

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-15	P-Card	Meetings	742		158	318	1,218			
Nov-15	Expense Claim	Working Session				20	20		208	
<b>Total</b>			\$ 742	\$ -	\$ 158	\$ 338	\$ 1,238	\$ -	\$ 208	\$ -

**Total for the Month** \$ 1,446

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 142  
 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 Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period:	20/11/2015
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount:	\$1,388.38 <del>          </del> \$1,217.94
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 27/10/2015	407551149	MPARK00020332U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.1%	.00	Parking Paid Re: Physician Engagement Advocacy Workshop at Edmonton ✓
② 29/10/2015	407917388	MPARK00020333U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.7%	.00	Parking Paid Re: Dr. Mador and Dr. Worry one on one ✓
③ 29/10/2015	407917570	WESTJET ██████████ Westjet Airlines	441.32	CAD	441.32	.00	.00	Flight to Grande Prairie From Edmonton Re: Capital Management Meeting ✓
④ 30/10/2015	408263944	WESTJET ██████████ Westjet Airlines	-441.32	CAD	-441.32	.00	.00	Flight from Grande Prairie was rebooked and refund was credited ✓
⑤ 30/10/2015	408263945	WESTJET ██████████ Westjet Airlines	434.48	CAD	434.48	.00	.00	Flight from Grande Prairie to Edmonton Re: Capital Project Management meeting ✓
⑥ 02/11/2015	408403407	AIR CANADA ██████████ AIR CANADA	257.80	CAD	257.80	37.4%	.00	Flight from Edmonton To Fort McMurray Re: External Investigators Review ✓
⑦ 02/11/2015	408403408	WESTJET ██████████ Westjet Airlines	50.00	CAD	50.00	.00	.00	Flight from Fort McMurray to Edmonton Re: External Investigators Review ✓
⑧ 04/11/2015	408533864	KENO TAXI, LIMOUSINES AND TAXICABS	35.40	CAD	35.40	1.6%	.00	Taxi Paid Re: From Fort Mc Murray airport to the NLRHC hospital ✓
⑨ 04/11/2015	408930483	SUN TAXI (FT MCMURRAY), LIMOUSINES AND TAXICABS	36.85	CAD	36.85	1.7%	.00	Taxi Paid Re: From NLRHC to Fort Mc Murray airport Re: Investigation Review panel ✓
⑩ 05/11/2015	408762828	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36%	.00	Parking Paid Re: Dr. Worry and Dr. Mador Meeting at Seventh Street Plaza edmonton ✓
⑪ 06/11/2015	408930481	HOLLOWAY INN & SUITES, LODGING HOTELS, MOTELS, RESORTS	157.11	CAD	157.11	7.4%	.00	Hotel paid Re: Grande Prairie Capital Project meeting ✓
⑫ 06/11/2015	408930482	POMEROY HOTEL GRANDE P, LODGING HOTELS, MOTELS, RESORTS	150.44	CAD	150.44	7.1%	.00	Hotel RE: Capital Project meeting in Grande Prairie ✓
⑬ 08/11/2015	409493338	BLACKTOP CABS & GP TOW, LIMOUSINES AND TAXICABS	11.30	CAD	11.30	.54%	.00	Taxi paid Re: From Grande Prairie Airport to QEII hospital Re: Capital Project Meeting ✓
⑭ 09/11/2015	408064455	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.7%	.00	Parking Paid Re: Dr. Yiu and Dr. Worry one on one ✓
⑮ 11/11/2015	409493339	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.5%	.00	Monthly Parking Pass Re: Edmonton International Airport ✓
⑯ 19/11/2015	410255841	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.7%	.00	Parking Paid Re: Dr. Mador and Dr. Worry one on one in Edmonton ✓

**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.

KEANA BRIDGELAL  
Name of Cardholder Designate

Exec. Admin. Coordinator  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

27-Nov-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

27-Nov-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

Nov 30/15  
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 Yiu  
Name of Approver

VP Quality + CMO  
Approver Position/Title

[Signature]  
Signature of Approver

Dec 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:
  - Copies of pre-approvals for travel

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor North Tower 10030-107 Street



Parking Ticket Re: Dr. Wony / Dr. Mader weekly on one.

