

AHS Board and Executive Expense Report

Name Dr. Kevin Worry
Title Zone Medical Director North Zone
Location Spruce Grove

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings	667		359	281	1,307			
Total			\$ 667	\$ -	\$ 359	\$ 281	\$ 1,307	\$ -	\$ -	\$ -

Total for the Month \$ 1,307

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 184
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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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:	20/12/2015
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount:	\$1,306.93
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

Statement of Transactions

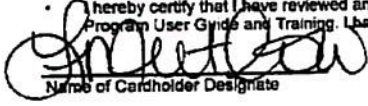

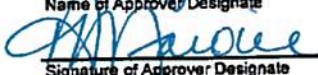

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Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/11/2015	410461459	DENHAM INN, LODGING HOTELS, MOTELS, RESORTS	152.59	CAD	152.59	7.27		Hotel Paid Re: NZ Program & Performance Retreat in Leduc
23/11/2015	410590768	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking Paid RE: AZMD meeting in Edmonton
25/11/2015	410988023	AIR CAN ██████████ AIR CANADA	344.48	CAD	344.48	74.96	.00	Travel From Calgary to Edmonton Re: Provincial Practitioner Executive Committee meeting
26/11/2015	410988024	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.50	.00	Parking Paid Re: Monthly Parking Pass at Edmonton International Airport
30/11/2015	411292078	MPARK00020032U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.88	.00	Parking Paid Re: Edmonton AZMD Meeting at Seventh Street Plaza Edmonton
30/11/2015	411578068	AIR CAN ██████████ AIR CANADA	50.00	CAD	50.00	.00	.00	Change fee for Flight change from Edmonton To calgary Re: PPEC meeting
30/11/2015	411578069	AIR CAN ██████████ AIR CANADA	84.81	CAD	84.81	.00	.00	Change fee Re: Flight change from Calgary to Edmonton Re: PPEC meeting
01/12/2015	411578070	WESTJET ██████████ Westjet Airlines	187.22	CAD	187.22	.00	.00	Travel Re: Edmonton to Calgary Re: Provincial Practitioner Executive committee meeting
02/12/2015	411820736	DELTA CALGARY AIRPORT, DELTA HOTELS	206.58	CAD	206.58	9.48	.00	Hotel Paid Re: PPEC meeting in Calgary
07/12/2015	412286529	AHS PARKING, HOSPITALS	14.25	CAD	14.25	.68		Parking Paid Re: System Integration meeting at the Royal Alexander hospital in Edmonton.
07/12/2015	412286530	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	13.50	CAD	13.50	.64		Parking Paid Re: Edmonton ZMAC meeting at WMC in Edmonton
14/12/2015	412957391	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.00	.00	Dr. Worry Parking for AZMD Mtg with Dr. Mador at SSP
15/12/2015	413073499	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.00	.00	Dr. Worry parking for Joint Venture Council Mtg in Edmonton
18/12/2015	413424252	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.00	.00	Dr. Worry parking for 1:1 meeting with Dr. Mador at SSP

Transactions without Receipts or supporting documentation

- ⑮

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
09/12/2015	412426347	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.00	.00	Dr. Worry parking for Zone Leaders Meeting at SSP

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 recognized 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> Name of Cardholder Designate</p> <p>_____ Signature of Cardholder Designate</p>	<p><u>Exec Admin Coord.</u> Cardholder Designate Position/Title</p> <p><u>Dec 21/15</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> Signature of Cardholder</p>	<p><u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title</p> <p><u>Dec 21/15</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 Malone</u> Name of Approver Designate</p> <p> Signature of Approver Designate</p>	<p><u>Exec Asst</u> Approver Designate Position/Title</p> <p><u>Dec 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. Verha Yu</u> Name of Approver</p> <p> Signature of Approver</p>	<p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>Dec 30/15</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: <ul style="list-style-type: none"> • 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:

Hotel Paid Re: NZ Program + Performance Retreat in Leduc

BEST WESTERN PLUS Denham Inn & Suites

www.bestwesterndenham.com

5207 50th Avenue

Leduc, AB T9E 6V3

Telephone: (780)986-2241 Fax: (780)986-1511

Dec 11, 2015

3:00 pm

①

Each Best Western® branded hotel is independently owned and operated.

