

# **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 2017

							Travel (1)							
MMM-YY	Source Document	Purpose	Air	fare	M	1eals	Accommodation		ther ravel	Total Trave		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-17	P-Card	Meetings							251	2	251			
May-17	Expense Claim	Meetings				85					85			
May-17	Direct Billing	Meetings		477						4	177			
Total			Ф.	477	•	85	¢	¢	251	¢ 0	313	¢	¢	<b>¢</b>
iotai			Φ	4//	Ф	63	<b>D</b> -	Ф	231	<b>P</b> (	סוס	<b>&gt;</b> -	\$ -	<b>D</b> -

**Total for** 

the Month \$ 813

Maximum daily single meal expense claimed in the month \$ 24

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.

# **AHS Public Disclosure P-Card**

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
WORRY, KEVIN	ZMD, North Zone	Fort McMurray	\$ 251.40									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
4/21/2017	Parking Paid - Me Retreat @ AON R U of A Campus in	toom Alumni House	AB - North Zone	Parking - Lot or Parkade	\$ 15.00			Parking Paid - Medical Leadership Retreat @ AON Room Alumni House U of A Campus in Edmonton	1			
4/24/2017	Parking Paid - ZN Meeting @ SSP in	•	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking Paid - ZMD Direct Reports Meeting @ SSP in Edmonton	1			
4/25/2017	Parking Paid - No Summit Meeting Jasper Avenue in	- Room 21D 10025	AB - North Zone	Parking - Lot or Parkade	\$ 15.00			Parking Paid - Northern Health Summit Meeting - Room 21D 10025 Jasper Avenue in Edmonton	1			
5/1/2017	Parking Paid - Re Dave Mador @ the in Edmonton		AB - North Zone	Parking - Lot or Parkade	\$ 9.00			Parking Paid - Retirement Tea for Dave Mador @ the U of A Hospital in Edmonton	1			
5/2/2017	Parking Paid - Me Yiu @ SSP in Edm	-	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking Paid - Meeting with Verna Yiu @ SSP in Edmonton	1			
5/3/2017	Fuel Paid - to driv Airport for the Ft Wildfire Annivers	. McMurray	AB - North Zone	Fuel	\$ 4.03	Spruce Grove, Stan Woloshyn Building	Edmonton Airport	Fuel Paid - to drive to Edmonton Airport for the Ft. McMurray Wildfire Anniversary	1			
5/8/2017	Parking Paid - Me 1:1 @ SSP in Edm	eeting with Dr. Joffe nonton	AB - North Zone	Parking - Lot or Parkade	\$ 16.00			Parking Paid - Meeting with Dr. Joffe 1:1 @ SSP in Edmonton	1			
5/12/2017	Fuel Paid - Drive the High Prairie H Grand Opening	to High Prairie for Health Complex	AB - North Zone	Fuel	\$ 52.37	Spruce Grove, Stan Woloshyn Building	_	Fuel Paid - Drive to High Prairie for the High Prairie Health Complex Grand Opening	1			
5/15/2017	Parking Paid - ZIV Meeting @ SSP in	•	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking Paid - ZMD Direct Reports Meeting @ SSP in Edmonton	1			

# **AHS Public Disclosure P-Card**

Claimant	Claimant Title	Claimant	Expense										
Name		Location	<b>Claim Total</b>										
WORRY,	ZMD, North Zone	Fort McMurray	\$ 251.40										
KEVIN													
Expense	Business reason		Expense Loca	ation	Expense Type	Amount	From Location	To Location	Justification	# of	# of	Attendee	Trip
Date										days	Attendees	Name(s)	Distance
5/18/2017	Parking Paid - Meeting with Dr. Joffe AB - North Zor		ne	Parking - Lot or	\$ 35.00			Parking Paid - Meeting with Dr.	1				
	1:1 @ SSP in Edmonton			Parkade				Joffe 1:1 @ SSP in Edmonton					
Approver(s) f	for the claim	Approval Status		Appro	val Date								

25-May-17

BELANGER, FRANCOIS

Approve

RECEIPT

Expiration Date/Time

06:00 AM APR 22, 2017

Purchase Date/Time: 08:28am Apr 21, 2017

Total Due: \$15.00 Total Paid: \$15.00 Ticket

Rate: \$15 valid until 6AM Payment Type: Card

S/N #:

Setting: Windsor Car Park Mach Name: Windsor NE

**MasterCard** 

Auth #

Apr 21/17. Parking paid Medical Leadership Retrect 2

AON ROOM Allemni Howe Clof A Compas in Edmonton

April 24/17
Parking paid Proports meeting a SSP in Edm.