(2)

TICKET VOID IF RE-SOLD

TICKET VOID IF RE-SOLD



IMPARK

PHONE 780-420-1976

HOURLY PARKER

Meter : LOT 383

no in and out privileges

Time: 10:51A OCT 29

FACE THIS SIDE UP ON DASH

FACE THIS SIDE UP ON DASH

Price: \$15.00

Card:

Exp.:

Expires:

1:51PM THU  
OCT 29 15

GST NO. 887315638R10001  
INSTRUCTIONS ON BACK

Travel Re: From Edmonton to Grande Prairie -

Re: Capital project meeting

3/4  
5

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

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: October 30, 2015  
Page: 1/3  
Our Reference: [REDACTED]

# INVOICE

**For**  
DR KEVIN W WORRY  
AC [REDACTED]

Thursday, November 5, 2015

 Air

WESTJET AIRLINES  
**From:** EDMONTON INTL AB  
**To:** GRANDE PRAIRIE  
**Stops:** 0 **Arrival:** 05Nov15

**Flight:** 3291 L CLASS  
08:55 PM **Equipment:** DH4  
10:09 PM

Mile(s) Flown: 247

WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE



*Flight From Grande Prairie Re: Capital Project Meeting  
Flight was rebooked refund credited.*

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

Invoice Number: [REDACTED]  
Date: October 30, 2015  
Page: 2/3  
Our Reference: [REDACTED]

**INVOICE**

Friday, November 6, 2015

Air

WESTJET AIRLINES Flight: 3137 M CLASS  
**From:** GRANDE PRAIRIE 10:40 AM Equipment: DH4  
**To:** EDMONTON INTL AB 11:46 AM Mile(s) Flown: 247  
**Stops:** 0 **Arrival:** 06Nov15  
 WESTJET ENCO  
 SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Cost:**

TKT- [REDACTED] E-TKT	[REDACTED]	345.52
	Tax:	88.96
	<b>Ticket Total:</b>	<b>434.48</b> (5)
TKT [REDACTED] E-TKT	[REDACTED]	-352.36
	Tax:	-88.96
	<b>Ticket Total:</b>	<b>-441.32</b> ← refund (4)

**Total:**

<b>Grand Total:</b>	-6.84
<b>Less Credit Card Payments:</b>	-6.84
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	441.32 (3)
<b>Total Charges Previous Invoices:</b>	441.32
<b>Total Balance Due:</b>	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

Flight Paid Re: External Investigators Review in Fort McMurray.

6/7

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

Branch: [REDACTED]  
Agent: [REDACTED]

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

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

# INVOICE

For  
DR KEVIN W WORRY  
AC [REDACTED]

Wednesday, November 4, 2015

Air

AIR CANADA  
From: EDMONTON INTL AB  
To: FT MCMURRAY  
Stops: 0 Arrival: 04Nov15  
AIR CANADA E  
SEAT 13C - WORRY/KEVIN W DR  
TICKET NUMBER [REDACTED]

Flight: 8380 Q CLASS  
07:15 AM Equipment: DH4  
08:17 AM

Mile(s) Flown: 240

Air

WESTJET AIRLINES  
From: FT MCMURRAY  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 04Nov15  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE  
TICKET NUMBER [REDACTED]

Flight: 3246 ECONOMY CLASS  
01:45 PM Equipment: DH4  
02:50 PM

Mile(s) Flown: 240

### Cost:

AIR CANADA WEE [REDACTED]

[REDACTED]

220.32

Tax: 37.48

Ticket Total: 257.80

TKT [REDACTED]

[REDACTED]

50.00

6  
7



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

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

# INVOICE

**Total:**

<b>Grand Total:</b>	307.80
<b>Less Credit Card Payments:</b>	307.80
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	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.

Taxi Paid Re: External Investigators Review From Fort McMurray airport to NLRHC hospital. (2)

KENO TAXI  
110-10125 FRANKLIN AVE  
FORT MCMURRAY, AB T9H 2

Merchant ID: 000000004279398  
Term ID: 06812360  
25227260015

Purchase

MasterCard

[REDACTED]

AID: A0000000041010

Entry Method: Chip

Batch#: [REDACTED]

11/04/15

09:05:23

Ref: [REDACTED]

In: [REDACTED] Appr Co: [REDACTED]

Amount:	\$	32.20
Tip:	\$	3.20
Total:	\$	35.40

Customer: Egan

Travel Paid from NURTC to Fort McMurray hospital.

Re: External Investigators Review.

(9)

### Sun Taxi

140 MacKenzie King Road  
Fort McMurray, AB  
T9H 4L2  
780-743-5050

TAXI: [REDACTED]

15/11/04 12:51:26

MASTERCARD  
Card : [REDACTED]  
MasterCard  
CHIP CARD

A0000000041010  
000008000

VERIFIED BY PIN  
Order [REDACTED]  
Ref [REDACTED]  
Auth [REDACTED]

FARE :	\$	33.50
TIP :	\$	3.35
TOTAL :	\$	36.85

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain a  
copy for your records

GST# 125868893

Thank you for using  
Sun Taxi

Parking Paid - Dr. Worry/Dr. Mador meeting at Seventh Street Plaza  
in Edmonton.

(10)

IMPARK  
PHONE 780-420-1976  
EVENING PARKER  
Meter : LOT 383  
in and out privileges  
Time: 3:47P NOV 05  
impark  
Price: \$ 7.50  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

6:00AM FRI  
NOV 06 15  
POST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

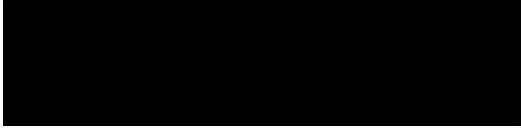
Hotel Re: Capital Project meeting in Grande Prairie

(11)

# Holloway

Inn & Suites

**Kevin William Worry**



Room No. :

Arrival : 11-05-15

Departure : 11-06-15

Folio No. :

Conf. No. :

Cashier No. :

Custom Ref. :

DB Requirement : :

Company Name:

Group Name:

Date	Description	Charges	Credits
11-05-15	Room - Sustainability	\$142.00	\$
11-05-15	Sustainability Levy	\$2.13	\$
11-05-15	Hotel Tax	\$5.77	\$
11-05-15	GST	\$7.21	\$
11-06-15	Mastercard	\$	\$157.11
		<b>Total Charges</b>	157.11
		<b>Total Credits</b>	157.11
		<b>Balance</b>	<b>\$0.00</b>

Guest Signature: \_\_\_\_\_

Merchant ID

Transaction ID

Approval Code

Approval Amount 157.11

Credit Card #

Credit Card Expiry

Capture Method Manual

Transaction Amount 157.11

Taxi Paid Re: Grande Prairie Regional Hospital Meeting.

13

DO NOT WRITE ABOVE THIS LINE

SALES DRAFT - FACTURE

03/19

EXPIRY DATE CHECKED  DATE D'EXPIRATION VERIFIEE

CLERK-COMMIS

DEPT.-RAYON

AUTHORIZATION NUMBER / NO D'AUTHORISATION

11106115

M D J Y A

DESCRIPTION	AMOUNT-MONTANT
	9 80
	150

CARDHOLDER'S SIGNATURE - SIGNATURE DU TITULAIRE

CARDHOLDER WILL PAY TOTAL AMOUNT SHOWN TO CARD ISSUER ACCORDING TO CARDHOLDER AGREEMENT WITH CARD ISSUER.

LE TITULAIRE S'ENGAGE A REMBOURSER L'EMETTEUR DE LA CARTE DU MONTANT TOTAL FIGURANT SUR CETTE FACTURE, CONFORMEMENT A LA CONVENTION REGISSANT L'UTILISATION DE LA CARTE.

VISA

MasterCard

TOTAL \$ CDN CAN

1130

PLEASE RETAIN THIS COPY AS A RECORD OF YOUR TRANSACTION

CONSERVEZ CETTE COPIE COMME PREUVE DE NOTRE TRANSACTION

PROCESSING COPY

COPIE DE TRAITEMENT

recycled

recycle

Parking Paid Re: meeting with Dr. Yiu at Seventh Street Plaza.

14

TICKET VOID IF

impark

PHONE 780-420-1976

HOURLY PARKER

Meter : L01 383

no in and out privileges

Time: 12:54P NOV 09

Price: \$15.00

Card: [REDACTED]

Exp.: [REDACTED]

Expires: [REDACTED]

3:54PM MON  
NOV 09 15

GST NO. 88/315638R10001

INSTRUCTIONS ON BACK

SIDE UP ON DASH

PLACET

DE UP ON DASH

Monthly Parking Pass Edmonton International Airport.

15

Pay



Merchant Name:	<b>Edmonton International Airport Finance Department</b>
Transaction Date:	Wed, Nov 11, 2015, 08:17:08 AM
Merchant Address:	1, 1000 AIRPORT ROAD Alberta, AB T9E 0V3
Card Type:	<b>MASTERCARD</b>
Card Number:	[REDACTED]
Amount:	\$157.50
Auth Code:	[REDACTED]
Transaction Ref:	[REDACTED]
Transaction Type:	DEBIT
Card Read Method:	KEYED
Transaction Status:	Capture Queued <b>APPROVAL</b>
Merchant ID:	[REDACTED]
User Ref:	[REDACTED]
User Data 1:	[REDACTED]
User Data 2:	[REDACTED]



Parking Paid re: Dr. Mador / Dr. Woory meetings at Seventh Street Plaza in Edmonton. (16)

**TICKET VOID IF**

**impark**  
IMPARK  
PHONE 780-420-1976

**HOURLY PARKER**  
Meter : LOT 383  
no in and out privileges  
Time: 10:01A NOV 19

Price: \$15.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

**1:01PM THU**  
**NOV 19 15**

GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

**TICKET VOID IF RE-SOLD**

**PLACE THIS**

**UP ON DASH**

**SIDE UP ON DASH**

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	20.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/26/2015	Quality Innovation Fund	AB - Local	Parking - Lot or Parkade	20.00			Parking paid for the Quality Innovation Fund projects meeting in Edmonton	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		18-Dec-15							

CITY OF EDMONTON  
LIBRARY PARKADE  
GST # 119326270 RT0001

Rcpt# [REDACTED]  
10/26/15 17:26 L# 2 A# 3 Txn# [REDACTED]  
10/26/15 08:04 In 10/26/15 17:26 Out  
Tkt# [REDACTED]  
Regular Rate \$ 19.05  
Total Tax \$ 0.95  
Total Fee \$ 20.00  
CASH PAID \$ 20.00-  
Cash Tender \$ 20.00  
Change Due \$ 0.00

THANK YOU  
COME AGAIN

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	208.12

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/19/2015	Dinner paid for North Zone medical leaders and ZMD senior staff for our NZ Program and performance retreat on November 19	AB - Local	Meals - Dinner	208.12			Working Session	1	15	Dr. Kevin Worry, Dr. Wolf Gaisbichler, Dr. Richard Ibach, Dr. Albert de villiers, Dr. Gene Vitug, Dr. Young Phiri, Dr. Brian Dufresne, Dr. Gerhard Benade, Jonna Hansen, Deborah Whetstone, Jane Lewis, Joline Luke, Reana Bridgelal	
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		29-Dec-15							

NZ P+P Retreat - Nov 19 Leduc Best western Inn  
meet + greet

KW paid with Personal C.C. for MA staff.

Submitted on Dec 11/15

Jonathan's Lounge  
Denham Inn  
Leduc AB, (780) 986-2241  
GST R104119318  
Table [redacted]  
Trans#: [redacted] Ser [redacted]  
11/19/2015 11:51:07 PM # Cust: [redacted]

Quan	Descript	Cost
1	**Sub Stuffed Potato	\$2.00
3	Crispy Chicken Fingers	\$36.00
1	Warm Ginger Beef Salad	\$11.00
1	Mushroom Swiss Burger	\$12.00
1	Steak Sandwich	\$23.00
1	Haddock & Fries	\$19.00
1	Butter Chicken	\$16.00
		\$14.00
		\$24.00
		\$15.70
		\$172.00
		\$6.60
		\$27.52
		\$208.12
		Included=

DENHAM INN  
5207 50TH AVENUE  
LEDUC AB  
CARD [redacted]  
CARD TYP [redacted]  
DATE 2015/11/19  
TIME 23:51  
RECEIPT [redacted]  
PURCHASE TOTAL

\$208.12

VISA CREDIT  
A0000000031010  
DFC252FF4307B670  
8080008000-6800  
4F9FAABF05DD9E16  
8080008000-7800

APPROVED

AUTH# [redacted]  
THANK [redacted]

CARDHOLDER COPY

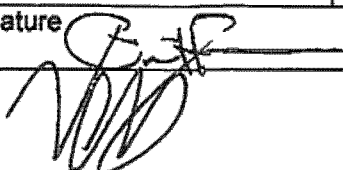
IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Room Charges Only

