

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 September 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)
Sep-16	P-Card	Meetings			445	381	826			
Sep-16	Expense Claim	Meetings		48			48			
Sep-16	Direct Billing	Meetings	350				350			
Total			\$ 350	\$ 48	\$ 445	\$ 381	\$ 1,224	\$ -	\$ -	\$ -

Total for the Month \$ 1,224

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 154
 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:			
<ul style="list-style-type: none"> - 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	20/09/2016
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount	\$825.60
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 19/08/2016		DELTA CALGARY SOUTH, DELTA HOTELS	171.44	CAD	171.44	17.44		00 Hotel Paid Re. In person 1:1 meeting with Dr Belanger, Dr. Nichol and Michael Cleghorn at Southport Tower Calgary
② 19/08/2016		AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00		71	00 Parking Paid Re. In person meeting with Dr Belanger, Dr. Nichol, Michael Cleghorn in Southport Calgary
③ 22/08/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	31.00	CAD	31.00		1.48	00 Parking Paid Re. Dr. Mador 1:1 and Edm AZMD Meeting at SSP
④ 26/08/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00		1.24	00 Parking Paid Re. MLA Colin Piquette Meeting at SSP
⑤ 29/08/2016		EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	183.75	CAD	183.75		8.75	00 Parking Paid Re. Monthly Parking Pass at Edmonton International Airport
⑥ 02/09/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00		1.24	00 Parking Paid Re. Dr. Mador 1:1 at SSP
⑦ 09/09/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00		1.24	00 Parking Paid Re. Dr. Mador 1:1, Peace River Meeting at SSP
⑧ 12/09/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00		1.24	00 Parking Paid Re. Edmonton AZMD meeting at SSP
⑨ 14/09/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00		99	00 Parking Paid Re. Northern Leaders Meeting at SSP
⑩ 15/09/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00		71	00 Parking Paid Re. Dr. Mador 1:1 at SSP
⑪ 18/09/2016		BLACK KNIGHT INN, LODGING HOTELS, MOTELS, RESORTS	273.33	CAD	273.33		13.02	00 Hotel Paid Re. Engagement PMI in Red Deer
⑫ 19/09/2016		EXECFLIGHT CTR FUELQPE, FUEL DEALERS COAL, FUEL OIL, LIQUEFIED	12.08	CAD	12.08		.56	00 Parking Paid Re. Flight to Peace River, CEO Tour

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 BRIDGEMAN

Exec Admin. Coordinator

Name of Cardholder Designate

Cardholder Designate Position/Title

[Signature]

12-Oct-2016

Signature of Cardholder Designate

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

MEDICAL DIRECTOR - NORTH

Name of Cardholder

Cardholder Position/Title

[Signature]

[Signature]

Signature of Cardholder

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.

RUTH HOLLAND KEMPTON

Exec Assistant

Name of Approver Designate

Approver Designate Position/Title

[Signature]

2016 OCT 31

Signature of Approver Designate

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. Francois Belanger

AVP Quality + CMO

Name of Approver

Approver Position/Title

[Signature]

2016 OCT. 31

Signature of Approver

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
- 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.

Address:

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

Accounts Payable only:

Reference # _____ Reviewed by _____ Date _____

Hotel Void Re: 1:1 Meetings in Calgary with Dr. Belange



Dr. Nichol & Michael Cleghorn

①

DELTA

CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5

Telephone: 403-278-5050 Fax: 403-225-5834

Kevin Worn



Room:
Folio:
Cashier:
Arrival: 08-18-16
Departure: 08-19-16

Date	Description	Additional Information	Charges	Credits
08-18-16	Room Charge		154.00	
08-18-16	DMF		4.02	
08-18-16	Tourism Levy		5.52	
08-18-16	Rooms - GST		7.90	
08-19-16	Master Card			171.44

GST Summary	
Registration No:	895126332
Room	7.90
F&B	0.00
Other	9.54
Total	17.44

Total	171.44	171.44
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 in Calgary Re: 181 Meetings

2

RECEIPT
Southland Park IV
Southport Tower

License Plate Number



Expiration Date/Time

08:48 AM
AUG 20, 2016

Purchase Date/Time: 08:48am Aug 19, 2016

Total Due: \$15.00 Rate: \$15.00 - 24 Hours

Total Paid: \$15.00 Payment Type: Card

Ticket #:

