

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)						
Source Date Document Purpose	Airfare		Meals	Accommodation	Other Travel		Total Fravel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-14 P-Card Meetings Apr-14 Expense Claim Meetings			72	324	73	32	324 804			
Total	\$	- \$	72	\$ 324	\$ 73	2 \$	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

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TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLO	OYEE DETAILS (for AHS Staff O	NLY)							
 Enter employee # (c Indicate N/A in the t If you are a new em 	old) and Employee # (F Employed # (E-People Iployee and your payro) if your payroll has	not miorate	d to the New E	-People payroll sys	il system stem	T	xpense Date From ravel Period from out-of-Province Tr	:To	21-Apr-14
Name: Kerry Bales					Position [Ti	(le):	Chief Zone Officer			······································
Location: Red Deer		Dept: Carporale	Administralii	or DOFA Level		app cabir)	Union:	Busine	ss Phone #:	Ext:
imployed # (E-People):									· · · · · · · · · · · · · · · · · · ·	******
ECTION E: FINAN	CE CODING & TO	TAL CLAIM								· · · · · · · · · · · · · · · · · · ·
CAPITAL PROJECT	CODING ONLY →	Project Nu Expendituro		on ,				ask Number xponditure Type		
Total - S	ection B: Travel -	Pa 2	1	Total - Se	action C&D: Oth	ar & Fore	eign Expenses -	D= 2		
Rat	Functional	Total	Bal				Secondary/	Total	TOTAL REIMB	URSEMENT
g Unit Location	Centre (FC)	Expense	Unit	Location	Functional Ce	ntre (FC)	Expense	Expense	Total Section B	\$803.75
A 101 0007	71110100064	\$803.75							Total Section C&D	
3									Less Cash Advance	
						_			TOTAL CLAIM	\$803.75
NOTE: This section a	uto fills from page 2A	\$803.75 28 2C & 2D			er to enter Coding					!
CTION F: AUTHOR				1012. 1	nese reios do not	automatical	ly fill for Section C a	S U		
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Please send completed Claim form limits receipts and other required package to: Alberta Hearth Services 16:00-107 St. North Tower 18th Expo. Accounts Payable, Edition on AB T5J 364



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

Serv SECTION	ICES A: EMPLOY	EE DETAILS (or AHS Staff O	NLY)							
 Indicate 	N/A in the En	l) and Employee # (E nployee # (E-People oyee and your payro) if your payroll has	not migra	ed to the New I	-People payroll s		T	xpense Date From ravel Period from: Out-of-Province Tra	То	21-Apr-14 (if applicable)
Name: Kerr	y Bales					Position ((Title):	Chief Zone Officer.	. Central Zone		
Location: F	Red Deer		Dept: Corporate	Administra	tios DOFA Leve		if applicable)	Union:	Busines	ss Phone #:	Ext:
Employee #	(E-People):										
SECTION	E: FINANC	E CODING & TO	TAL CLAIM								
CAPITAL	PROJECT C	ODING ONLY →	Project Ni Expenditure	- Table 1997	iion				Task Number xpenditure Type _		
	Total - Sec	ction B: Travel -	Pg 2		<u>Total - S</u>	ection C&D: C	ther & Fore	eign Expenses -	Pg 3	TOTAL REIMBL	IRSEMENT
Pg Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional C	Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	\$803.75
2A 101	0007	71110100064	\$803.75							Total Section C&D	
2B										Less Cash Advance	
2C 2D							V			TOTAL CLAIM	\$803.75
20			\$803.75	+-		er to enter Codi	na & \$ Amou	nts			
NOTE:	This section au	to fills from page 2/		1				Illy fill for Section C	& D		
SECTION	F: AUTHOR	IZATION									
		Travel Hospitality & Working Ski are for valid bilis ness pulposes for						es and mandalory requirements of se or any other Organization	f this policy		
1		have been incurred by using a co		rationale and supp	orting analysis is provide	d above	Travel, Hospi	tality and Working Session E	xpenses Policy - Document	# 1122	
	Employee Si		14/-	10				Date 30	<u>01304</u>		
f attest the expenses	enclosed in this claim a	gyncable polities of Alberta Healt are fill visid business pulpuses for trave been incurred by using a cr	Alberta Health Services and th	of this claim has	or the previously claims	ed by the claiment or on their		The Services of any other Organiza		claim form with receipts should be sent bi directly to Accounts Payable for process	
	By (PRINT ONL)	2 .	Hulan	\propto		DOFA Level		Position #		Phone #	Ext
I, by signing this t	om steet that I am co Signati	mpliant to all the above statement	s			Title	VP. C	00		Date	
i affect that I have re		pplicable policies of Alberta Healt	h Services III al person to these	expenses, and ou	of rm cope ses being cla	med are a compliance with s	uch policies				
1							behalf from Alberta Her	alth Serveres or any office Organiza	etic:		
		s have been incurred by using a co	osi affective method, office/wise	tätiohale ahd sup	omiting analysis is provide	DOFA Level		Position #		Phone #	Ext
	By (PRINT ONL				4-11-41	DOLY FEASI		r usitivit #			
I, by signing this !	Signati	mpliant to all the above statement LTO:	S			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 35(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 OLAIM DET