Room \_\_\_\_\_ Tip \_\_\_\_\_  
Name(Print) \_\_\_\_\_ Total \_\_\_\_\_  
Signature \_\_\_\_\_

### Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

<b>Describe the purpose of the working session</b> Program and Performance Senior Physician Leadership working session to discuss P&P Roles and Responsibilities, discuss building NZ Department Guidelines, SCN presentation			
<b>Name of Event Program and Performance Retreat</b>		<b>Date of Request (yyyy-Mon-dd)</b> 2015-Oct-27	
<b>Event Lead (Name, Position, Department)</b> Grant Frame, Director, Medical Affairs			
<b>Location of Venue</b> Leduc Best Western Inn (Denham Inn)			
<b>Event Date(s)</b> November 19th (evening) and November 20th, 2015			
<b>Number of Attendees</b>	22		
<b>Guest Speaker(s)/Facilitators</b>	<b>Title/Role</b>	<b>Organization</b>	
Dr. Blair O'Neill	ACMO	AHS	
Dr. Kevin Worry	ZMD, North	AHS	
<b>Proposed Budget</b>	Venue cost \$ 0.00		
	Meals \$ 900.00		
	Non - Alcoholic Beverages \$ 30.00		
	Other Specify nature of expense		
	GST (if applicable) \$ 46.50		
<b>Total planned event budget \$ \$ 976.50</b>			
<b>Balancing Unit</b> Eg. 101	<b>Location</b> Eg. 9000	<b>Functional Centre/Primary</b> Eg. 00000000000	
101	0013	71110106000	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	<b>Name</b> Grant Frame	<b>Position Title</b> Director, Medical Affairs, North	<b>DOFA Level</b> [Redacted]
	<b>Signature</b> 		<b>Date</b> Oct. 27, 2015

Dr. Verna Yu, VP Quality + CMO

Nov. 18/2015

Date

# NZ Program & Performance Retreat Agenda

November 20<sup>th</sup> 2015

8:30-3:30

Thursday, November 19, 2015

5:30 pm – 9:00 pm Dinner and casual meet & greet at Jonathan's Lounge, Best Western Inn & Suites- 5207 50<sup>th</sup> Avenue Leduc

Friday, November 20, 2015

8:30 am – 8:45 am *Dr. Kevin Worry,* Welcome & Introductions  
*Dr. Gerhard Benade*

8:45 am - 9:15 am *Dr. Kevin Worry,* Role of Program & Performance- Moving from Site only Leadership to include Zonal  
*Dr. Gerhard Benade* Departments

1. Representation
  - a. ZMAC, ZARC and North Zone Departmental Heads
  - b. SCNs and Provincial centers of Excellence
2. Discussing and Building North Zone Departmental Guidelines (e.g. ACLS to work in NZ ED)

- Questions for Discussion
  - What does our P&P team look like?
  - What's the difference between a P&P, ZCDH, ZCSC and ZPMD?
  - How do we work with Clinical operations?
  - What is ZMAC?
  - What is ZARC?

9:15 am – 10:15 am *Dr. Blair O'Neill,* Presentation:  
*ACMO*

## Program & Performance Retreat Attendees

November 19 & 20, 2015

Grant Frame	Director, Medical Affairs, North Zone
Dr. Gerhard Benade	AZMD Program & Performance, North Zone
Dr. Kevin Worry	Zone Medical Director, North
Dr. Richard Ibach	Deputy Zone Medical Director, North
Dr. Lizanne Venter	Deputy Zone Medical Director, North
Dr. Gaisbichler	ZCDH Diagnostic Health, North
Dr. Albert de Villiers	ZPMD/Lead MOH, North
Dr. Gene Vitug	Co-FMD, Area 10
Dr. Brian Dufresne	ZCSC HH – Emerg Med
Jonna Hansen	Senior Consultant, NZ
Cheryl Meriot	Consultant, NZ
Bonny Nelson	Consultant, NZ
Jane Lewis	Manager, MA
Deborah Whetstone	Manager, MA
Melissa Matters	Admin Assistant, Program & Performance, North
Joline Luke	Admin Assistant, Program & Performance, North
Leanne Mutlow	Exec Admin Coordinator, ZMD Office, North
Reana Bridgelal	Exec Admin Coordinator, ZMD Office, North
Dr. Blair O'Neill	ACMO