S/N #:

Settin

Mach Name:

MasterCard

Auth #

www.ahs.ca

DO NOT PLACE ON DASH

Parking Paid at SSP Ke: Dr. Nador 181 Mtys

3

TICKET VOID IF RE-SOLD

PHONE 780-420-1976

DAILY RATE

Meter: 101 383

no in and out privileges

Time: 09:00 AUG 22

impark

Price: \$31.00

Card: [REDACTED]

Exp: [REDACTED]

Expires: [REDACTED]

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

6:00 AM TUE

AUG 23 16

PLACE THIS SIDE UP ON

GST NO. 007315638RT0008

impark

\$31.00

Parking paid at SSP II: MLA Piquette Meeting.

④

TICKET VOID IF

impark

PHONE 780-420-1976

DAILY RATE

Material: [REDACTED] OF 780

No in and out privileges

Time: 2:00PM AUG 26

Price: \$26.00

Canc: [REDACTED]

Exp: [REDACTED]

Exp: [REDACTED]

impark

6:00PM FRI

AUG 26 16

SS1 [REDACTED] 888R1006

INSIR [REDACTED] BALN

RF

SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

PLACE TH

\$26.00

Parking Paid Re: EIA Monthly parking pass

5

=====
Pay
=====

Merchant Name:	Edmonton International Airport Finance Department
Transaction Date:	Mon, Aug 29, 2016, 10:07:00 AM
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 at SSP Re: Weekly 181 meetings with
Dr. Mador.

(6)

TICKET VOID IF RE-SOLD

impark
PHONE 780-420-1976

DAILY RATE
Meter: 0 383
No in and out privileges
Time: 0828 SEP 02

Price: \$26.00
Card: [REDACTED] \$26.00
EXP. [REDACTED]
EXP. [REDACTED]

6:00PM FRI
SEP 02 16

REGST NO. 8E7815638RT0666
INSTR. [REDACTED] ON BACK

RE-UP ON DASH
PLACE THIS SIDE UP ON DASH
PLACE THIS

Parking Rand @ SSP Re: Peace Liver meeting

7

TIP _____ JASH

TICKET VOID IF RE-SOLD

IMPAK
PHONE 780-420-1976
DAILY RATE

Meter : LOT 383
no in and out privileges
Time : 10:15A SEP 09

impark

Price: \$26.00
Card: [REDACTED]
Exp: [REDACTED]
Exp: res

PLACE THIS SIDE UP ON DAY OF USE

\$26.00

VOID IF RE-SOLD

6:00PM FRI
SEP 10 16

ST NO. 057315638RT0006
INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DAY OF USE

Parking Paid at SSP Re: Edmonton AZMD mtg.

8

TICKET VOID

impark
IMPARK
PHONE 780-420-1976

IE UP ON DASH

DAILY RATE

Meter: 0 383
no in and out privileges
Time: 00:00 SEP 12

PRICE: \$26.00
Card: [REDACTED]
Exp: [REDACTED]
Exp: [REDACTED]

6:00PM MON
SEP 12 16

RE-SOLD

INST. NO. 857815638RT0006
INSTRUCTIONS ON BACK

PLACE THIS SIDE DASH

PLACE THIS DASH

Parking Paid @ S&S U: Zone Executive leaders mtg

9

TICKET VOID IF RE-SOLD

IMPARK

PHONE 780-420-1976

IMPARK

Evening Parker

Meter 101 385

no in and out privileges

Time: 11:00 AM - 12:00 PM

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

PRICE: \$20.00

CANCELLED

EXPIRES

EXPIRES

6:00AM THU

IMPARK 16

GST NO. R92315888RT0006

INSERT INTO BACK

PLACE THIS SIDE UP ON DASH

\$20.00

Parking Paid @ SSP Re: Weekly 1st Mtg Dr. Mador

10

TICKET **impark** ON DASH
IMPARK
PHONE 780-420-1976
HOURLY PARKING
Meter : 101383
No in and out privileges
Time: 9:53A SEP 16
TICKET VOID IF RE-SOLD
Price **impark**
Card: [REDACTED]
Exp: [REDACTED]
Exp Res
12:53PM THU
SEP 15 16
ID IF RE-SOLD
INST NO. 457815238RT0006
INSTRUCTIONS ON BACK
PLACE THIS SIDE UP ON DASH
PLACE THIS SIDE

\$15.00

Hotel Paid Re: Engagement PMU in Red Deer.

