

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 October 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)
Oct-16	P-Card	Meetings				374	374			
Oct-16	Direct Billing	Meetings	821				821			
Total			<u>\$ 821</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 374</u>	<u>\$ 1,195</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Total for the Month \$ 1,195

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.

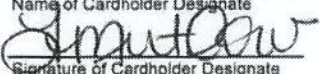
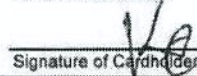
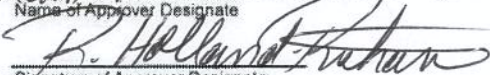

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:			
<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 			
<u>WORRY, KEVIN</u>	<u>MEDICAL DIRECTOR - NORTH</u>	Billing Reporting Period:	<u>20/10/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>NORTHERN LIGHTS REGIONAL</u>	Total Statement Amount:	<u>\$373.60</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/09/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking paid re: Dr. Mador 1:1 at SSP
27/09/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	31.00	CAD	31.00	1.48	.00	Parking paid re: Zone Medical Directors Meeting/ COEC Meeting and David Mador 1:1 meeting at SSP
28/09/2016	[REDACTED]	MPARK00020032U, AUTOMOBILE PARKING LOTS AND GARAGES	27.00	CAD	27.00	1.29	.00	Parking paid re: NZ planning day - Westlock
28/09/2016	[REDACTED]	EDMONTON AIRPORT, AUTOMOBILE PARKING LOTS AND GARAGES	183.75	CAD	183.75	8.75	.00	Parking Paid Re: Montly parking pass at the EIA
03/10/2016	[REDACTED]	AHS UAH PARKADE EAST 1, HEALTH PRACTITIONERS, MEDICAL SERVICES	13.50	CAD	13.50	.64	.00	Parking paid re: Edm ZMAC mtg/ Shelly Pusch/ Gregory Cummings 2:1 meeting
07/10/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	1.24	.00	Parking paid re: Verna Yiu 1:1/ David Mador 1:1 at SSP
17/10/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Parking paid re: David Mador 1:1 at SSP

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/10/2016	[REDACTED]	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	31.00	CAD	31.00	1.48	.00	Parking paid re: Edmonton ZMAC meeting at UAH
04/10/2016	[REDACTED]	MPARK CANVERRUSBPB, AUTOMOBILE PARKING LOTS AND GARAGES	25.35	CAD	25.35	1.13	.00	Parking paid re: AZMD Meeting at SSP (afternoon)

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Leanne Mutlow</u> <small>Name of Cardholder Designate</small>	<u>Executive Associate</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>Oct 28, 2016</u> <small>Date of Signature</small>	
Cardholder By signing this statement <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. 		
<u>WORRY, KEVIN</u> <small>Name of Cardholder</small>	<u>MEDICAL DIRECTOR - NORTH</u> <small>Cardholder Position/Title</small>	
 <small>Signature of Cardholder</small>	<small>Date of Signature</small>	
Approver Designate (if Applicable) By signing this statement <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. 		
<u>RUTH HOLLAND-RICHARDSON</u> <small>Name of Approver Designate</small>	<u>EXECUTIVE ASSISTANT</u> <small>Approver Designate Position/Title</small>	
 <small>Signature of Approver Designate</small>	<u>2016 Nov 8</u> <small>Date of Signature</small>	
Approver By signing this statement <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. 		
<u>DR. FRANCOIS BERANGER</u> <small>Name of Approver</small>	<u>INTERIM VP QUALITY & CMO</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>Nov 10 10</u> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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. 	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: _____

1

PLACE FACE UP ON DASH
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
SEP 22, 2016

Purchase Date/Time: 08:54am Sep 22, 2016
Total Parking: \$17.14
Total GST: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket # [REDACTED]
S/N #: [REDACTED]
Setting: Lot 383
Mach Name: Meter 1

Rate: \$18- EarlyBird
Payment Type: Card

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315638RT0006
IMPARK LOT 383

RECEIPT

IMPARK LOT 383
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Sep 22, 2016
Purchase Date/Time: 08:54am Sep 22, 2016
Total Parking: \$17.14
Total GST: \$0.86
Total Due: \$18.00
Total Paid: \$18.00
Ticket # [REDACTED]
Setting: Lot 383
Mach Name: Meter 1

Rate: \$18- EarlyBird
Payment Type: Card

[REDACTED] MasterCard

Auth #: [REDACTED]

Parking paid re: David Mador 1:1 at SSP.

