

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 March 2018

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)
Mar-18	P-Card	Meetings				92	92			
Mar-18	Expense Claim	Meetings		13			13			
Total			\$ -	\$ 13	\$ -	\$ 92	\$ 105	\$ -	\$ -	\$ -

Total for the Month \$ 105

Maximum daily single meal expense claimed in the month \$ 13
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.

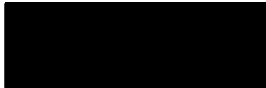
AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 92.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
2/23/2018	Parking paid @ SSP for Meeting with Dr Joffe	AB - North Zone	Parking - Lot or Parkade	\$ 32.00			Parking paid @ SSP for Meeting with Dr Joffe	1				
3/8/2018	Parking paid @ SSP for Meeting with Dr Joffe	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking paid @ SSP for Meeting with Dr Joffe	1				
3/15/2018	Parking paid @ SSP for Meeting with Dr Joffe	AB - North Zone	Parking - Lot or Parkade	\$ 5.00			Parking paid @ SSP for Meeting with Dr Joffe	1				
3/16/2018	Parking paid @ SSP for Meeting with Dr Joffe	AB - North Zone	Parking - Lot or Parkade	\$ 20.00			Parking paid @ SSP for Meeting with Dr Joffe	1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		22-Mar-18								

Parking Paid
→
Dr. Joffe meeting

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

06:00 PM
MAR 08, 2018

Purchase Date/Time: 09:58am Mar 08, 2018
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

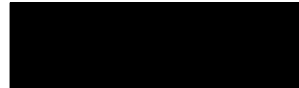
[Redacted] MasterCard Auth # [Redacted]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

06:00 AM
MAR 16, 2018

Purchase Date/Time: 04:16pm Mar 15, 2018
Total Parking: \$4.76
Total GST: \$0.24
Total Due: \$5.00 Rate: \$5 - All Evening
Total Paid: \$5.00 Payment Type: Card
Ticket # [Redacted]
S/N # [Redacted]
Setting: Lot 383
Mach Name: Meter 1

[Redacted] MasterCard Auth #: [Redacted]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Parking Paid
←
Dr. Joffe meeting

Parking Paid
→
Dr. Joffe meeting

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

02:14 PM
FEB 23, 2018

Purchase Date/Time: 10:14am Feb 23, 2018
Total Parking: \$30.48
Total GST: \$1.52
Total Due: \$32.00 Rate: \$32 - 4 Hours
Total Paid: \$32.00 Payment Type: Card
Ticket # [Redacted]
S/N # [Redacted]
Setting: Lot 383
Mach Name: Meter 1

[Redacted] MasterCard Auth # [Redacted]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

PT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 7010a Zone: 7010
Plate: [Redacted]
LP - P1 99 ST Stairwell (Booth)
Valid through:
FRIDAY 16 MAR 18
6:00 PM

Amount Paid: \$20.00 (GST incl.)
Start Time: 3/16/2018 1:11 PM
Trn: [Redacted]

Auth No: [Redacted]
Receipt No: [Redacted]

PT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

Dr. Joffe meeting →
parking paid.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 13.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/22/2018	Feb 22 LLB Dialysis Event	AB - North Zone	Meals Per Diem	\$ 13.00			Feb 22 LLB Dialysis Event Lunch \$13.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	22-Mar-18								