

## 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 December 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)
Dec-16	P-Card	Meetings				(7)	168			
Dec-16	Expense Claim	Meetings		30			30			
Nov-16	Expense Claim	Meetings		95			95			
Oct-16	Expense Claim	Meetings		12			12			
<b>Total</b>			\$ -	\$ 137	\$ (7)	\$ 168	\$ 298	\$ -	\$ -	\$ -

**Total for the Month** \$ 298

Maximum daily single meal expense claimed in the month \$ 21  
 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

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<u>WORRY, KEVIN</u>	<u>MEDICAL DIRECTOR - NORTH</u>	Billing Reporting Period:	<u>20/12/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>NORTHERN LIGHTS REGIONAL</u>	Total Statement Amount:	<b><u>\$160.55</u></b>
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
24/11/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	✓ 18.00	86	00	Parking paid re: David Mador 1.1 Meeting in Edmonton at SSP
26/11/2016		MERIT HOTEL & SUITES, LODGING HOTELS, MOTELS, RESORTS	-6.95	CAD	✓ -6.95	-33		Credit to refund GST from previous transaction
01/12/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	36.00	CAD	✓ 36.00	1.71	00	Parking paid re: 1.1 D. Mador Mtg & Mtg to discuss transition in Edmonton at SSP
02/12/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	✓ 30.00	1.43	00	Parking paid re: Physician Resource Planning Mtg in Edmonton at SSP
05/12/2016		AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	13.50	CAD	✓ 13.50	64		Parking paid re: Edmonton ZMAC Mtg (Edmonton)
08/12/2016		MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	35.00	CAD	✓ 35.00	1.67	00	Parking paid re: D Mador 1.1 Mtg & NZEL Mtg in Edmonton at SSP
12/12/2016		MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	35.00	CAD	✓ 35.00	1.67	00	Parking paid re: ZMD Direct Reports Mtg in Edmonton at SSP

*RHP*

<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>Amanda Lippert</u> Name of Cardholder Designate	<u>E.A.C.</u> Cardholder Designate Position/Title	
<u>A. Lippert</u> Signature of Cardholder Designate	<u>Dec 20, 2016</u> Date of Signature	
<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 any 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> Name of Cardholder	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>Dec 20 2016</u> Date of Signature	
<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>RUTH HOLLAND-RICHARDSON</u> Name of Approver Designate	<u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title	
<u>R. Holland-Richardson</u> Signature of Approver Designate	<u>21 Dec. 2016</u> Date of Signature	
<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. F. BELANGER</u> Name of Approver	<u>VP QUALITY &amp; CHIEF MEDICAL OFFICER</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>Dec 23/16</u> Date of Signature	
<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</li> <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>	<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 _____

Nov 24, 2016  
Parking  
David Mador 11 meeting

**RECEIPT**  
**IMPARK LOT 383**  
NO IN AND OUT PRIVILEGES

License Plate Number  
[REDACTED]

Expiration Date/Time  
**06:00 PM**  
**NOV 24, 2016**

Purchase Date/Time: 08:39am Nov 24, 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 #687315638RT0006  
IMPARK LOT 383

CEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

✓



**Merit**  
Hotel & Suites

GST Refund

**Dr. Kevin W Worry**  
[Redacted]

Room No. : [Redacted]  
Arrival : 11-25-16  
Departure : 11-25-16  
Folio No. : [Redacted]  
Conf. No. : [Redacted]  
Cashier No. : [Redacted]  
PO# :  
Job# :  
Cost Center# :

**Canada**

Guest Name:  
Company Name: Alberta Health Services  
Group Name:  
G.S.T: 84970 2444 RT0014

**INFORMATION INVOICE**

Date	Description	Charges	Credits
11-25-16	Adj Room GST 5% GST EXEMPT	-6.95	
11-25-16	MasterCard GST EXEMPT [Redacted]		-6.95
<b>Total Charges</b>		-6.95	
<b>Total Credits</b>			-6.95
<b>Balance</b>			<b>0.00</b>

**Guest Signature**

I have received the goods and/or services in the amount shown hereon. 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 association 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.

Thank you for staying with us !

Dec 1, 2016 (Edmonton)  
H. D. Mader mtg + mtg to discuss  
transition plans

Parking

**RECEIPT**  
IMPARK LOT 383  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**04:57 PM**  
**DEC 01, 2016**

Purchase Date/Time: 10:57am Dec 01, 2016

Total Parking: \$34.29

Total GST: \$1.71

Total Due: \$36.00 ✓

Rate: \$36- 6 hours ✓

Total Paid: \$36.00

Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #

GST #867315638RT0006  
IMPARK LOT 383

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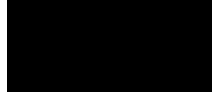
Dec 2, 2016 .