RECEIPT Impark Lot 383

Expiration Date/Time

06:00 PM APR 24, 2017

Purchase Date/Time: 12:56pm Apr 24, 2017

Total Parking: \$33.33 Total GST: \$1.67

Total Paid: \$35.00

Total Due: \$35.00 Rate: \$35 - All Day To 6PM Payment Type: Card

Ticket # S/N #: 5 Setting: Lot 383 Mach Name: Meter 1

**MasterCard** 

Auth #:

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

ATB PLACE GST:887315638RT001 RECEIPT C1

IN: 25.04.17 12:43 PAY: 25.04.17 15:30 AMOUNT: \$ 15.00

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----- TRANSACTION

RECORD ------Card #:

Card Entry: CHIP

Account: MASTERCARD

Trans: PURCHASE

Amount:\$15.00

Auth # Sequence #

Term ID: Date: 17/04/25

Time: 15:29:56

3:30 pm

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:

MasterCard

MasterCard

\*\*\* CUSTOMER

COPY \*\*\*

Thank you for Visiting!

Apr. 25/17

Continern Health

Summit Meeting

Room 21D.

10085 Jasper Ave

Edmonton

Parking paid

May 1/17.

Porking paid

Petirement Tea

For Dave Mador

Word Attospital

in Edm

AHS UAH PARKADE EASTI 8440-112 STREET T6G2B7 EDMONTON AB 20733436 1111 PURCHASE 1111 05-01-2017 18:42:23 Acct # Exp Date ''/'' Card Type MC Name: KEVIN WORRY MasterCard Trace a Auth # RRN Total \$9.00 00 | APPROVED-THANK YOU Retain this copy for your records

Customer copy

UNIVERSITY OF ALBERTA HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #1

Ropt#
05/01/17 18:41 L# 1 A# 3 Txn#
05/01/17 16:52 In 05/01/17 18:41 Out
Tkt#
UAH Fee #1 \$ 9.00
Total Fee \$ 9.00
MASTER CARD \$ 9.00Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - Email us: parkingedmonton@ albertahealthservices.ca

May 2/17.
Parking paid Meeting with Verna You @ SSP IN Edm

RECEIPT Impark Lot 383

License Plate Number

Expiration Date/Time

06:00 PM MAY 02, 2017

Purchase Date/Time: 07:35am May 02, 2017

Total Parking: \$33.33 Total GST: \$1.67

Total Paid: \$35.00 Ticket

Total Due: \$35.00 Rate: \$35 - All Day To 6PM Payment Type: Card

S/N #: ;

Setting: Lot 383 Mach Name: Meter 1

lasterCard

Auth #

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

PARKING RECEIPT PARKING RECEIPT

PARKING RECEIPT

tuel paid to drive to airport. tom wildline Anniversary.

# WELCOME

Shell Canada 291 SAKITAWAW TRAIL T9H 5E7 FORT MCMURRAY AB (780) 715-9093

Bronze PUMP No. LITRES 3.670 PRICE/L \$1.099 TOTAL FUEL \$4.03 TOTAL SALE AIR MILES \$ MASTERCARD \$4.03

FUEL INCLUDES GST - Fuel \$0.19 No. 137400032RT

01 APPROVED - THANK YOU 001 APPROVAL NO TERMINAL NO.

VERTITED BY PIN

IMPORTANT retain this copy for your records

MASTERCARD PURCHASE

С

INV No. 2017/05/03 18:32 MasterCard

AIR MILES

Term:

Reference:

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$500 Shell Gift Card
\*Receipt Required

THANK YOU Questions? 1-800-661-1600

STORE: C21607 TRAN: 7579219 5/3/2017 6:33:27

May 8/17
Parking paid
Meeding 10
Dr. Joffe 10
SSP Edm



License Plate Number



Expiration Date/Time

02:29 PM MAY 08, 2017

Purchase Date/Time: 12:29pm May 06, 2017

Total Parking: \$15.24 Total GST: \$0.76

Total Due: \$16.00 Total Paid: \$16.00

Ticket S/N #: Setting: Lot 383 Mach Name: Meter 1 Rate: \$16- 2 Hours Payment Type: Card

.

MasterCard

Auth :

gst #887315638RT0006 NO IN AND OUT PRIVILEGES RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

DARKING REC

May 12/17
Fuel paid
Drive to High
Prairie

High Prairie Health Complex Grand Opening

PIT STOP GAS 57001 HMY 757 SANGUDO AB 10F2AU 7807852432

Merchant III Term ID:

Ref W. 040

## Sale

MASTERCARD Entry Method: Chip

05/12/17 09:57:41

Inv N: Appr Code:
Apprvd Batch#:

Total: \$ 52.37

By entering a verified PIN, cardholder agrees to pay issuer such total in accordance with issuer's agreement with cardholder (Merchant agreement if credit youther).

voucher). Relain this copy for statement verification.

