

Board and Executive Expense Report

Name Dr. Kevin Worry
Title Zone Medical Director, North Zone
Location Fort McMurray
 Expenses submitted during the month of December 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
November to December 2012	P-Card	Various meetings and site visits, postage, and AHS vehicle maintenance	932			98	1,030			166
December 2012	P-Card	Monthly parking fee				158	158			
Total			\$ 932	\$ -	\$ -	\$ 256	\$ 1,188	\$ -	\$ -	\$ 166

Total for the Month \$ 1,354

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



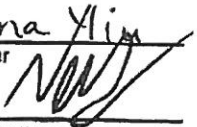
Instruction:

- 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>WORRY, KEVIN</u> Cardholder's Name	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/12/2012</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>NORTHERN LIGHTS REGIONAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,354.01</u>
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/11/2012	301877059	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	✓ 14.00	CAD	14.00	67		Parking K Worry - CMO Offsite Meeting
23/11/2012	301877060	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	✓ 14.00	CAD	14.00	.67		Parking - K Worry CMO Offsite Mtg
26/11/2012	302066312	ONOWAY RACE TRAC OPE. GAS / SERVICE STATIONS	✓ 8.06	CAD	8.06	.38		Fuel - K Worry - Whitecourt site visit with Board Member E Smith
26/11/2012	302184818	PETROCAN, GAS / SERVICE STATIONS	✓ 24.00	CAD	24.00	.00		Fuel - K Worry - AHS Board E Smith - Whitecourt site visit
26/11/2012	302184819	7-ELEVEN #33343(MKT 28, FUEL DISPENSER, AUTOMATED	✓ 38.02	CAD	38.02	1.81		Fuel - K Worry - Whitecourt site visit
29/11/2012	302470660	CMTN AIR 634216305069, AIR CARRIERS, AIRLINES	✓ 932.40	CAD	932.40	46.62		Flight K Worry - High Level-LaCrete
09/12/2012	303409554	JIFFY LUBE, AUTOMOTIVE SERVICE SHOPS	✓ 154.22	CAD	154.22	7.34		AHS vehicle maintenance
13/12/2012	303775784	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	✓ 157.50	CAD	157.50	7.50		Parking EIA - K Worry Dec 12
15/12/2012	303914612	SHOPPERS #328, DRUG STORES, PHARMACIES	✓ 11.81	CAD	11.81	.56		postage - Edmonton-FMM - receipts & contracts sent

Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO details 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 		
<u>Laura Parker</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>Exec Admin Control</u> Cardholder Designate Position/Title <u>27/12/12</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 		
<u>WORRY, KEVIN</u> Name of Cardholder  Signature of Cardholder	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title <u>27/12/12</u> Date of Signature	
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
_____ Name of Approver Designate _____ Signature of Approver Designate	_____ Approver Designate Position/Title _____ Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 		
<u>Verna Xin</u> Name of Approver  Signature of Approver	<u>EVP + CMO, Quality + Medical Affairs</u> Approver Position/Title <u>Jan 4/13</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> Original itemized receipts Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> 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	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

DETACH RECEIPT FROM TICKET

DATE ISSUED	TIME ISSUED	AMOUNT PAID
22/11/12	08:01 AM	\$ 14.00

CREDIT CARD NUMBER

LOT JBSW CC



UNIVERSITY OF ALBERTA

1141749

RECEIPT GST#R108102831

DETACH RECEIPT FROM TICKET

DATE ISSUED	TIME ISSUED	AMOUNT PAID
23/11/12	08:01 AM	\$ 14.00

CREDIT CARD NUMBER

LOT JBSW CC



UNIVERSITY OF ALBERTA

1141749

RECEIPT GST#R1081028

302066312

Onoway Race Trac Gas

R R 3 - Hwy 43
Onoway AB

DATE: 2012-11-26 TIME: 12:36:12

PURCHASE

ETHNOL REG 7.833L \$1.029/L 8.06H

TOTAL \$8.06

GST 5.0% INCLUDED \$0.38

= TAXES INCLUDED

MASTERCARD

ENTRY METHOD: C

2012-11-26
REF#: 28618777
AUTH#: 143645
RECEIPT#: 00023815

12:36:45
0012560650
RESP CODE: 01-027
BATCH#: 256

MasterCard
A0000000041010
6C1000EB9521A5E9
0000008000
13982877F0263C52

APPROVED - THANK YOU

- IMPORTANT -
RETAIN THIS COPY FOR YOUR RECORDS
CUSTOMER COPY

302184818

PETRO-CANADA
HWY 43 BOX 1798
WHITECOURT
Alberta T7S 1P5

GST: 808434617 (780) 776-3333
2012-11-26 PC0006881:8097901 17:39
TERMINAL: 028097901 OPER: A

FUEL (L) (\$/L) (\$)
Pump 1
Regular 21.836 1.099 24.00*
Total Owed 24.00

TOTAL PAID CREDIT CARD 24.00

*TAXES INCL. #TAXES EXCL.
GST TOTAL \$ 1.14

MASTERCARD [REDACTED] C
INV. 689057 AUTH. 193946
Purchase
C 0010010010 00 027
MasterCard
A0000000041010
0000008000

