

Official Administrator and Executive Expense Report

Name Kerry Bales
Title SVP, Central Zone
Location Red Deer

Expenses submitted during the month of April 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)
Apr-14	P-Card	Meetings			324		324			
Apr-14	Expense Claim	Meetings		72		732	804			
Total			\$ -	\$ 72	\$ 324	\$ 732	\$ 1,128	\$ -	\$ -	\$ -

Total for the Month \$ 1,128

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 160
 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

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 Mar-14 To 21 Apr-14

Travel Period from: To Out-of-Province Travel

Name: Kerry Bales

Position (Title): Chief Zone Officer Central Zone

Location: Red Deer

Dept: Corporate Administration DOFA Level:

(if non-cash)

Union:

Business Phone #: Ext:

Employee # (E-People):

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	\$803.75
2B				
2C				
2D				
				\$803.75

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	\$803.75
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$803.75

SECTION F: AUTHORIZATION

I hereby certify that I am authorized to incur the expenses described in this claim and that the claim is for the purpose of the Travel, Hospitality and Working Session Expense Policy. I understand that the claim must be submitted within the time limits specified in the policy and that I am responsible for providing the necessary documentation to support the claim.

Employee Signature: *Kerry Bales*

Date: 21 Mar 14

Approved By (PRINT ONLY): *Brenda Hubbard*

DOFA Level:

Position #:

Phone #:

Ext:

Signature: *Brenda Hubbard*

Title:

VP, COO

Date:

2014 May 07

Approved By (PRINT ONLY):

DOFA Level:

Position #:

Phone #:

Ext:

Signature:

Title:

Date:

This form and supporting documents must be submitted to the appropriate department within the time limits specified in the policy. The claimant is responsible for providing the necessary documentation to support the claim.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 101-107 St, North Tower 12th Floor, Accounts Payable, Edmonton AB T5J 3C4

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-Mar-14 To 21-Apr-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Kerry Bales Position (Title): Chief Zone Officer, Central Zone
 Location: Red Deer Dept: Corporate Administration DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

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					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense		
2A	101	0007	71110100064	\$803.75						Total Section B	\$803.75
2B										Total Section C&D	
2C										Less Cash Advance	
2D										TOTAL CLAIM	\$803.75
				\$803.75	**User to enter Coding & \$ Amounts						

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

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

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: 30 Apr 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Brenda Hubert DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

I, by signing this form, attest that I am compliant to all the above statements.

Signature: _____ Title: VP, CCO Date: _____

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

I, by signing this form, attest that I am compliant to all the above statements.

Signature: _____ Title: _____ 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.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0007 71110100064	Emp # (E-People)				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 = Interl) 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? Yes/No	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		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
21-Mar-14	Return travel from Red Deer to Edmonton (PCN Evolution Meeting)	AB	Meeting	Yes											325.00
23-Mar-14	Return travel from Red Deer to Lloydminster (Lloydminster City Council Meeting)	AB	Meeting	Yes	D-\$20.75	\$20.75									800.00
24-Mar-14	Meal's - Breakfast / Dinner (March 24th)	AB	Meeting	Yes	BD-\$29.95	\$29.95									
25-Mar-14	Return travel from Red Deer to Edmonton (Clinical Operations Executive Committee-Mar 25)	AB	Meeting	Yes	BL-\$20.80	\$20.80									325.00
SUBTOTALS							\$71.50								Total Kms 1450.00
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 5,000km/yr or \$0.47 per km for over 5,000km/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 \$		\$732.25			
										Travel \$ Subtotal		\$71.50			
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Auto fills on page 1 - TOTAL TRAVEL \$		\$803.75			
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)															

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

<u>BALES, KERRY</u>	<u>SENIOR VICE PRESIDENT</u>	Billing Reporting Period:	<u>20/04/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>CENTRAL ZONE</u>	<u>AHS MICHENER BEND</u>	Total Statement Amount:	<u>\$323.29</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>KERRY.BALES@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
24/03/2014	346890677	HOLIDAY INN EXPRESS &, HOLIDAY INNS	174.39	CAD	174.39	8.30		Travel to Lloyd for City Council Meeting on Mar 24 ✓
27/03/2014	347205323	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	7.09		COEC Meeting - Edmonton ✓

P-Card
details Online ®
Cardholder Statement Report

Signature

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMU 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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder

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

SENIOR VICE PRESIDENT

Cardholder Position/Title

Signature of Cardholder

Date of Signature

Approver Designate (if Applicable)

By signing this statement

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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.
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Brenda Hubbard

Name of Approver

Brenda Hubbard

Signature of Approver

Int. Prov. Clerk

Approver Position/Title

2014 May 07

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 (or 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.
 - Expenses letter.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3L4

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 White
Name of Cardholder Designate

Executive Asst
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Apr 25/14
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.
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BALES, KERRY
Name of Cardholder

SENIOR VICE PRESIDENT
Cardholder Position/Title

[Signature]
Signature of Cardholder

25 Apr 2014
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.
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Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

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Name of Approver

Approver Position/Title

Signature of Approver

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 (or 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



106

03-24-14

Kerry Bales	Folio No. :		Room No. :	
	A/R Number :		Arrival :	03-23-14
	Group Code :		Departure :	03-24-14
Canada	Company :	Business	Conf. No. :	
	Membership No. :		Rate Code :	
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
03-23-14	*Accommodation	159.99	
03-23-14	GST Tax 5%	8.00	
03-23-14	Tourism Levy Occ Tax 4%	6.40	
03-24-14	MasterCard		174.39
Total		174.39	174.39
Balance		0.00	

Guest Signature:

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

Lloydminster City Council Meeting - Mar 24/14



Mr Kerry Bales

Canada

Room Number:

Arrival Date: 03-25-14

Departure Date: 03-26-14

Page No: 1 of 1

Confirmation No

INVOICE

Folio No

03-26-14

Date	Description	Charges	Credits
03-25-14	Room Revenue	139.00	
03-25-14	Destination Marketing Fee - 3%	4.17	
03-25-14	Tourism Levy - 4%	5.73	
03-26-14	Mastercard		148.90
Total		148.90	148.90
Balance		0.00	

Signature:

I agree that my liability for all charges 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. G.S.T. #86634 4302 RT 0001

→ Clinical Operations Executive Committee - Mar 26/14
Edmonton