KEVIN WORRY

x
x, X X

Arrival Date: Thursday, November 19, 2015
Departure Date: Friday, November 20, 2015

Member #: [REDACTED]

Folio #: [REDACTED]
Room Number: [REDACTED]
Rate: \$139.99
Pay Method: [REDACTED]

Date	Department	Reference	Voucher	Room	Debit	Credit
11/19/2015	Room Charge	Auto Posted		[REDACTED]	\$139.99	
11/19/2015	Room GST Tax	Auto Posted		[REDACTED]	\$7.00	
11/19/2015	Tourism Levy Tax	Auto Posted		[REDACTED]	\$5.60	
11/20/2015	Mastercard	CHECKED-[REDACTED]		[REDACTED]		\$152.59

GST #104119318

Tax Summary	
Room GST Ta	\$7.00

Balance: \$0.00

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

I am aware that all personal information collected about me, with the exception of my credit card number, will be stored in the computer for the purpose of proficiency with my next reservation.


Signature _____

Parking Paid Re: Azmo meeting in Edmonton

2

TICKET VOID IF

SIDE UP ON DASH


 IMPARK
 PHONE 780-420-1976

EVENING PARKER

Meter : LOT 383

no in and out privileges

Time: 2:52P NOV 23

Price: \$15.00


Card: [REDACTED]

Exp.: [REDACTED]

Expires:

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON DASH


 6:00AM TUE
 NOV 24 15

GST NO. 887315638RT0001

INSTRUCTIONS ON BACK

Flight from Calgary to Edmonton re: IPEC meeting

3

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

Invoice Number: [REDACTED]
Date: November 25, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, December 2, 2015

 Air

AIR CANADA

Flight: 8150 M CLASS
04:35 PM Equipment: DH4
05:27 PM

Mile(s) Flown: 163

From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 02Dec15

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8C

Cost:

AIR CANADA W [REDACTED]	[REDACTED]	269.52
	Tax:	74.96
	Ticket Total:	344.48

Total:

	Grand Total:	344.48
	Less Credit Card Payments:	344.48
	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: Monthly parking pass at International Airport in Edmonton.

Pay

(4)



Merchant Name:	Edmonton International Airport Finance Department
Transaction Date:	Thu, Nov 26, 2015, 10:10:52 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]

Change fee Re: Flight change from Edmonton to Calgary
Calgary to Edmonton.

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

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

INVOICE

Wednesday, December 2, 2015

Air

AIR CANADA
From: CALGARY AB Flight: 8150 M CLASS
To: EDMONTON INTL AB 04:35 PM Equipment: DH4
Stops: 0 Arrival: 02Dec15 05:27 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8C

Cost:

AIR CANADA WEB [REDACTED] 84.81
AIR CANADA WEB [REDACTED] 50.00
2 separate charges

Total:

Grand Total: 134.81
Less Credit Card Payments: 134.81
Credit / Balance Due To This Invoice: 0.00
Total Previous Payments: 344.48
Total Charges Previous Invoices: 344.48
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.

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 30, 2015

Page: 1/3

Our Reference: [REDACTED]

INVOICE

For

DR KEVIN W WORRY

AC [REDACTED]

Tuesday, December 1, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 01Dec15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