VERIFIED BY PIN
00 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records

Survey! Earn Points
& chance to WIN gas!
1-866-826-7779 or
petro-canada.ca/hero

302184819

**7-ELEVEN
AIRPORT & N SERVICES
EDMONTON AB T5J 2T2
7808903209**

2012-11-26 11:45

STORE #: 33343
TERM ID: 33343SEC
MERCH #: 40082555704
TRANS #: 641534
GST #: R104855408

PUMP 11
REGULAR
38.83L AT \$0.979

SALE \$ 38.02

GST INCLUDED \$ 1.81

INVOICE # 008632
AUTH# 134319

MASTERCARD [REDACTED] C
A0000000041010
0000008000

REF:427001001079
ACI/ISO 001/00
APPROVED 134319

THANK YOU
WELCOME AGAIN

302470860



eTicket Receipt

Prepared For
WORRY/KEVIN DR

CENTRAL MOUNTAIN AIR RESERVATION CODE	KXDTNG
ISSUE DATE	29Nov2012
TICKET NUMBER	6342163050694
ISSUING AIRLINE	CENTRAL MOUNTAIN AIR
ISSUING AGENT	Central Mountain Air/RKF

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
03Dec	CENTRAL MOUNTAIN AIR 9M 775	EDMONTON INTL AB, CANADA Time 3:10pm	HIGH LEVEL AB, CANADA Time 4:50pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance 2PC Booking Status USED TO FLY Fare Basis B3NR Not Valid Before 03 DEC Not Valid After 03 DEC
04Dec	CENTRAL MOUNTAIN AIR 9M 778	HIGH LEVEL AB, CANADA Time 11:35am	EDMONTON INTL AB, CANADA Time 1:05pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance 2PC Booking Status USED TO FLY Fare Basis Q5NR Not Valid Before 04 DEC Not Valid After 04 DEC

Payment/Fare Details

Form of Payment	CREDIT CARD - MASTERCARD :
Endorsement / Restrictions	NONE
Fare Calculation Line	YEA 9M YOJ Q12.00 441.00B3NR 9M YEA Q12.00 398.00Q5NR CAD863.00END
Fare	CAD 863.00
Taxes/Fees/Carrier-Imposed Charges	CAD 44.40 XG (GST FOR CANADA EXCEPT ON/BC/NS/NF/NB/QC)

	CAD 25.00 SQ (AIF - CANADA EXCEPT ON/BC/NS/QC/NB/NF)
Total Fare	CAD 932.40

Positive identification required for airport check in**Notice:**

PASSENGERS ON A JOURNEY INVOLVING AN ULTIMATE DESTINATION OR A STOP IN A COUNTRY OTHER THAN THE COUNTRY OF DEPARTURE ARE ADVISED THAT INTERNATIONAL TREATIES KNOWN AS THE MONTREAL CONVENTION, OR ITS PREDECESSOR, THE WARSAW CONVENTION, INCLUDING ITS AMENDMENTS (THE WARSAW CONVENTION SYSTEM), MAY APPLY TO THE ENTIRE JOURNEY, INCLUDING ANY PORTION THEREOF WITHIN A COUNTRY. FOR SUCH PASSENGERS, THE APPLICABLE TREATY, INCLUDING SPECIAL CONTRACTS OF CARRIAGE EMBODIED IN ANY APPLICABLE TARIFFS, GOVERNS AND MAY LIMIT THE LIABILITY OF THE CARRIER.

Important Legal Notices

JIFFY LUBE
2121 101 ST NW
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2012/12/09
TIME 0910 12:11:29
RECEIPT NUMBER
C06104397-001-287-003-0

PURCHASE
TOTAL

\$154.22

MasterCard
A0000000041010
CF03460986FCBA4E
0000008000
2FDF563D5DD633E0

APPROVED

AUTH# 141130 01-027
THANK YOU

CARDHOLDER COPY

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JIFFY LUBE #1032
 GST# 8335686860001
 2121-101 STREET
 EDMONTON, AB T6N 0A2
 (780) 469-5776