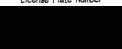
Application (abel NewtorCard

Costomer Corz

May 15/117 Parking paid 2mb Direct Reports Meeting a SSP in Eam

RECEIPT Impark Lot 383

License Plate Number



Expiration Date/Time

# 06:00 PM MAY 15, 2017

Purchase Date/Time: 12:63pm May 15, 2017

Total Parking: \$33.33 Total GST: \$1.67

Total Due: \$35.00 Total Paid: \$35.00 Rate: \$35 - All Day To 6PM Payment Type: Card

Ticket S/N #

Setting: Lot 383 Mach Name: Meter 1

**MasterCard** 

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

IKING RECEIPT PARKING RECEIPT PARKING RECEIPT

PARKING RECEIPT

Parking Paid.
Parking Paid.
Preting 15
Co. 30 Men. 20
SSP in Edm.

# RECEIPT Impark Lot 383

License Plate Number



Expiration Date/Time

# 06:00 PM MAY 18, 2017

Purchase Date/Time: 10:55am May 18, 2017

Total Parking: \$33.33 Total GST: \$1.67

Rate: \$35 - All Day To 6PM Total Due: \$35.00 Payment Type: Card

Total Paid: \$35.00

Ticke S/N # Setting: Lat 383 Mach Name: Meter 1

asterCard

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

ARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

# **AHS Public Disclosure Expense Claims**

Name			Expense Claim Total \$ 84.50								
KEVIN	Livis, North Zone	r or e memarray	ŷ 01.30								
Expense Date	Business reason		Expense Location	Expense Type	Amount	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
	Travel for FMM Wildfire Ev McMurray	ent in Ft.	AB - North Zone	Meals Per Diem	\$ 47.50		FMM Wildfire Event in Ft. McMurray Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
5/12/2017	Travel for High Prairie Heal Grand Opening	th Complex	AB - North Zone	Meals Per Diem	\$ 37.00		Travel for High Prairie Health Complex Grand Opening Lunch \$13.00 Dinner \$24.00	1			

Approver(s) for the claim		Approval Date
BELANGER, FRANCOIS	Approve	25-May-17

\$

476.80



# **Executive Expenses Report Direct Billing Summary**

### Purpose of This Form:

Total Paid in the Month

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.

Indicate whether you have expenses to report in this section for this reporting period:

- 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.

Name :	Kevin Worry	Reporting Period for the Month of :	May-17

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Apr-17	Direct Billing	Airline Ticket	Return airfare FMM to Edmonton - FMM Wildfire Reunion - AIR CAN	Marlin Travel	252.52
28-Apr-17	Direct Billing	Airline Ticket	Outbound Edmonton to FMM - FMM Wildfire Reunion - WESTJET	Marlin Travel	224.28
	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	-



### Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET **EDMONTON AB** T5J 3E4

Trip #: Booking Date: 01 May 17 Client: Agent:

File Locator:

PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRIPTION		FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket#		203.04	0.00	\$0.00	49.48	0.00	252.52 CAD
AIR CANADA Ticket #		186.80	0.00	\$0.00	37.48	0.00	224.28 CAD
	Total:	389.84	0.00	0.00	86.96	0.00	476.80 CAD

**PAYMENTS** 

Invoice #	Payment Date	Card Holder	Form of Payment		Amount
	04/28/2017				252.52 CAD
	04/28/2017				224.28 CAD
				Total Payment:	476.80 CAD

0.00 CAD **Balance Due CAD Currency** 

0.00 Total GST Total HST \$0.00

**CORPORATE UNIT 101** REASON FOR TRAVEL FORT MAC WILDFIRE REUNION

UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT... 303 801 2147 PLEASE QUOTE ACCESS PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----------WESTJET AIRLINE RULES------TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR -----TICKET IS NON REFUNDABLE BOARDING PASS. -----CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -------------------------

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000

------ \*\*\*\*PLEASE NOTE CHECKIN TIMES\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR

\*\*DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 01 May 17

Client: Agent: 01 May 17

### **MY ITINERARY**

Passengers Citizenship Required Travel Documents

KEVIN W WORRY Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



**AIR** 

Passengers: KEVIN W WORRY

Booking Date: 04/28/2017
File Locator/Ticket #:

From: Departing on: To: FT. MCMURRAY Returning on:



AIR

Passengers: KEVIN W WORRY Booking Date: 04/28/2017

File Locator/Ticket #:

AirlineFlightFromTerminalToClassSeatStopsWESTJET03165EDMONTON INTLFT. MCMURRAYQ

05/03/2017 7:35AM 05/03/2017 8:40AM

