

## 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 June 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)
Jun-16	P-Card	Meetings			108	290	398		120	
Jun-16	Expense Claim	Meetings		471			471			
<b>Total</b>			\$ -	\$ 471	\$ 108	\$ 290	\$ 869	\$ -	\$ 120	\$ -

**Total for the Month**      \$        990

Maximum daily single meal expense claimed in the month      \$        24  
Maximum daily base hotel rate claimed in the month              \$        99  
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.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	290.85

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/8/2016	Slave Lake Family Care Clinic Grand Opening	AB - North Zone	Meals Per Diem	20.75			Slave Lake Family Care Clinic Grand opening	1			
1/11/2016	Edmonton ZMAC	AB - Other Zones	Meals Per Diem	20.75			Edmonton ZMAC attendance- 5pm - 7pm	1			
1/14/2016	Meeting with Dr. Nichol in Calgary	AB - Other Zones	Meals Per Diem	41.55			Meeting with Dr. Nichol in Calgary	1			
1/22/2016	Meeting with Jaimie Rice in Calgary	AB - Other Zones	Meals Per Diem	41.55			Meeting with Jaimie Rice and Bill Hondas in Southport Calgary	1			
1/25/2016	Meeting with Alberta Health Advocate	AB - Other Zones	Meals Per Diem	20.80			Meeting with Alberta health advocate in Edmonton and AZMD meeting	1			
2/12/2016	Special PAD and IM IT meeting	AB - Other Zones	Meals Per Diem	20.80			Special PAD IM IT meeting in Edmonton in person	1			
3/24/2016	GP Long Service Awards	AB - North Zone	Meals Per Diem	9.20			GP Long service awards	1			
3/30/2016	Minister of Health tour in Lac La Biche, St. Paul and Bonnyville	AB - North Zone	Meals Per Diem	20.80			Minister of Health tour in Lac La Biche, Bonnyville and St.Paul	1			
4/7/2016	CEO tour in Grande Prairie	AB - North Zone	Meals Per Diem	41.55			CEO tour in Grande Prairie	2			
4/25/2016	Minister of Health Tour in High Prairie	AB - North Zone	Meals Per Diem	20.75			Minister of health Tour in HP	1			
5/2/2016	Edmonton AZMD and ZMAC meeting	AB - Other Zones	Meals Per Diem	32.35			Edmonton AZMD and ZMAC meeting	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	2-Aug-16

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	180.5

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/17/2016	Northern Health Summit in Peace River	AB - North Zone	Meals Per Diem	24.00			Northern Health Summit in Peace River	1			
6/21/2016	Peace River PCN Meeting	AB - North Zone	Meals Per Diem	24.00			Meeting at SSP for the Peace River PCN discussion.	1			
6/23/2016	Northern Lights Regional HC Tour and Staff and physician celebration Post Fire	AB - North Zone	Meals Per Diem	23.50			NLRHC Tour post fire and staff and physician Celebration	1			
6/24/2016	NLRHC meet with the Countess of Wessex	AB - North Zone	Meals Per Diem	24.00			CEO tour of FMM and meeting with Countess of Wessex	1			
6/30/2016	Meeting in Fort McMurray with Assistant Deputy Ministier	AB - North Zone	Meals Per Diem	37.00			Meeting with the Assistant Deputy Minister in Fort McMurray	1			
7/7/2016	Meetings in Calgary	AB - North Zone	Meals Per Diem	48.00			Meeting with Dr. Belanger, Dr. Nichol, Bill Hondas and Michael Cleghorn in Calgary	2			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
BELANGER, FRANCOIS		Approve		2-Aug-16							