DATE 12/9/2012 12:12 PM
 TRANSACTION NO 12120903274004
 INVOICE NO 01032-3274004
 VEHICLE ID AB-BFD6353

Customer Information				Description	Qty.	Price
Kevin Worry				PENNZOIL ULTRA PACKAGE	1.00	109.99
[REDACTED]				MOBIL FILTER	1.00	0.00
[REDACTED]				SPECIAL FILTER CHARGE \$20	1.00	20.00
[REDACTED]				PENNZOIL ULTRA 5/20	5.70	11.89
[REDACTED]				ENVIROMENTAL FEE	1.00	5.00
Vehicle Information						
2012 FORD ESCAPE 6cyl 3.0L FI				SUBTOTAL		
VIN	KILOMETERS 15000			\$146.88		
ALT ID				SALE		
DATE	KILOMETERS	SERVICES		\$146.88		
12/9/12	15000	FS OF OIL		TAXABLE PARTS		
				146.88		
				GST TAX		
				7.34		
				TOTAL		
				\$154.22		
				MASTERCARD 12 AUTH: 12		
				154.22		
				CHANGE		
				\$0.00		
Service Information				Warranty Statement		
UPPER	LOWER	COURTESY	CASHIER	<p>Warranty Certificate (This warranty is given in lieu of any other warranty) This Jiffy Lube Service warrants all workmanship against failure for 7 days from date of service. This warranty does not apply when the customer tampers or alters with products or manufacturer's original equipment or when corrective action is taken without prior written approval from this Jiffy Lube Centre. Customer must have the Limited Warranty Certificate and must retain a sample of the product(s) involved to support claim. Note: This warranty does not cover loss of time, inconvenience, use of the vehicle or consequential damages.</p>		
AA	GP	DH				
1. ENGINE OIL			REPLACED			
2. OIL FILTER			REPLACED			
3. CABIN AIR FILTER			N/A			
4. AIR FILTER			CHECKED OK			
5. PCV VALVE			N/A			
6. FUEL FILTER			OK			
7. BRAKE FLUID			FULL			
8. POWER STEERING FLUID			FULL			
9. WINDSHIELD WASH FLUID			CHECKED			
10. ENGINE COOLANT			FULL			
11. TRANS/TRANSAXLE FLUID			FULL			
12. TRANSFER CASE FLUID			FULL			
13. FRONT DIFF FLUID			FULL			
14. REAR DIFF FLUID			FULL			
15. WIPER BLADES			OK			
16. LIGHTS			OK			
17. SERPENTINE BELT			OK			
18. TIRE PRESSURE			F0 R0			
19. BATTERY			N/A			
20. CHASSIS LUBRICATION			# ^ 4			
Service Comments						
THANK YOU!						
Recommend next service on 03/09/2013 or 20000 km.						
Ask for everyday specials!!!! Warranty Approved oil change and Services.				X		
				<p>Cardholder acknowledges receipt of goods and/or services in the amount shown herein and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.</p>		

303775184

INVOICE

Edmonton Regional Airports Authority
1, 1000 Airport Road
Edmonton International Airport, AB, Canada T9E 0V3
Tel: 780-890-8484 Fax: 780-890-8446
Website: www.flyeia.com Email: accounts@flyeia.com



we'll move you.

Alberta Health Services
Dr. Kevin Worry - Zone Medical Director

Customer #: [REDACTED]

Invoice #: R00008869

Date: December 01, 2012

Contract #: 2011-03 Parking Agreement - Airport Site: YEG

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Dec-12	31-Dec-12	\$150.00

Invoice Subtotal	\$150.00
GST	\$7.50

Please pay this amount in Canadian funds	\$157.50
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EDMONTON REGIONAL
AIRPORT
PO BOX 9860
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2012/12/13
TIME 03:03:17
RECEIPT NUMBER
M30723626-001-237-011-0

PURCHASE TOTAL
\$157.50

APPROVED

AUTH# 100318 01-027
THANK YOU

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GST#: R128599776

Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum - 1.5% per month on overdue accounts.

Payable in Canadian Funds

REMITTANCE FORM (include with all payments)

Please make cheques payable to:
Edmonton Regional Airports Authority
and mail to: Edmonton Regional Airports Authority
1, 1000 Airport Road
Edmonton International Airport, AB
T9E 0V3 Canada

Invoice #: R00008869
Invoice Date: December 01, 2012
Customer #: [REDACTED]
Customer Name: Alberta Health Services

Amount Due: **\$157.50**
Due Date: **December 01, 2012**

Amount Remitted: [REDACTED]

FORM OFFICE

SHOPPERS DRUG MART 328
10955 23RD AVE
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2012/12/15
TIME 0244 17:46:31
RECEIPT NUMBER
C30016026-001-084-103-0

PURCHASE
TOTAL
\$11.81

MasterCard
A0000000041010
36E20BF41096356D
0000008000-E800
BCF99DD3B9BF19A7

APPROVED

AUTH# 194631 01-027
THANK YOU

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Canada Post / Postes Canada
HERITAGE
10955 23 Ave NW
EDMONTON T6J5E0
GST/TPS#: 821078821

2012/12/15 05:46:46 danielle
CC/CC56502 #/G1 TR1371364

303914612

G/S 5% 1@ \$11.25 \$11.25
XP Reg Ltr- IMAGE/XP Let Rég- IMAGE

SUBTL/SCUS-TOTAL \$11.25
GST/TPS \$0.56
PST/TVP \$0.00
HST/TVH \$0.00
TOTAL/TOTAL \$11.81

MasterCard / Mastercard \$11.81
Card Number / Numéro de carte

CHG. DUE / MONNAIE \$0.00

Receipt required for all returns. To
view the return policy go to the website.
Reçu requis pour tous les retours. Pour
consulter la politique de retour, visitez
le site Web.



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