

## 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 January 2016

### 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)
Jan-16	P-Card	Meetings	704			420	1,124			
<b>Total</b>			\$ 704	\$ -	\$ -	\$ 420	\$ 1,124	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,124

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.

### 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

<b>WORRY, KEVIN</b> Cardholder's Name	<b>MEDICAL DIRECTOR - NORTH</b> Cardholder's Position/Title	<b>Billing Reporting Period:</b> 20/01/2016
<b>MEDICAL AFFAIRS</b> Cardholder's Dept	<b>NORTHERN LIGHTS REGIONAL</b> Cardholder's Site/Location	<b>Total Statement Amount:</b> \$1,124.13
<b>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address	<b>Last 6 digits of the P-Card #:</b> [REDACTED]	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 21/12/2015	413710231	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking Paid Re: Edmonton AZMD Meeting at SSP ✓
② 04/01/2016	414553849	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.88	.00	Parking Paid Re: Edmonton AZMD meeting at Seventh Street Plaza, Edmonton ✓
③ 07/01/2016	414988581	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.38	.00	Parking Paid Re: Dr. Worry/Dr. Mador 1:1, Seventh Street Plaza, Edmonton ✓
④ 08/01/2016	415155216	WESTJET [REDACTED] Westjet Airlines	355.04	CAD	355.04	.00	.00	Travel Paid Re: Flight to and from Edmonton to Calgary, Dr. Worry/Dr. Nichol one on one ✓
⑤ 11/01/2016	415277497	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	31.00	CAD	31.00	1.48	.00	Parking Paid Re: Edmonton AZMD and Edmonton ZMAC meeting at SSP ✓
⑥ 11/01/2016	415399868	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	157.50	CAD	157.50	7.50	.00	Monthly Parking Pass at Edmonton International Airport ✓
⑦ 13/01/2016	415529004	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	29.00	CAD	29.00	1.38	.00	Parking Paid Re: Quality and CMO meeting at SSP ✓
⑧ 14/01/2016	415740167	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	61.18	CAD	61.18	2.91	.00	Travel Paid Re: Taxi fare from Calgary International airport to Southport tower, Dr. Worry/Dr. Nichol 1:1 ✓
⑨ 14/01/2016	415740168	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	64.57	CAD	64.57	3.07	.00	Travel Re: Taxi fare from Southport Tower to Calgary International Airport, Dr. Worry/Dr. Nichol 1:1 ✓
⑩ 14/01/2016	415740170	AIR CAN [REDACTED] AIR CANADA	181.54	CAD	181.54	.00	.00	Flight Paid from Calgary to Edmonton Re: Dr. Worry/Jamie Rice/William Hondas meeting ✓
⑪ 14/01/2016	415740171	WESTJET [REDACTED] Westjet Airlines	167.82	CAD	167.82	.00	.00	Flight Paid Re: From Calgary to Edmonton Re: Dr. Worry/Jamie Rice/William Hondas meeting ✓
⑫ 15/01/2016	415740169	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking Paid Re: Dr. Worry/Dr. Mador 1:1 at SSP ✓
⑬ 18/01/2016	416050604	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	1.24	.00	Parking Paid Re: Zona Executive Leaders meeting at SSP ✓

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>KEANA BRIDGEWAL</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small>	<u>Exec. Admin. Coord.</u> <small>Cardholder Designate Position/Title</small> <u>25-Jan-2016</u> <small>Date of Signature</small>	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 personal expenses inadvertently charged is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>WORRY, KEVIN</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small>	<u>MEDICAL DIRECTOR - NORTH</u> <small>Cardholder Position/Title</small> <u>25-Jan-2016</u> <small>Date of Signature</small>	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Audrey Maione</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small>	<u>Exec Admin Coord.</u> <small>Approver Designate Position/Title</small> <u>Jan 28/16</u> <small>Date of Signature</small>	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Dr. Francois Belanger</u> <small>Name of Approver</small>  <small>Signature of Approver</small>	<u>A/VP Equality + CMO</u> <small>Approver Position/Title</small> <u>Feb 2016</u> <small>Date of Signature</small>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:               <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

Parking Paid re: Edmonton AZMD meetings at SSP.

①

**TICKET VOID IF RE-**  
**TICKET VOID IF RE-**

**IMPARK**  
PHONE 780-420-1976  
HOURLY PARKER  
Meter : LOT 383  
no in and out privileges  
Time: 7:17A DEC 21

Price: \$10.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

**9:17AM MON**  
**DEC 21 15**

GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

**HIS SIDE UP ON DASH**  
**PLACE**  
**SIDE UP ON DASH**

Parking Paid Re: Edmonton Azmd Meeting, Seventh Street Plaza.

(2)

**TICKET VOID IF RE-SOLD**  
IMPARK  
PHONE 780-420-1976  
EARLY BIRD  
Meter: LO 383  
in and out privileges  
Time: 7:19A JAN 04  
impark  
Price: \$18.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

**VOID IF RE-SOLD**  
6:00PM MON  
JAN 04 16  
GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK  
**PLACE THIS SIDE UP ON D**

Parking Paid Re: Dr. Worry / Dr. Mador 1:1, Seventh Street Plaza

③

**TICKET VOID IF RE-SOLD**

IMPARK  
PHONE 780-420-1976  
EVENING PARKER  
Meter : LOT 383  
In and out privileges  
Time: 3:43P JAN 07  
impark  
Price: \$ 7.50  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

**PLACE THIS SIDE UP ON DESTINATION**

**F RE-SOLD**

6:00AM FRI  
JAN 08 16

GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

**PLACE THIS SIDE DOWN**

Travel paid Re: Flight to + from Edmonton to Calgary

Dr. Worry/Dr. Nichol 1:1

(4)

