

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Medical Director ,North
Location Fort McMurray
 Expenses submitted during the month of January 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)
Jan-14	P-Card	Meetings & Parking				208	208			
Total			\$ -	\$ -	\$ -	\$ 208	\$ 208	\$ -	\$ -	\$ -

Total for the Month \$ 208

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



Instructions:

- 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

WORRY, KEVIN

Cardholder's Name

MEDICAL DIRECTOR - NORTH

Cardholder's Position/Title

Billing Reporting Period: 20/01/2014

MEDICAL AFFAIRS

Cardholder's Dept

NORTHERN LIGHTS REGIONAL

Cardholder's Site/Location

Total Statement Amount: \$208.41


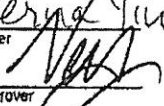
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA

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
10/01/2014	33944277	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	167.60	CAD	167.60	7.60		Monthly Parking pass at EIA ✓
13/01/2014	339830883	SHELL FUEL DISPENSER, AUTOMATED	50.91	CAD	50.91	.60		Gasoline Purchase for meeting in YES with the Minister of Health at the Legislature regarding SL ✓

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.		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	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.		
Name of Cardholder WORRY, KEVIN _____	MEDICAL DIRECTOR - NORTH Cardholder Position/Title _____	
Signature of Cardholder  _____	Date of Signature Jan 27, 2014 _____	
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.		
Name of Approver Dr. Verna Yiu _____	VP Quality & CMO Approver Position/Title _____	
Signature of Approver  _____	Date of Signature Jan 30/14 _____	
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 • Dispute letter • Business reasons for travel require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.	Address: Alberta Health Services Accounts Payable 7th Street Plaza 19th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 5E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

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



EIA

we'll move you.

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Alberta Health Services
Dr. Kevin Worry - Zone Medical Director

Customer #:

Invoice #:

Date:

January 02, 2014

Billing Date From	Billing Date To	Amount
1-Jan-14	31-Jan-14	\$150.00

Parking Agreement - Airport Site: YEG

P1 Parkade Parking Stall

Invoice Subtotal \$150.00
GST \$7.50

Please pay this amount in Canadian funds \$157.50

EDMONTON REGIONAL
AIRPORT

PO BOX 9860
EDMONTON AB

CARD
CARD TYPE MASTERCARD
DATE 2014/01/10
TIME 0651 13:06:27
RECEIPT NUMBER

PURCHASE
TOTAL

\$157.50

APPROVED

01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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 #: Invoice Date: Customer #: Customer Name: Alberta Health Services
Amount Due: \$ 157.50 Due Date: January 02, 2014	Amount Remitted:

SHELL CANADA PRODUCTS

ON BEHALF OF
70 MACLEOD AVENUE
SPRUE GROVE AB
T7X 3C7
(780) 362-0050

(DUPLICATE RECEIPT)
Tax Description No. 8 Qty Amount
Bronze 49.96 L @ \$1.019/L \$50.91

Amount GST	Sub Total	\$50.91
5.0% GST	Taxable	\$0.00
Amount PST	Tax	\$0.00
0.0% PST	Taxable	\$0.00
	Tax	\$0.00
Total		\$50.91
MASTERCARD:		\$50.91
Change		\$0.00

INW No. 2014/01/13
MasterCard
AID A0000000041010
TVR 0000008000

01
891
VER

IMPORTANT
retain this copy for
your records

Fuel Includes
GST - Fuel - Ab

GST	5.0%	\$2.42
PST	0.0%	\$0.00
No.		137400032 RT

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and you could win a
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THANK YOU

Questions? 1-800-861-1600
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ST: C11996