EXPENSE CLAIM DETAILS Enter Finance Coding 71110100064 Emp # (E-People) Page 2A 101 0007 If expenses incurred are for multiple FC's please use pages 28,2C,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 skp, 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 = Intert) Completion of the "Cost Effective Method Used" Column is REQUIRED. Ensure separate lines are used for claim items that differ in Province, US and Out of North America If you select "No" in this column, Prov. US. Further Explanation is REQUIRED in the "Rationale is Required" section on this page Business Reason for Travel - Detailed Description If amount being claimed is above the What is Meal (Allowance OR Receipt) Required **Dut of** Cost Rental Carl policy limit stated in Appendix "A" Date (include destination, who attended-(if meal). travel N.Amer Effective Bus/LRT/ Per Diem Mileage dd-mmm-yy Meal Allowance Meal with Receipt rationale is required why travel was necessary and detailed explanation of reason) related to Mathod where Parking / Allowance (km) A description of just "Meeting" will be returned for clarification Used? expenses Meal Type with Meal Fuel Akowance with receipt Airfare Hote! Taxi Yes/No Type incurred? value 325 00 Return travel from Red Deer to Edmonton (PCN Evolution Meeting) AB Meeling Yes 21-Mar-14 Return travel from Red Dear to Lloydminster 800 00 AB Meeting Yes D-\$20.75 \$20.75 23-Mar-14 (Lloydminster City Counce: Meeting) AB BD-\$29.95 \$29.95 24-Mar-14 Moals - Breakfast / Dinner (March 24th) Meeting Yes Return travel from Red Deer to Edmonton BL-\$20,80 \$20.80 325.CO AB Meeling Yes 25-Mar-14 (Clinical Operations Executive Committee-Mar 26) Total Kms SUBTOTALS \$71,50 1450 00 Enter \$0.505 km, \$0.47 km OR rate per Union Agreement SD 505 MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle (see Mileage details to the left) -- 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 Mileage S \$732.25 \$71.50 Travel \$ Subtotal 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)



P-Card details Online ® Cardholder Statement Report

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Instruction:	iled receipts and supporting documents in the s	ame order as it annears on this state	ement
	's signatures required where indicated below	and brook do it appears on the state	
BALES, KERRY	SENIOR VICE PRESIDENT		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/04/2014
CENTRAL ZONE	AHS MICHENER BEND		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$323.29
KERRY.BALES@ALBERTAHE	ALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Fransaction 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		Fravel to Libyd for City Council Meeting on Mar 24
7/03/2014	347205323	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	ÇAD	148.90	7.09		COEC Meeting - Edmonton