**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

<u>WORRY, KEVIN</u> Cardholder's Name	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>NORTHERN LIGHTS REGIONAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$518.51</u>
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 25/05/2016	430642679	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	183.75	CAD	183.75	8.75	.00	Monthly Parking Pass Re: Edmonton International Airport
② 31/05/2016	431467204	BOSTON PIZZA # 194, EATING PLACES, RESTAURANTS	120.38	CAD	120.38	5.73		Dinner purchase for NZEOC team in Westlock re: Fort McMurray Wildfire.
③ 06/06/2016	431798741	AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking Paid re: Mentor Meeting with Dr. Yu
④ 13/06/2016	432599716	AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking Paid Re: Dr. Mador, Dr. Worry 1:1
⑤ 15/06/2016	432861938	SAFEWAY GAS BAR # 8885, FUEL DISPENSER, AUTOMATED	47.65	CAD	47.65	2.27		Gas Fill up Re: Meeting Facilitation PMI
⑥ 16/06/2016	433094257	EXECFLIGHT CTR FUELQPE, FUEL DEALERS COAL, FUEL OIL, LIQUEFIED	24.15	CAD	24.15	1.15		Parking paid at Executive Flight centre Re: Flight to Peace River For NADC Summit
⑦ 17/06/2016	433279731	SAWRIDGE INNS, LODGING HOTELS, MOTELS, RESORTS	107.91	CAD	107.91	5.14		Hotel Paid in Peace River Re: NADC summit
⑧ 17/06/2016	433279732	PETROCAN, GAS / SERVICE STATIONS	4.67	CAD	4.67	.00		Gas Refill for car rental Re: NADC summit

**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.

LEANA BUDGETAL  
Name of Cardholder Designate

Exec. Admin. Coordinator  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

28-June-2016  
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

28-June-2016  
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.
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- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**

By signing this statement

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- 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. Francois Belanger  
Name of Approver

A/UP Quality, CMO  
Approver Position/Title

[Signature]  
Signature of Approver

July 4 2016  
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
  - Personal cheque payable to "Alberta Health Services"
  - Return, refund and/or credit receipts
  - Discussed letter

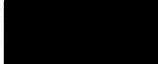
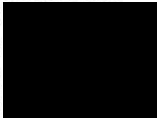
**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

Parking Kaud No: Edmonton International Airport parking pass

①

=====  
**Pay**  
=====

Merchant Name:	<b>Edmonton International Airport Finance Department</b>
Transaction Date:	Wed, May 25, 2016, 02:42:24 PM
Merchant Address:	1, 1000 AIRPORT ROAD Alberta, AB T9E 0V3
Card Type:	
Card Number:	
Amount:	\$183.75
Auth Code:	
Transaction Ref:	
Transaction Type:	DEBIT
Card Read Method:	KEYED
Transaction Status:	Capture Queued <b>APPROVAL</b>
Merchant ID:	
User Ref:	
User Data 1:	
User Data 2:	

=====

Dinner Paid Re: N2EOC Fort Mac  
Wildfires in Westlock (2)



BOSTON PIZZA WESTLOCK  
194

0135 Table 997 #Party 0  
NITE D SvrCk: 3 18:49 05/31/16

JOSIE	0.00
BEET/PEACH SALAD, plain brst	21.30
GLUTENWISE INDY, i-gw basic, i-goat cheese, i-sp chicken	15.40
BB&K SALAD	15.25
BEET/PEACH SALAD	16.00
BRUTE, w/cr bar	13.30
CHKN PECAN SALAD	16.95
ALL MT BITES, hot, w ranch	12.50
S/C: DELV CHG	3.95
Sub Total:	114.65
GST :	5.73
Guest 1 TOTAL:	120.38

S/C: DELV CHG 3.95

Sub Total:	114.65
T :	5.73
05/31 18:52 TOTAL:	120.38

GST #869349407RT0001

PLEASE PAY SERVER

Find BP Westlock on Facebook  
TELL US HOW WE DID!  
We value your feedback and time.  
Complete our SUPER SHORT SURVEY and  
receive a chance to WIN an AWESOME  
\$200 Boston Pizza Gift Card  
Keep this receipt and go to  
[www.tellbostonpizza.com](http://www.tellbostonpizza.com)

\*\*\*\*\*  
For complete rules and eligibility,  
please visit [www.tellbostonpizza.com](http://www.tellbostonpizza.com)  
\*\*\*\*\*

SURVEY ACCESS CODE:  
58431-51000-19311  
This code will expire in 28 days

BOSTON PIZZA # 194  
11303-100 ST T7P2R8  
WESTLOCK AB  
20465419  
BH2046541911

\*\*\*\* PURCHASE \*\*\*\*

05-31-2016 19:35:47

Acct # [REDACTED] C

Exp Date [REDACTED] MC

Name: KEVIN WORRY

[REDACTED] MasterCard

Check [REDACTED]

Trace [REDACTED] Operator 444

Inv. [REDACTED]

Auth: [REDACTED] RRN 001561010

Total \$120.38

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

Shelly Rusch, Stacy Greening,  
Carolyn Dumbreck, Keana Bridgetal,  
Josee Atkan, Kelly Schneider  
Jesyl Ramirez.

