

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 May 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)
May-16	P-Card	Meetings			152	289	441			
Total			\$ -	\$ -	\$ 152	\$ 289	\$ 441	\$ -	\$ -	\$ -

Total for the Month \$ 441

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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:	20/05/2016
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount:	\$440.26
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 19/04/2016	426446750	HOLIDAY INN EXPRESS, HOLIDAY INNS	151.51	CAD	151.51	7.21		Hotel Paid Re: Medical Staff meeting with Hinton physicians
② 21/04/2016	426658269	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	5.00	CAD	5.00	.24	.00	Parking Paid_Meeting at SSP Re: HP Medical Staff Meeting
③ 28/04/2016	427447960	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking Paid Re: Dr. Worry and Dr. Mador 1:1 at Seventh Street Plaza
④ 29/04/2016	427447961	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking Paid Re: Chief Zone Officer Interviews at Seventh Street Plaza
⑤ 02/05/2016	427773143	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	31.00	CAD	31.00	1.48	.00	Parking Paid Re: Edmonton AZMD meeting and EDM ZMAC at Seventh Street Plaza
⑥ 02/05/2016	427950068	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	183.75	CAD	183.75	8.75	.00	Monthly parking pass Re: Edmonton International Airport
⑦ 19/05/2016	429940167	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	34.00	CAD	34.00	1.62	.00	Parking Paid Re: CZO interviews & Dr. Mador/Dr. Worry 1:1
⑧ 20/05/2016	429940168	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking Paid Re: CZO interview debrief at Seventh Street Plaza

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.

<p><u>KEANA BRIDGEMAN</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Admin Coordinator</u> Cardholder Designate Position/Title</p> <p><u>27-May-2016</u> Date of Signature</p>
--	---

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.

<p><u>WORRY, KEVIN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title</p> <p><u>27-May-2016</u> Date of Signature</p>
---	--

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.

<p><u>Audrey Maione</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec Admin Coord.</u> Approver Designate Position/Title</p> <p><u>May 30, 2016</u> Date of Signature</p>
--	--

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.

<p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>A/VP Quality + CMO</u> Approver Position/Title</p> <p><u>June 3 2016</u> Date of Signature</p>
--	--

Submit approved statement with attachments to Accounts Payable

<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>
--	--

Accounts Payable only

Reference #: _____	Reviewed by: _____	Date: _____
--------------------	--------------------	-------------

Hotel paid Re: Medical Staff meeting in Hinton.

①



04-19-16

Kevin Worry	Folio No. :	Room No. :
[REDACTED]	A/R Number :	Arrival : 04-18-16
[REDACTED]	Group Code :	Departure : 04-19-16
[REDACTED]	Company :	Conf. No. : [REDACTED]
[REDACTED]	Membership No. : [REDACTED]	Rate Code : [REDACTED]
[REDACTED]	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
04-18-16	Accommodation	139.00	
04-18-16	Tourism Levy Tax - 4%	5.56	
04-18-16	GST Tax - Room 5%	6.95	
04-19-16	MasterCard		151.51
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihgrewardsclub.com/review. We look forward to welcoming you back soon.		Total	151.51
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Independently Owned by Zainul and Shazma Holdings (1997) LTD.

Holiday Inn Express Hotel & Suites-Hinton
462 Smith Street
Hinton AB, CA T7V 2A1
Telephone: (780) 865-2048 Fax: (780) 865-2049
GST# 878160969

Parking Paid Meeting at SSP.

(2)

TICKET VOID IF RE-SOLD

IP

IMPARK
PHONE 780-420-1976

EVENING PARKER

Meter : LOT 383
no in and out privileges
Time: 3:40P APR 21

PLEASE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Price: \$ 5.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

6:00AM FRI
APR 22 16

GST NO. 587315638RT0006
INSTRUCTIONS ON BACK

PLEASE THIS SIDE UP ON DASH

③ Parking Paid

Re: Dr. Womyl / Dr. Moder 1:1
SSP

TICKET VOID IF RE-SOLD

IMPARK
PHONE 780-420-1976
EVENING PARKER
Meter: LOT 383
No in and out privileges
Time: 5:19P APR 28

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

6:00AM FRI
APR 29 16

GST NO. E87315638RT0006
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PL

④ Parking Paid

Re: C20 Recruitment Interviews
SSP

TICKET VOID IF RE-SOLD

IMPARK
PHONE 780-420-1976
EVENING PARKER
Meter: LOT 383
No in and out privileges
Time: 2:51P APR 29

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

6:00AM SAT
APR 30 16

GST NO. E87315638RT0006
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

⑤ Parking Paid

Re: Edm. AZMD & ZMAC @ SSP

TICKET VOID IF RE-SOLD

impark

IMPARK
PHONE 780-420-1976
DAILY RATE
Meter: LOT 383
No in and out privileges
Time: 12:57P MAY 02

Price: \$31.00
Card: [REDACTED]
Exp.: [REDACTED]
Expires: [REDACTED]

6:00AM TUE
MAY 03 16

GST NO. E87315638RT0006
INSTRUCTIONS ON BACK

UP ON DASH

PLACE THIS SIDE UP ON DASH

ON DASH

PL

⑥ Parking Paid Re: C20 interview
debrief at SSP.

TICKET VOID IF RE-SOLD

IMPARK
PHONE 780-420-1976
HOURLY PARKER
Meter: LOT 383
No in and out privileges
Time: 7:13A MAY 20

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

9:13AM FRI
MAY 20 16

GST NO. E87315638RT0006
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

Parking Kiosk: Monthly Parking Pass @ Edmonton International Airport.

6

Pay

Merchant Name:	Edmonton International Airport Finance Department
Transaction Date:	Mon, May 02, 2016, 02:16:58 PM
Merchant Address:	1, 1000 AIRPORT ROAD Alberta, AB T9E 0V3
Card Type:	MASTERCARD
Card Number:	[REDACTED]
Amount:	\$183.75
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]

Parking Paid Re: C20 Recruitment debrief at Seventh Street Plaza / Dr. Mador / Dr. Werry 1:1

7

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate No. [REDACTED]

Expiration Date/Time
06:00 AM
MAY 20, 2016

Purchase Date/Time: 1:52pm May 19, 2016
Total Parking: \$32.38
Total gst: \$1.62
Total Due: \$34.00
Total Paid: \$34.00
Ticket #: [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$34 - All Day + Evg
Payment Type: Card

[REDACTED]

GST #867315638RT0006

PARKING RECEIPT