Physician Resource Planning mtg  
(Francis)

Parking

**RECEIPT**  
IMPARK LOT 383  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**05:57 PM**  
**DEC 02, 2016**

Purchase Date/Time: 12:57pm Dec 02, 2016

Total Parking: \$26.57

Total GST: \$1.43

Total Due: \$30.00 ✓

Total Paid: \$30.00 ✓

Ticket #:

S/N #:

Setting: Lot 383

Mach Name: Meter 1

Rate: \$30-5 hours  
Payment Type: Card

MasterCard

GST #887315638RT0006  
IMPARK LOT 383

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✓

Dec 5, 2016

Edmonton ZMAC Meeting (Edmonton)

Parking

AHS UAH PARADE EAST  
3440-112 STREET T6G2B7  
EDMONTON AB  
20733436

1111 PURCHASE 1111

12-05-2016 10 39 47

Acct # [REDACTED]

Exp Date [REDACTED] Card Type MC

Name KEVIN MORRY

[REDACTED] MasterCard

Trace # [REDACTED]

Auth # [REDACTED]

Total \$13.50 ✓

(00) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

RECEIPT OF PAYMENT  
OFFICIAL - 03 411 848-478

The Edmonton Police Service

4000 101ST

EDMONTON, ALBERTA T6C 1K5

12-05-2016 10:39:47

Card # [REDACTED]

Exp Date [REDACTED]

Card Type [REDACTED]

Cardholder Name [REDACTED]

Merchant ID [REDACTED]

Terminal ID [REDACTED]

Batch # [REDACTED]

Auth # [REDACTED]

Auth Code [REDACTED]

Auth Date [REDACTED]

Auth Time [REDACTED]

Auth User [REDACTED]

Auth Terminal [REDACTED]

Auth Batch [REDACTED]

Auth Total [REDACTED]

Auth Amount [REDACTED]

Auth Currency [REDACTED]

Auth Country [REDACTED]

Auth City [REDACTED]

Auth State [REDACTED]

Auth Zip [REDACTED]

Auth Phone [REDACTED]

Auth Fax [REDACTED]

Auth Email [REDACTED]

Auth Website [REDACTED]

Auth Address [REDACTED]

Auth City [REDACTED]

Auth State [REDACTED]

Auth Zip [REDACTED]

Auth Country [REDACTED]

Auth City [REDACTED]

Auth State [REDACTED]

Auth Zip [REDACTED]

Auth Country [REDACTED]

Auth City [REDACTED]

Auth State [REDACTED]

Auth Zip [REDACTED]

Auth Country [REDACTED]

Auth City [REDACTED]

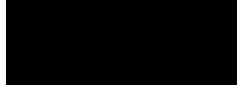


Dec 8, 2016  
D. mador 1:1 (edmonton)  
+ NZEL meeting

Parking

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

License Plate No:



Expiration Date/Time

**06:00 AM**  
**DEC 09, 2016**

Purchase Date/Time: 09:08am Dec 08, 2016  
Total Parking: \$33.33  
Total GST: \$1.67  
Total Due: \$35.00  
Total Paid: \$35.00  
Ticket #: [Redacted]  
S/N #: [Redacted]  
Setting: Lot 256  
Mach Name: Meter 1

Rate: \$35 - All Day + Evg  
Payment Type: Card

[Redacted] MasterCard  
Auth # [Redacted]  
GST #687315638RT0006

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT



Dec 12, 2016

ZMD Direct Reports meeting  
(Edmonton)

Parking

**RECEIPT**  
IMPARK LOT 383  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**06:00 PM**  
**DEC 12, 2016**

Purchase Date/Time: 12:52pm Dec 12, 2016

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00 ✓ Rate: \$35 - All Day To 6PM ✓

Total Paid: \$35.00 Payment Type: Card

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot 383

Mach Name: Meter 1

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315638RT0006  
IMPARK LOT 383

PARKING RECEIPT  
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## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	\$ 29.95

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/14/2016	Bonnyville Site Visit and Staff Meeting	AB - North Zone	Meals Per Diem	\$ 29.95			Bonnyville Site Visit and Staff Meeting Bfast \$9.20 Dinner \$ 20.75	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	21-Feb-17

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	\$ 94.70

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/8/2016	Lunch - Edson - Hospital Grand Opening	AB - North Zone	Meals Per Diem	\$ 11.60			Lunch - Edson - Hospital Grand Opening Lunch \$11.60	1			
11/9/2016	FMM - Chief Meeting with Dr. Worry	AB - North Zone	Meals Per Diem	\$ 41.55			FMM - Chief Meeting with Dr. Worry Bfast \$9.20 Lunch \$11.60 Dinner \$ 20.75	1			
11/14/2016	FMM - Joint OR Staff & Physician Meeting	AB - North Zone	Meals Per Diem	\$ 41.55			FMM - Joint OR Staff & Physician Meeting Bfast \$9.20 Lunch \$11.60 Dinner \$ 20.75	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	21-Feb-17

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total	
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	\$ 11.60	

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/4/2016	Lunch - Mayerthorpe Healthcare Centre Site Visit and Tour	AB - North Zone	Meals Per Diem	\$ 11.60			Lunch - Mayerthorpe Healthcare Centre Site Visit and Tour Lunch \$11.60	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	21-Feb-17