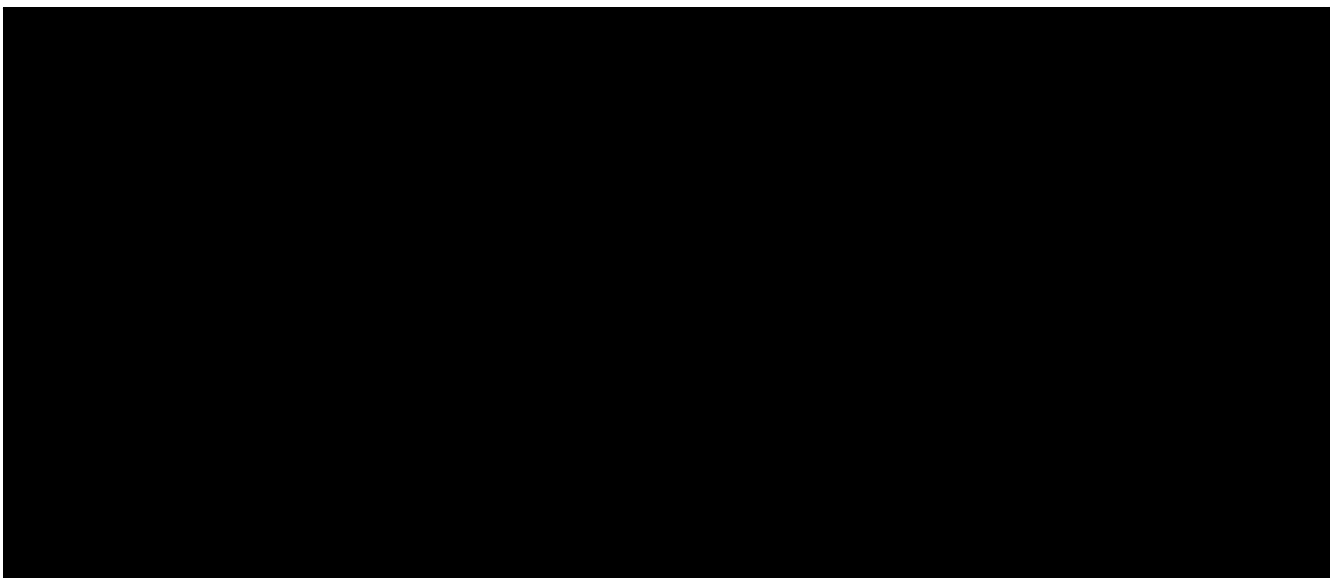
SEAT 8D

Flight: 8163 H CLASS

10:15 PM Equipment: DH4

11:09 PM

Mile(s) Flown: 163



Travel - From Edmonton to Calgary Re: PPEC meeting.

3

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: December 1, 2015
Page: 1/2
Our Reference:

INVOICE

For
DR KEVIN W WORRY
AC

Tuesday, December 1, 2015

Air

WESTJET AIRLINES Flight: 3288 M CLASS
From: EDMONTON INTL AB 08:45 PM Equipment: DH4
To: CALGARY AB 09:45 PM Mile(s) Flown: 163
Stops: 0 Arrival: 01Dec15
WESTJET ENCO
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Cost:

TKT- E-TKT 137.74
Tax: 49.48
Ticket Total: 187.22

Total:

Grand Total: 187.22
Less Credit Card Payments: 187.22
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Invoice Number:

Date:

Page:

Our Reference:

[REDACTED]
December 1, 2015
2/2

[REDACTED]

INVOICE

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.

Hotel Paid Re: PPEC meeting in Calgary

9



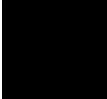
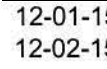

DELTA


CALGARY AIRPORT

2001 Airport Road NE, Calgary, Alberta T2E 6Z8

Tel: 403-291-2600 Fax: 403-250-8722

Kevin Worry

Room: 
 Folio: 
 Cashier: 
 Arrival: 12-01-15
 Departure: 12-02-15

Date	Description	Additional Information	Charges	Credits
12-01-15	Room Charge		184.00	
12-01-15	Rooms Destination Marketing Fee		5.52	
12-01-15	Rooms Tourism Levy		7.58	
12-01-15	Rooms GST		9.48	
12-02-15	Master Card			206.58