2

PLACE FACE UP ON DASH
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 AM
SEP 28, 2016

Purchase Date/Time: 01:59pm Sep 27, 2016
Total Parking: \$29.52
Total GST: \$1.48
Total Due: \$31.00 Rate: \$31-all day and evg
Total Paid: \$31.00 Payment Type: Card
Ticket # [REDACTED]
S/N #: [REDACTED]
Setting: Lot 383
Mach Name: Meter 1

[REDACTED] MasterCard
GST #887315638RT0006
IMPARK LOT 383

RECEIPT

IMPARK LOT 383
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00am Sep 28, 2016
Purchase Date/Time: 01:59pm Sep 27, 2016
Total Parking: \$29.52
Total GST: \$1.48
Total Due: \$31.00 Rate: \$31-all day and evg
Total Paid: \$31.00 Payment Type: Card
Ticket # [REDACTED]
Setting: Lot 383
Mach Name: Meter 1

[REDACTED] MasterCard

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
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PARKING RECEIPT

Parking paid re: Zone Medical Directors Mtg
at SSP
COEC mtg
David Mador 1:1

RECEIPT

NO IN AID OUT PRIVILEGES
LOT 32



Expiration Date/Time

06:00 AM
SEP 29, 2016

Purchase Date/Time: 11:22am Sep 28, 2015
Total Parking: \$25.71
Total gst: \$1.29
Total Due: \$27.00 Rate: \$27 - all day - Evg.
Total Paid: \$27.00 Payment type: Card
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Lot 32
Mach Name: Meier 1

[REDACTED] Maste Card Auth #: [REDACTED]
GST #1 87315638RT0006

ING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
ING RECEIPT

3

Parking paid re: NZ Planning Day
at Westlock.

Pay

Merchant Name: **Edmonton International
Airport Finance
Department**

Transaction Date: **Wed, Sep 28, 2016,
10:45:52 AM**

Merchant Address: **1, 1000 AIRPORT ROAD
Alberta, AB T9E 0V3**

Card Type: **MASTERCARD**

Card Number: *******1712**

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]**

4

Parking paid re: FIA Monthly Parking Pass

5

AHS UAH PARKADE EAST1
3440-112 STREET T6G2B7
EDMONTON AB
20733436

UNIVERSITY OF ALBERTA
HOSPITAL - 83 AVE. PARKADE

|||| PURCHASE ||||

10-03-2016 10:18:03
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: KEVIN WORRY
[REDACTED] MasterCard

Trace # [REDACTED]
Auth # [REDACTED] RRN [REDACTED]

Total \$13.50

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

UAH East Parkade Booth E1
83901 5070
10/05/16 10:17 13.50 2 EXT 0800
10/05/16 07:36 10 10/05/16 10:17 000
KUC 020859
Park Fee \$ 13.50
Total Fee \$ 13.50
NUMBER 0400 \$ 13.50
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments: - Head use
parking@alberta.ca
afterhours@albertaservices.ca

Parking paid re: Edmonton ZMAC
at UAH Shelly / Greg Cummings 2:1
Pusch.

6

RECEIPT
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
OCT 07, 2016

Purchase Date/Time: 10:50am Oct 07, 2016

Total Parking: \$24.76

Total GST: \$1.24

Total Due: \$26.00

Total Paid: \$26.00

Ticket #:

S/N #:

Setting: Lot 383

Mach Name: Meter 1

Rate: \$26 all day
Payment Type: Card



MasterCard

Auth #:



GST #887315638RT0006
IMPARK LOT 383

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Parking paid re: Verna Yiu 1:1
at SSP. David Mador 1:1

7

RECEIPT
IMPARK LOT 383
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
OCT 17, 2016