Parking Paid Re: Mentor meeting with Dr. Yiu

3

TICKET VOID IF RE-SOLD  
impark  
PHONE 780-420-1976  
HOURLY PARKER  
Meter: LOT 383  
no in and out privileges  
Time: 1:12P JUN 06  
PLEASE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD  
Price: \$15.00  
Card: [REDACTED]  
Exp. [REDACTED]  
Expires [REDACTED]  
4:12PM MON  
JUN 06 16  
impark  
GST NO. E87315638R10006  
INSTRUCTIONS ON BACK  
PLEASE THIS SIDE UP ON DASH



Parking Paid Re: Dr. Worny / Dr. Mector 1:1

④

IMPARK

PHONE 780-420-1976

HOURLY PARKER

Meter: LOT 383  
 no in and out privilege  
 Time: 9:56A JUN 13

Price: \$15.00  
 Card: [REDACTED]  
 Exp: [REDACTED]  
 Exp: MES [REDACTED]

12:56PM MON  
 JUN 13 16

GST NO. 587315638RT0006  
 INSTRUCTIONS ON BACK

IMPARK

TICKE

N DASH

TICKET VOID IF RE-SOLD

PLACE THIS SIDE UP

DASH

SOLD

PLACE

Gas paid re: Meeting facilitation PM1.

(5)

Safeway  
4202 S. Park Drive  
Stony Plain, AB  
T7Z1L1

STORE NO: 8885  
GST/HST: 831536503

-----  
Inv#: 9061843  
Trans: Pre-Auth  
Completion

MasterCard  
AID: A0000000041010  
Seq#: 356001001031  
Terminal ID: S8885C03  
Auth No: 212453  
ACI/ISO: 001/00  
Date: 06/15/2016  
Time: 19:24:53

Pump # : 3-Regular  
Vol : 43.355 L  
Price/L: \$1.099  
Total: \$47.65

Fuel Includes:  
GST/HST(5%): \$2.27  
-----

Parking Paid Re: Executive Flight Centre ⑥  
Travel to Peace River for NADC Summit

EXECFLIGHT CTR FUELQPE  
3684 53 AVE EAST  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/06/16  
TIME 6282 07:02:09  
RECEIPT NUMBER

[REDACTED]  
PURCHASE  
TOTAL

\$24.15  
-----

APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS



SAWRIDGE INN  
AND CONFERENCE CENTRE  
PEACE RIVER

DR Kevin W Worry



Room No. [REDACTED]  
Arrival : 16-06-16  
Departure : 17-06-16  
Page No. : 1 of 1

INFORMATION INVOICE

Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
Cashier No. : [REDACTED]  
User ID : [REDACTED]  
Invoice Number :  
Reference: :

A/R Number :  
Group Code :  
Company Name :

Thank You For Staying With Us 22-06-16

Date	Text	Charges	Credits
16-06-16	Room Charge	99.00	
16-06-16	GST 5%	4.95	
16-06-16	Tourism Levy 4%	3.96	
17-06-16	Mastercard Pin Pad [REDACTED]		107.91

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Total	107.91	107.91
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Balance 0.00

Tax Details:  
GST # 8045 70083 RT0001

Gas refill for rental vehicle re: Peace River NAAC Summit.

Ⓟ

PETRO-CANADA  
9901 78TH STREET  
PEACE RIVER  
Alberta T8S 1Y4

GST: 838442929 (780) 624-1909  
2016-06-17 PC0457553:3887301 14:13  
TERMINAL: 023887301 OPER: A  
PAYPOINT: 023887301

FUEL	(L)	(\$/L)	(\$)
Pump 8			
Regular	4.330	1.079	4.67*
Total Owed			4.67

**TOTAL PAID**  
**CREDIT CARD \$ 4.67**

\*TAXES INCL. #TAXES EXCL.  
GST TOTAL \$ 0.22

MASTERCARD [REDACTED]  
INV. [REDACTED]  
Purchase  
C 0010010010 00 027

VERIFIED BY PIN  
00 APPROVED - THANK YOU

-- IMPORTANT --  
Retain This Copy For Your Records  
CUSTOMER COPY

Survey! Earn Points  
& chance to win gas  
[petro-canada.ca/hero](http://petro-canada.ca/hero)