			
Account #	Rental Agreement	Amount	GRPP
		-0	



hearing

10

PAYMENT RECEIPT / RECU DE PAIEMENT

Name/Nom
WORRY/KEVIN

PNR

Date
02SEP15

Time/Heure
1:49PM

Description	Fee/Frais (CAD)	GST/TPS	Total (CAD)
FIRST BAG	\$25.00	1.25	26.25
	\$25.00	1.25	26.25

Total (CAD)
 WORRY/KEVIN W
 \$25.00 \$1.25

AUTH [REDACTED]

GST/TPS No. 866112535
 QST/TVQ No. 1202807956 TQ0001

Parking Permit No: MOUNTAIN VIEW STREET PARKING
James Rice & Josephine Porcile

(11)

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON

P

impark

[REDACTED]

\$7.50

8:00AM - FRI

SEP 04 15

PLAC

[REDACTED]

RE-SOLD

Parking Paid Re: Kunal IFT Focus group meeting
in Edmonton

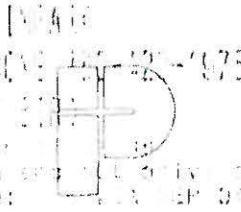
(12)

TIC

ASH

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON



\$ 18.00

01:00 PM FRI

SEP 04 15

RE-SOLD

PL

Raid Parking Re: Party at Seventh Street Place
Telephone Booth

(13)

TICKE
IN DASH
PLACE THIS SIDE
IN DASH
TICKET VOID IF RE-SOLD
\$15.00
12:23 PM THU
SEP '0 15
SOLD
IN DASH

Public Parking Co. Meeting at Seventh Street Plaza
San Antonio, Tex

(14)

TICKET

ON DASH

UNIPARK

1947

PHONE 580-420-1073

PLACE THIS SIDE UP

TICKET VOID IF RE-SOLD

NO. 1

PLATE NO. [REDACTED]

AMOUNT \$15.00

4:14 PM MON

SEP '4 15

SOLD BY [REDACTED]

Parking Paid Ke: EDMONTON

(10)

0440-112 STREET 1662B7
EDMONTON AB
20733436

1111 PURCHASE 1111
09-14-2015 19:37.06
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
A0000000041010 MasterCard

Trace [REDACTED]
Auth [REDACTED] RN 001911039

Total \$14.25

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Routing Paid La. CSR routing for Dr. Terence A. Edwards

(16)

ATB PLACE
GSI: 887315638RT001
RECEIPT C1

IN: 15.09.15 08:37
PAY: 15.09.15 11:16
AMOUNT: \$ 15.00

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

Card #: [REDACTED]

Card Entry: CHIP
Account: MASTERCARD
Trans: PURCHASE

Amount: \$ 15.00

Auth: [REDACTED]

Term ID: 1002
Date: 15/09/15
Time: 11:16:03

APPROVED

BY CARDHOLDER OR AUTHORIZED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard

TVR: 0000008000
AID: A0000000041010
TST: E800
TC: 150909152331EAC

*** CUSTOMER
COPY ***

Parkway Blvd Re. 112 107 Parking at Sports Shop + Plaza
Edmonton.

(17)

TICKET VOID IF RE-SOLD
P
Impark
OF THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD
\$15.00
P
E THIS SIDE U
N: 2021
SEP 15
TUE
15

Written Attestation for Lost Receipt

Date/Purpose/Amount *Sept 14 2015 / Dr. Yiu weekly mtg / # 8.39*

Location *Seventh Street Plaza Edmonton*

Meeting Description *Meeting with Dr. Yiu*

No detailed receipt. No alcoholic beverages purchased.

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

[Signature]
Employee Authorization

Dr. Verna Yiu
Claim Approver

9/28/2015
Date Signed

Date Signed

GRANDMA LEE'S BAKERY
455 10025 JASPER AVE
EDMONTON AB T5J 2B8

Merchant ID: 000000004438092
Term ID: 07338326
25254680010

Purchase

MasterCard
[Redacted]

AID: A0000000041010

Entry Method: Chip

Batch#: [Redacted]

09/14/15

13:22:09

Ref# [Redacted]

Appr Code: [Redacted]

Total: \$ 8.39

Written Attestation for Lost Receipt

Date/Purpose/Amount *Sept 15/2015 / Dr. Turbey's CPSA hearing / \$8.39*

Location *10025 Jasper Ave Edmonton*

Meeting Description *CPSA hearing Dr. Turbey do not have a detailed receipt. No alcoholic beverages purchased.*

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

Employee Authorization *Y*

Dr. Verna Yiu
Claim Approver

9/28/2015

Date Signed

Date Signed

BRANDS BEE'S BAKERY
455 10025 JASPER AVE
EDMONTON, AB T5J 2B8
Merchant ID: 000000004438092
Tel: 07338326
1000010

Purchase

MasterCard
[Redacted]
AID: J000000041010
Entry Method: Chip
Batch#: [Redacted]
09/15/15 10:59:59
Ref# [Redacted]
Inv #: [Redacted] Appr Code: [Redacted]
Total: \$ 8.39

I agree to pay above total, as per cardholder or merchant agreement. Retain this copy for your records.