P-Card details Online ®

	Cardnolder Statement Repor
Signature 3	And the second of the second o
older Designate (if Applicable) By signing this statement	and the second s
 I hardby certify that I have reviewed and reconsited Program User Guide and Training I have allocated 	d this statement in BMO Online to the best of my ability in all cordance to AHS Corporate Policies d the transaction(s) to the proper cost centre
	and the second second
Name of Controller Designate	Cardholder Designate Position Title
	transfer to the second
September 21 Camping and the Re-	Date of sgnature
Cardholder	
charged is attached	valid business purposes for Alberta Health Services and that this claim has not been previously Services or any other Organization. A personal cheque for any personal expenses inadvenently
	been incurred by using a cost effective mothod, otherwise ribionale and supporting analysis is
BALES KERRY	SENIOR VICE PRESIDENT
	Cardholder Position! Cita
Signature of the order	Date grature
	een incurred by using a cost effective method, otherwise rationale and supporting analysis is
Comment As proceed Proposition	Approver Designate Position Title
Elignaturia of experience Quagrate	Date of Signature
Approver	
By signing this statement. • altest that I have read and understand the "Travet exischses being plained are in compliance with such	Hospitality and Working Session Expense Policy (1122)* of Alberta Health Services and confirm to both y
charged has been obtained	alid business purposes for Alberta Health Services and that this claim has not been previously to Health Services or any other Organization. A personal cheque for personal expenses inadvertently alen incurred by using a cost effective method, otherwise rationale and supporting analysis is
Brends Huband	Approver Position the BC 14 Wheel 07
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construções es escribent with attachments to Asigon	as Payablo
uttach	Address:
 Unignate for searingd) itemized receipts with documente of the real and 	d business reasons including paines of participants
where required	Alberta Health Services

Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report). And where applicable:
 Topens of pre-approvals for travel.
 Tresonal cheque physible to "Apperta Health Stervices.".

Peturn refund aedior credit receipts

· Suspines letter

Accounts Payable 7th Street Plaza 10th Floor North Towar 10030-107 Street Edinenton, AB T5J 3E4



· Return, refund and/or credit receipts

· Disputes letter

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 E Program User Guide and Training. I have allocated the transaction(s)	BMO Online to the best of my ability in a to the proper cost centre.	ccordance to AHS Corporate Policies.
Program osci culta managaria and anti-	Contra Acet	ge
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Pale of Signature	
Cardholder	эл ин с данаменници	
By signing this statement I attest that I have read and understand the "Travel, Hospitality and Wexpenses being claimed are in compliance with such policy.	forking Session Expense Policy (1122)"	of Alberta Health Services and confirm
 I attest the expenses enclosed in this claim are for valid business purp claimed by me or on my behalf from Alberta Health Services or any of charged is attached. 	her Organization. A personal cheque to	r any personal expenses inadvertently
 I attest that expenses submitted in this claim have been incurred by ut 	sing a cost effective method, otherwise	rationale and supporting analysis is
provided. BALES, KERRY	SENIOR VICE PRESIDENT	
	Cardholder Position/Title	
mR R	MARINATIO	r (C
Signature of Cardholder	Date of Signature	30
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Approver Designate (if Applicable) By signing this statement I attest that I have read and understand the "Travel, Hospitality and Wexpenses being claimed are in compliance with such policy.	orking Session Expense Policy (1122)	of Alberta Health Services and confirm
 l'attest the expenses enclosed in this claim are for valid business par claimed by the claimant or on their behalf from Alberta Health Service charged has been obtained. l'attest that expenses submitted in this claim have been incurred by u provided. 		
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	a Management of the second of
Approver		
I attest that I have read and understand the "Travel, Hospitality and V	Vorking Session Expense Policy (1122)	of Alberta Health Services and confirm
expenses being claimed are in compliance with such policy.		No. 1 lb in a latin have a set from a majoroby
 I attest the expenses enclosed in this claim are for valid business pur claimed by the claimant or on their behalf from Alberta Health Service charged has been obtained. I attest that expenses submitted in this claim have been incurred by a provided. 	es or any other Organization. A persona	il criedue for personal expenses madvertently
provided.		e Ci
Name of Approver	Approver Position/Title	. 10
Signature of Approver	Date of Signature	· ·
Submit approved statement with attachments to Accounts Payable;		
Attach: Original (or scanned) itemized receipts with documented business reas where required		Address: Alberta Health Services Accounts Payable
 Signed Cardholder Statement Report (or copies of electronic signature. And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" 	s if signatures are not on report)	7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4

I describe the second to the open attended life



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	

0 4 0!		
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.

Llaydminster City Council Meeting Mar 24/14.



Mr Kerry Bales

Canada

Room Number:

Arrival Date:

03-25-14 03-26-14

Departure Date: Page No:

1 of 1

Confimation No

INVOICE

Folio No

03-26-14

Date	Description		Charges	Credits
03-25-14	Room Revenue	A LIFE	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
	The second secon	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