Purchase Date/Time: 08:09am Oct 17, 2016

Total Parking: \$17.14

Total GST: \$0.86

Total Due: \$18.00

Total Paid: \$18.00

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot 303

Mach Name: Meter 1

Rate: \$18- EarlyBird
Payment Type: Card

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315638RT0006
IMPARK LOT 383

PARKING RECEIPT
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PARKING RECEIPT
PARKING REC

Parking paid re: David Mador 1:1
at SSP

8

Written Attestation for Lost Receipt

October 3, 2016/ Parking meter/ 31.00 ✓

SSP

Edmonton ZMAC

- The above receipt is missing as the meter did not issue receipt and parking payment was called in directly to IMPARK
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

Kc

Employee Authorization

October 28, 2016

Date Signed

Francois Belanger

Dr. Francois Belanger
Claim Approver

Jan 20 2017

Date Signed

9

Written Attestation for Lost Receipt

October 3, 2016/ Parking Meter/ 25.35 ✓

AZMD meeting - SSP

- The above receipt is missing as the meter did not issue receipt and parking payment was called in directly to IMPARK
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

K

Employee Authorization

October 28, 2016

Date Signed

Francois Belanger

Dr. Francois Belanger
Claim Approver

Jan 20 2017

Date Signed

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 : October
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-Sep-16	Direct Billing	Airline Ticket	Return airfare Peace River to Edmonton - Tour of High Prairie & Peace River Hospitals	Marlin Travel	415.51
19-Sep-16	Direct Billing	Airline Ticket	Outbound Edmonton to Peace River - Tour of High Prairie & Peace River Hospitals	Marlin Travel	405.76
	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	-
Total Paid in the Month					\$ 821.27

Sheryl Pennell

From: nacreservations@flynorthernair.com
Sent: Thursday, September 08, 2016 12:00 PM
To: Mea Moore
Subject: Your Ticketless Itinerary WORRY, KEVIN

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Passenger Itinerary for WORRY, KEVIN

Please print/retain this page for your records. Thank you for choosing Northern Air.

Itinerary
www.flynorthernair.com

Customer Care

Toll Free: 1-800-661-1911
1-780-624-1911

nacreservations@flynorthernair.com

Booking Information

- Booking Reference/Locator#: [REDACTED]
- Booked On: 09/08/2016 12:00

Passenger

Name: WORRY, KEVIN

Phone #: [REDACTED]

Contact

Name:

Form of Payment: MASTERCARD - ONLINE

PO:

Flight Information

FLIGHT	FROM	TO	DEPART	ARRIVE	STATUS
105	PEACE RIVER (YPE)	EDMONTON (YEG)	09/19/2016 17:00	18:00	CONFIRMED

Fare Summary

Fare	\$327.00
Taxes, Fees and Charges	
Nav Canada Surcharge	\$18.66
AIF/ATSC	\$8.50
Other Charges	\$41.56
Subtotal	\$395.72
GST/HST	\$19.79
Total - CAD	\$415.51
Balance Due	\$0.00

Notes

Terms and Condition

Rules and Conditions

Sheryl Pennell

From: nacreservations@flynorthernair.com
Sent: Thursday, September 08, 2016 1:48 PM
To: Mea Moore
Subject: Itinerary for KEVIN WORRY

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Passenger Itinerary for WORRY, KEVIN

Please print/retain this page for your records. Thank you for choosing Northern Air.

Itinerary
www.flynorthernair.com



Booking Information

- Booking Reference/Locator#: [REDACTED]
- Booked On: 09/08/2016 13:48

Customer Care
Toll Free: 1-800-661-1911
1-780-624-1911
nacreservations@flynorthernair.com

Passenger

Name: WORRY, KEVIN

Phone #: [REDACTED]

Contact

Name:

Form of Payment: MASTERCARD - INT
[REDACTED]

PO:

Flight Information

FLIGHT	FROM	TO	DEPART	ARRIVE	STATUS
102	EDMONTON (YEG)	PEACE RIVER (YPE)	09/19/2016 07:40	08:40	CONFIRMED

Fare Summary

Fare	\$327.00	
Taxes, Fees and Charges		
Nav Canada Surcharge	\$18.66	
AIF/ATSC	\$8.50	
Other Charges	\$32.28	
Subtotal	\$386.44	
GST/HST	\$19.32	
Total - CAD		\$405.76
Balance Due		\$0.00

Notes

Terms and Condition

Rules and Conditions

Check in locations: