Alberta Health Services

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

Name Kerry Bales
Title SVP, Central Zone
Location Red Deer
Expenses submitted during the month of March 2014

				Travel (1)							
Date	**Source Document**	**Purpose**	**Airfare**	**Meals**	**Accommodation**	**Other Travel**	**Total Travel**	**Professional Development (2)**	**Working Sessions Hosting and Hospitality (3)**	**Other (4)**
Mar-14	P-Card	Meetings		54	195		249			
Mar-14	Expense Claim	Meetings		9		527	536			
Total			$ -	$ 63	$ 195	$ 527	$ 785	$ -	$ -	$ -

Total for the Month $ 785

Maximum daily single meal expense claimed in the month	$	16
Maximum daily base hotel rate claimed in the month	$	179
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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Alberta Health Services

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 21-Feb-14 To 21-Mar-14

Travel Period from: ______ To ______ (if applicable)

Out-of-Province Travel

Name: Kerry Bales

Location: Red Deer Dep[redacted] Position (Title): Chief Zone Officer

Employee # (E-People): [redacted] DOFA Level: [redacted] (if applicable) Union: [redacted] Business Phone #: [redacted] Ext:

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number ______ Project Task Number ______

Expenditure Organization ______ Expenditure Type ______

Total - Section B: Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0007	71110100064	$536.24
2B				
2C				
2D				
				$536.24

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

User to enter Coding & $ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B	$536.24
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	$536.24

KK

SECTION F: AUTHORIZATION

Travel, Hospitality and Working Session Expenses Policy - Document 1122

Employee Signature: [signature] Date

Approved By (PRINT ONLY): Brenda Huband DOFA Level 1 Position # [redacted]

Approved this form with respect to should be sent by the approver directly to Accounts Payable for processing

Signature: [signature] Title Exec Dir, CZO Phone # [redacted] Ext

Date 2014 April 02

Approved By (PRINT ONLY): ______ DOFA Level ______ Position # ______

Signature: ______ Title ______ Phone # ______ Ext

Date ______

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

09704 doc(Rev2013-05)

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0007 71110100064 Emp # (E-People) [redacted] Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total $ amount on slip. DO NOT separate any taxes (eg GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system

SECTION B: TRAVEL EXPENSES NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N America = Intnl)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Completion of the "Cost Effective Method Used" Column is REQUIRED.
If you select "No" in this column,
Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date (dd-mmm-yy)	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt							
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi			
27-Feb-14	Return travel from Red Deer to Lloyd for Lloydminster Health Services Working Group Meeting (Overnight Stay)	AB	Meeting	Yes			L	$9.02						748.00
6-Mar-14	Return travel from Red Deer to Edmonton for Results based Budget Meeting	AB	Meeting	Yes										296.00
SUBTOTALS								$9.02						Total Kms 1044.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable $0.505 per km for under 5,000kms/yr or $0.47 per km for over 5,000kms/yr or per Union Agreement

Enter $0.505 km, $0.47 km OR rate per Union Agreement (see Mileage details to the left)	$0.505
Mileage $	$527.22
Travel $ Subtotal	$9.02
Auto fills on page 1 - TOTAL TRAVEL $	$536.24

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

Lloydminster
6307 - 44th Street West
Lloydminster AB T9V 2G6
Store#: 5139 Tel#: 780-875-0131

Welcome to McDonald's

SALE # [redacted]

KS# 8 02/28/2014 01:26:58 PM

KVS Order 50

QTY ITEM	TOTAL
1 2 Chsb & M Fry	8.59
1 M Iced Tea	
Subtotal	8.59
Tax	0.43
Take-Out Total	9.02
[redacted]	9.02
Change	0.00

GST: 860464763RT0001

PLEASE TURN THIS OVER

Alberta Health Services

P-Card details Online ® Cardholder Statement 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

BALES, KERRY Cardholder's Name	SENIOR VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period:	20/03/2014
CENTRAL ZONE Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	$248.99
KERRY.BALES@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[redacted]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/02/2014	344270283	SMITTY S RESTAURANT, EATING PLACES, RESTAURANTS	15.90	CAD	15.90	.76		Overnight stay in Lloyd - Dinner
28/02/2014	344270284	SMITTY S RESTAURANT, EATING PLACES, RESTAURANTS	11.98	CAD	11.98	.57		Overnight stay in Lloyd - breakfast next morning
28/02/2014	344461755	HOLIDAY INN EXPRESS &, HOLIDAY INNS	195.11	CAD	195.11	9.29		Lloyd working group meeting - overnight stay
06/03/2014	345082084	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	26.00	CAD	26.00	.00	.00	Parking for RBB Workshop - Edmonton

P-Card details Online ®
Cardholder Statement Report

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.