GST Summary	
Registration No: 826085417	
Room	9.48
F&B	0.00
Other	5.52
Total	15.00

Total	206.58	206.58
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Parking Paid Re: System Integration meeting at the Royal
Alexander Hospital in Edmonton

10

ROYAL ALEXANDRA HOSPITAL
SE PARKADE - PUBLIC PARKING

Machine ID#1505

Repl #

12/07/15 15:40 1# 3 All 1 Txn#

12/07/15 10:06 In 12/07/15 15:40 Out

Plat# 417865

RAH OF PARK \$ 14.25

Total Fee \$ 14.25

MASH CARD \$ 14.25

Approval No

Reference No.: 0786

Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - email us :

parkingedmonton@

albertahealthservices.ca

Parking Paid Re: Edmonton ZMAC meeting at WMC in Edmonton

(11)

PROVINCE OF ALBERTA
1122166 - 105 AVE, PARKADE

1121 East Parkade Booth 31
In: [REDACTED]
12/07/15 19:06 To: 1 00 15 [REDACTED]
12/07/15 18:50 In 12/07/15 19:06 Out
1121 [REDACTED]
TAX 15.50 \$ 15.50
Total Fee \$ 15.50
TAX 15.50 \$ 15.50-Change Due
\$ 0.00

Parking Rates are GST Exempt

Comments? - Email us:
park@wmc.com
at the below these services.ca

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

|||| PURCHASE ||||
12-07-2015 19:07:33
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
A0000000041010 MasterCard
Trace # [REDACTED]
Auth # [REDACTED] RRN 001054028

Total \$13.50
(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

AZMD Mtg
Dec 14 @ 1:00pm
SSP.

12

TIC AZMD Mtg
SSP

IMPARK
PHONE 780-420-1976
HOURLY PARKER
Meter : LOT 383
to in and out privileges
Time: 12:58P DEC 14
impark
Price: \$15.00
Card: [REDACTED]
Exp.: 1903
Expires:

3:58PM MON
DEC 14 15

RE-SOLD
GST NO. 887315638RT000
INSTRUCTIONS ON BACK

Joint Venture Council Mtg
Dec 15/15 @ noon
10025 Jasper Ave, Edmonton.

13

AIB PLACE
GST:887315638RT001
RECEIPT C1

IN: 15.12.15 11:21
PAY: 15.12.15 14:54
AMOUNT: \$ 20.00

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

Card #: [REDACTED]

Card Entry:CHIP
Account:MASTERCARD
Trans:PURCHASE
Amount:\$20.00

Auth # [REDACTED]
Sequence # [REDACTED]

Term ID: 002
Date: 15/12/15
Time: 14:54:07

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
MasterCard

TVR: 0000008000
AID: A0000000041010
TSI: E800
TC: 621987955D37FB49

*** CUSTOMER
COPY ***

Joint Venture Council
Mtg - Edmonton

Thank you for
Visiting!

Dr. Worry/Dr. Mador 1:1

Dec 18/15 @ 3pm

SSP

14

TICKET VOID IF RE-SOLD Dr. Worry/Dr. Mador 1:1 @ SSP **PLACE THIS SIDE UP ON DASH**
IMPARK
PHONE 780-420-1976
VENING PARKER
Meter : LOT 383
no in and out privileges
Time: 3:00P DEC 18

TICKET VOID IF RE-SOLD Price: \$10.00 **PLACE THIS SIDE UP ON DASH**
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]
6:00AM SAT
DEC 19 15
GST No. 882315639RT0001
INSTRUCTIONS ON BACK

(15)

Written Attestation for Lost Receipt

Date/Purpose/Amount December 9, 2015 / Parking (Travel) / \$ 18.00

Location Edmonton, SSP, Boardroom A

Meeting Description Zone Leaders Meeting

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

Kp
Employee Authorization

Dec 22, 2015
Date Signed

Verna Yiu
Dr. Verna Yiu
Claim Approver

Dec 30/15
Date Signed