

Official Administrator and Executive Expense Report

Name Kerry Bales
Title Chief Zone Officer, Central Zone
Location Red Deer
 Expenses submitted during the month of June 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)
Jun-14	Expense	Meetings				502	502			
Jun-14	P-Card	Meetings				14	14			
Total			\$ -	\$ -	\$ -	\$ 14	\$ 516	\$ -	\$ -	\$ -

Total for the Month \$ 516

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

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 ID, Name and Department # in the Request for Travel Expenses system
- Indicate N/A in the Employee # field if your payroll has not migrated to the New People payroll system
- If you are a non-employee and your payroll is not through the New People payroll system, please contact your supervisor.

Expense Date From: 21 May 14 To: 21 Jun 14
Travel Period from: To
Out of Province Travel

Name: Kelly Davis Position (Title): Chief Zone Officer, South Zone
Location: Red Deer Depth: Corporate Administration DOFA Level: Union: Business Phone #: Ext:
Employee # (Employee):

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	\$502.48
2B				
2C				
2D				
				\$502.48

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	\$502.48
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$502.48

SECTION F: AUTHORIZATION

When this form is submitted, the Travel, Hospitality & Working Session Expense Claim (TWS) of Alberta Health Services and its contents are subject to review and to comply with the policies and mandatory requirements of the organization. The expenses claimed in this claim are for travel, hospitality and working session expenses only. The claimant is responsible for ensuring that the claim is supported by appropriate receipts and documentation. The claimant is also responsible for ensuring that the claim is submitted within the required time frame.

Employee Signature:

Date: 21 May 14

Approved By (PRINT ONLY): Brenda Hubbard

DOFA Level:

Signature:

Title:

Approved By (PRINT ONLY):

DOFA Level:

Position #:

Phone #:

Ext:

Signature:

Title:

Date:

When this form is submitted, the Travel, Hospitality & Working Session Expense Claim (TWS) of Alberta Health Services and its contents are subject to review and to comply with the policies and mandatory requirements of the organization. The expenses claimed in this claim are for travel, hospitality and working session expenses only. The claimant is responsible for ensuring that the claim is supported by appropriate receipts and documentation. The claimant is also responsible for ensuring that the claim is submitted within the required time frame.

Please send completed claim form (with receipts and other request) back to: Alberta Health Services, 1660-107 St, North Tower, 10th Floor, Edmonton, AB T5J 1H4

EXPENSE CLAIM DETAILS

Enter Finance Coding	101 0007	7111010004	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 = Inter)															
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-mm-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							
6-Oct-14	Travel to Wainwright - Minister visit with Town Officials re: Hospital replacement	AB	Meeting	Yes											508.00
16/05/14	Travel to Carleton Place - Lamont - CEO Tour (Round Trip)	AB	Meeting	Yes											487.00
SUBTOTALS															Total Kms 995.00
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 \$		\$502.48			
										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 \$		\$502.48			
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

BALES, KERRY	SENIOR VICE PRESIDENT	Billing Reporting Period:	20/06/2014
Cardholder's Name	Cardholder's Position/Title		
CENTRAL ZONE	AHS MICHENER BEND	Total Statement Amount:	\$14.00
Cardholder's Dept	Cardholder's Site/Location		
KERRY.BALES@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/05/2014	352844086	U OF A PARKING-JUBILEE, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	00	00	Edmonton Parking - ALP Final Presentations

P-Card
details Online ®
Cardholder Statement Report

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.

Mander White
Name of Cardholder Designate

Exec Asst
Cardholder Designate Position/Title

M. White
Signature of Cardholder Designate

June 26/14
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.

Paul S. Kerry
Name of Cardholder

Exec Asst
Cardholder Position/Title

Paul S. Kerry
Signature of Cardholder

June 26/14
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.

Paul S. Kerry
Name of Approver Designate

Exec Asst
Approver Designate Position/Title

Paul S. Kerry
Signature of Approver Designate

June 26/14
Date of Signature

Approver

By signing this statement

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Paul S. Kerry
Name of Approver

Exec Asst
Approver Position/Title

Paul S. Kerry
Signature of Approver

June 27
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach

- Original or scanned 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 receipt receipts
 - Any other

Address:

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

ister [REDACTED]
rator [REDACTED]
ay is 05/23/2014 at 07:29:14
er # 0000008-4

14	13.33x

SUB TOTAL--->	\$ 13.33
GST TAX --->	\$ 0.67
TOTAL--->	\$ 14.00

mode : Cash tendered 14.00
Change \$ 0.00

onton, AB T6G 2H6

R108102831



UNIVERSITY OF
ALBERTA
PARKING SERVICES

DAILY PARKING PERMIT
PLACE ON DASH
THIS SIDE UP

Valid only in and on:



UNIVERSITY OF
ALBERTA
PARKING SERVICES

DAILY PARKING PERMIT - RECEIPT

CUSTOMER RECEIPT: \$ _____

VR: 100 00 00 00

MEMORANDUM FOR THE DIRECTOR, FBI

Sale

[illegible]

TERCADA

57.

—

entering a verified plan, cardholder agrees to pay issuer such total in accordance with issuer's agreement with holder (Merchant Agreement if cardholder).

Retain this copy for statement verification.

Registration Label: MasterCard

95044341010

08 08 08 08 08

83

Customer Copy

ALP Final Presentations - Uof A
Edmonton