Mandy Wade — Name of Cardholder Designate

Executive Asst — Cardholder Designate Position/Title

M. Wade — Signature of Cardholder Designate

Mar 24/14 — 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

BALES, KERRY — Name of Cardholder

Chief Zone Officer — Cardholder Position/Title

Signature of Cardholder

Mar 25/14 — 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

Name of Approver Designate

Approver Designate Position/Title

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

Brenda Hibbard — Name of Approver

Dep. Exec CEO — Approver Position/Title

Brenda Hibbard — Signature of Approver

April 7 — 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 for 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

Address:

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

Dinner

0150
Server: NIKKI B (#7) Rec: 82
02/27/14 21:23, Swiped T: 2 Term: 3

Duplicate Copy

TRANSACTION RECORD

Tran. #[redacted]

Check #[redacted]

MasterCa 1 Purchase
[redacted]
AID: A0000000041010

Entry Method: [redacted]

Amount $12.90
Tip $3.00
==========
TOTAL CAD$15.90

APPROVED [redacted]
00-001 232328
SSL30003/SCL30003
010001001042
Invoice #: [redacted]
2014/02/27 21:23:28

TVR: 0000008000
TSI: E800

No signature required

SMITTY'S LLOYDMINSTER
Lloydminster,Alberta
[redacted] Table [redacted] #Party [redacted]
SvrCk: 22 21:04 02/27/14
KITCHEN

1 PHILLY CHEESE MELT 12.29

Sub Total: 12.29
GST : 0.61
02/27 21:21 TOTAL : 12.90

GST #840713523

ROOM CHARGE INFO

TIP $_____

TOTAL $_____

NAME & ROOM# _____

SIGNATURE _____

PLEASE PAY SERVER!

(Dinner - Lloyd (overnight stay)
Lloydminster Health Services Working Group Feb 28@9am

Breakfast

0015
Server: CARA I (#13) Rec: 13
02/28/14 07:57, Swiped T: 3 Term: 3

Duplicate Copy

TRANSACTION RECORD

Tran. #: [redacted]

Check #: [redacted]

MasterCard Purchase
[redacted]
AID: A0000000041010

Entry Method: Chip

Amount $10.48
Tip $1.50
==========
TOTAL CAD$11.98

APPROVED [redacted]
00-001 095831
SSL30003/SCL30003
011001001007
Invoice #: [redacted]
2014/02/28 07:58:32

TVR: 0000008000
TSI: E800

No signature required

SMITTY'S LLOYDMINSTER
Lloydminster,Alberta
0015 Table 3 #Party 1
CARA I SvrCk: 9 7:28 02/28/14
HOST

1 EARLYBIRD BREAKY	5.99
1 ORANGE JUICE, 12oz juice	3.99
Sub Total:	9.98
GST :	0.50
02/28 07:36 TOTAL :	10.48

GST #840713523

ROOM CHARGE INFO

TIP $_____

TOTAL $_____

NAME & ROOM# _____

SIGNATURE _____

PLEASE PAY SERVER!

Breakfast - Lloyd (overnight stay)
Lloydminster Health Services Working Group Feb 28 @ 9am

Holiday Inn
& Suites

101 02-28-14

Kerry Bales
[redacted]
Canada

Folio No. : [redacted]
A/R Number :
Group Code :
Company : **Alberta Health Services**
Membership No. :
Invoice No. :

Room No. : [redacted]
Arrival : **02-27-14**
Departure : **02-28-14**
Conf. No. : [redacted]
Rate Code : [redacted]
Page No. : **1 of 1**

Date	Description	Charges	Credits
02-27-14	*Accommodation	179.00	
02-27-14	GST Tax 5%	8.95	
02-27-14	Tourism Levy Occ Tax 4%	7.16	
02-28-14	MasterCard [redacted]		195.11
	Total	**195.11**	**195.11**
	Balance	**0.00**	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate 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.

Lloyd Working Group Meeting Feb28 9-12pm.

Holiday Inn Hotel & Suites - Lloydminster
5612 -44 Street
Lloydminster, AB T9V 0B6
Telephone: (780) 870-5050 Fax: (780) 875-9759

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
MAR 06, 2014

Purchase Date/Time: 09:10am Mar 06, 2014
Total Parking: $24.76
Total gst: $1.24
Total Due: $26.00
Total Paid: $26.00
Ticket #[redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Rate: $26.00-All Day
Payment Type: Card

Card[redacted] MasterCard
Auth #[redacted]
GST #887315638RT0001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm Mar 06, 2014
Purchase Date/Time: 09:10am Mar 06, 2014
Total Parking: $24.76
Total gst: $1.24
Total Due: $26.00
Total Paid: $26.00
Ticket #:[redacted]
Setting: Lot 256
Mach Name: Meter 1

Rate: $26.00-All Day
Payment Type: Card

Car[redacted] MasterCard
Auth #[redacted]

Parking:
Results Based
Budget Mtg
Edmonton