(11)



Black Knight Inn (ST105)

2929 50 Th Ave
Red Deer, AB T4R 1H1
(403) 343-6666
llarsen@blackknightinn.ca

Account: [REDACTED]

Date: 9/23/16

Room: [REDACTED]

Arrival Date: 9/16/16

Departure Date: 9/18/16

Check In Time: 9/16/16 8:40 PM

Check Out Time: 9/18/16 1:45 PM

Rewards Program ID:

You were checked out by: [REDACTED]

You were checked in by: [REDACTED]

Total Balance Due: 0.00

Worry, Kevin
AB Health Service
10030 107st
Edmonton, AB T5J 3E4

Post Date	Description	Comment	Amount
9/16/16	Room Charge	[REDACTED] Worry, Kevin	119.00
9/16/16	Tourism Levy		4.76
9/16/16	GST		5.95
9/17/16	Restaurant Food	Chk 1358	13.25
9/17/16	GST		0.66
9/17/16	Room Charge	[REDACTED] Worry, Kevin	119.00
9/17/16	Tourism Levy		4.76
9/17/16	GST		5.95
9/18/16	Master Card	[REDACTED]	(273.33)

Folio Summary 9/16/16 - 9/18/16

Room Charge	238.00
GST	12.56
Tourism Levy	9.52
Master Card	(273.33)
Restaurant Food	13.25
Balance Due:	0.00

GST #R121889661

x _____

Follow us on:



Parking Paid @ Executive Flight centre re: CEO site visit to
Peace River + HP.

(12)

EXECFLIGHT CTR FUELOPE
3684 53 AVE EAST
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/09/19
TIME 0630 07:12:16
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$12.08

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	\$ 48.25

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/2/2016	Edson Medical Staff Meeting & tour Edson HCC	AB - North Zone	Meals Per Diem	\$ 37.00			Travel to Edson on August 2nd for the Edson Medical Staff Meeting & tour Edson HCC that took place on Aug 3rd Lunch = \$13.00 Dinner = \$24.00	2			
9/12/2016	Attending Edmonton ZMAC meeting at UAH	AB - North Zone	Parking - Lot or Parkade	\$ 11.25			Parking paid re: Edmonton ZMAC meeting at UAH East Parkade	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	14-Nov-16

Acct # EASTI
02B7
ON AB
3436
CHASE

UNIVERSITY OF ALBERTA
HOSPITAL 105001, EDMONTON

09-12-2016
Acc # [REDACTED]
Exp Date [REDACTED] and [REDACTED]
Name: Kevin [REDACTED]
VISA CREDIT
Trace # [REDACTED]
Auth # [REDACTED]

09/12/16 10:17 [REDACTED]
09/12/16 07:56 [REDACTED]
1000 000205
1000 000205 \$ 11.25
1000 000205 \$ 11.25
1000 000205 \$ 11.25
Change Due \$ 0.00

Total \$11.25
(00) 0000 THANK YOU

Retain this copy for your records
customer copy

Parking Rates are GST Exempt
Comments: (Paid) via
park@protonmail.com
albertahospital@protonmail.com

Expense

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Kevin Worry	Reporting Period for the Month of : September
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
07-Sep-16	Direct Billing	Airline Ticket	Return airfare YEG-YYC for the PPEC Meeting	Marlin Travel	349.76
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 349.76

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: August 29, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR KEVIN W WORRY
AC [REDACTED]

Wednesday, September 7, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 07Sep16
AIR CANADA E
SEAT 7D - WORR
TICKET NUMBER [REDACTED]

Flight: 8133 W CLASS
07:10 AM Equipment: D8 (300 SERIES)
08:05 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 07Sep16
AIR CANADA E
SEAT 8C - WORR
TICKET NUMBER [REDACTED]

Flight: 8150 W CLASS
03:25 PM Equipment: DH4
04:15 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	274.80
		Tax: 74.96
		Ticket Total: 349.76

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

Invoice Number: [REDACTED]
Date: August 29, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	349.76
Less Credit Card Payments:	349.76
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.