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: January 8, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**

DR KEVIN W WORRY  
AC [REDACTED]

Thursday, January 14, 2016

**Air**

WESTJET AIRLINES **Flight:** 3395 M CLASS  
**From:** EDMONTON INTL AB 09:00 AM **Equipment:** DH4  
**To:** CALGARY AB 10:01 AM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 14Jan16  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Air**

WESTJET AIRLINES **Flight:** 3396 M CLASS  
**From:** CALGARY AB 01:50 PM **Equipment:** DH4  
**To:** EDMONTON INTL AB 02:47 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 14Jan16  
WESTJET ENCO  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Cost:**

TKT [REDACTED] E-TKT [REDACTED] 256.08  
**Tax:** 98.96  
**Ticket Total:** 355.04



Parking Paid Re: Edmonton AZMD + Edmonton ZMAC at seventh street Plaza .

(5)

TIC

ASH

IMPARK  
PHONE 780-420-1976

DAILY RATE

Meter : LOT 383  
no in and out privileges  
time: 12:40P JAN 11

price: \$31.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expire: [REDACTED]

impark

\$31.00

6:00AM TUE  
JAN 12 16

GST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP ON

RE-SOLD

PLACE THIS



Monthly parking pass at Edmonton International airport.

6

=====  
Pay  
=====

Merchant Name:	Edmonton International Airport Finance Department
Transaction Date:	Mon, Jan 11, 2016, 01:31:25 PM
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: Quality + cmo meeting at Seventh Street Plaza

(7)

**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 AM**  
**JAN 14, 2016**

Purchase Date/Time: 08:41am Jan 13, 2016  
Total Parking: \$27.62  
Total gst: \$1.38  
Total Due: \$29.00  
Total Paid: \$29.00  
Ticket # [REDACTED]  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1

Rate: \$29 - EB + Evg  
Payment Type: Card

[REDACTED] MasterCard

Au [REDACTED]

GST #887315638RT0001

Taxi fare Re: Dr. Worry / Dr. Nichol 1:1 from Calgary International  
Airport to Southport tower

④

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

**SALE**

MID: 4189233  
TID: FX189233 RE  
Batch #: 044 SEQ: [REDACTED]  
01/14/16  
APPR CODE: [REDACTED]  
MASTERCARD

AMOUNT	\$55.60
TIP	\$5.56
TOTAL	\$61.16

00 - APPROVED - 001

MasterCard  
AID: A0000000041010  
TVR: 00 00 00 80 00  
TSE: E8 00

THANK YOU

CUSTOMER COPY

Travel - Re: Taxi fare from Southport to Calgary International airport

Dr. Worry / Dr. Nichol 1:1

(9)

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307 41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111

**SALE**

MID: 4189233  
TID: HM189233 RE: [REDACTED]  
Batch #: 018 SEQ: [REDACTED]  
01/14/16  
APPR CODE [REDACTED]  
MASTERCARD [REDACTED]

AMOUNT	\$58.70
TIP	\$5.87
TOTAL	\$64.57

00 - APPROVED - 001

MasterCard  
AID A0000000041010  
TVR: 00 00 00 80 00  
TSE: E8 00

THANK YOU

CUSTOMER [REDACTED]

Travel: Re: Flight to and from Calgary Mr. Worry/Name Rice/William,  
Hondas meeting.

10/11

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: January 14, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**

DR KEVIN W WORRY  
AC [REDACTED]

Friday, January 22, 2016

**Air**

AIR CANADA **Flight:** 8131 W CLASS  
**From:** EDMONTON INTL AB 06:20 AM **Equipment:** DH4  
**To:** CALGARY AB 07:14 AM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 22Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 8D

Saturday, January 23, 2016

**Air**

WESTJET AIRLINES **Flight:** 153 M CLASS  
**From:** CALGARY AB 08:00 PM **Equipment:** 73H  
**To:** EDMONTON INTL AB 08:52 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 23Jan16  
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

**Cost:**

TI [REDACTED] E-TKT [REDACTED] 118.34  
**Tax:** 49.48  
**Ticket Total:** 167.82

11

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

Invoice Number: [REDACTED]  
Date: [REDACTED] 016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>	
AIR CANADA WEE [REDACTED]	144.06
	Tax: 37.48
	<b>Ticket Total: 181.54</b>
<b>Total:</b>	
	Grand Total: 349.36
	Less Credit Card Payments: 349.36
	Credit / Balance Due To This Invoice: 0.00
	<b>Total Balance Due: 0.00</b>

10

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: Dr. Worry/Dr. Mador 1:1 at Seventh Street Plaza.

12

TI SH

IMPARK  
PHONE 780-420-1976  
HOURLY PARKER  
Meter: LOT 383  
in and out privileges  
Time: 12:55P JAN 15  
impark  
Price: \$15.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires:

IF BE SOLD TICKET VOID IF BE SOLD PLACE THIS SIDE UP ON DASH

3:55PM FRI  
JAN 15 16  
ST NO. 887315638RT0001  
INSTRUCTIONS ON BACK

IF BE SOLD PLACE THIS SI



Parking Paid re: zone executive leaders meeting #1 at SSP

13

**TICKET VOID IF RE-SOLD**

**IMPARK**  
PHONE 780-420-1976  
DAILY RATE

Meter : LOT 383  
no in and out privileges  
Time: 12:47P JAN 18

Price: \$26.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expire: [REDACTED]

**6:00PM MON**  
**JAN 18 16**

TICKET NO. 88731563680001  
INSTRUCTIONS ON BACK

**TICKET VOID IF RE-SOLD**

**PLACE THIS SIDE UP ON DASH**