

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Medical Director ,North
Location Fort McMurray

Expenses submitted during the month of March 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)
Mar-14	P-Card	Meetings	(5)			394	389			
Total			\$ (5)	\$ -	\$ -	\$ 394	\$ 389	\$ -	\$ -	\$ -

Total for the Month \$ 389

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

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

WORRY, KEVIN	MEDICAL DIRECTOR - NORTH	Billing Reporting Period:	20/03/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	NORTHERN LIGHTS REGIONAL	Total Statement Amount:	\$388.32
Cardholder's Dept	Cardholder's Site/Location		
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/02/2014	343739391	WESTJET 8380614050791, Westjet Airlines	-5.25	CAD	-5.25	.00		Credit from seat selection on Cancelled YYC-YEG trip for PPEC Meeting on Feb 5
25/02/2014	343956716	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Parking Pass for YEG- EIA
27/02/2014	344270349	ESSO, FUEL DISPENSER, AUTOMATED	54.51	CAD	54.51	.00		Gas Purchase - Slave Lake MLA, Tr-Council & AHS Healthcare Meeting Feb 27
27/02/2014	344270350	SHELL, FUEL DISPENSER, AUTOMATED	24.06	CAD	24.06	.00		Gas Purchase - Return trip from MLA, Tr-Council & AHS Healthcare Mtg in Slave Lake
12/03/2014	345598775	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Parking Pass at YEG - EIA

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.	
WORRY, KEVIN Name of Cardholder _____	MEDICAL DIRECTOR - NORTH Cardholder Position/Title _____ 04/07/2014 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. 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.	
Dr. Verna King Name of Approver _____	VP Quality & CMO Approver Position/Title _____ Apr. 8/14 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 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 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Accounts Payable Only:	
Reference #: _____	Reviewed by: _____
Date: _____	



Flights Vacations Deals Travel Info My WestJet Rewards

Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is [REDACTED]

Guest details

Mr Kevin Worry

Flight

Calgary (YYC)-Edmonton (YEG)

WestJet FF [REDACTED]

Ticket number [REDACTED]

Seat YEC YEG 8C

Air itinerary details

Calgary (YYC) Wed Feb 5 2014, 4:35 PM Boarding 7:17:00

Edmonton (YEG) Wed Feb 5 2014, 5:26 PM

WS 255 WestJet

Fare type Flex Non Stop

Pricing breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
Adult	\$177.00	\$0.00	\$0.00	\$177.00	1	\$177.00
YEC YEG Flex fare type benefits: One complimentary checked bag * Fully refundable if cancelled within 24 hours of booking ** Advance seat selection - \$5.53/10* \$50-\$9 itinerary change fee + applicable fare difference \$50-\$9 name change fee \$50-\$9 cancellation fee, balance credited toward future WestJet flight purchases. *\$5.53/10 - \$5.53/100 (over 100 miles, subject to airline rules) **Cancellation fee: \$50-\$9 (over 24 hours, subject to airline rules) *\$5.53/10 - \$5.53/100 (over 100 miles, subject to airline rules)						
Total airfare:						\$177.00

Seats

Regular seat

WS 0255 YEC YEG Seat 8C MR Kevin Worry

\$5.00 CAD + \$0.25 CAD tax

Total seats: \$5.25 CAD

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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



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Page 1 of 1

Alberta Health Services
Dr. Kevin Worry - Zone Medical Director

Canada

Customer #:

Invoice #:

Date:

February 01, 2014

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

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Feb-14	28-Feb-14	\$150.00

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

DATE

TIME

RECEIPT NUMBER

2014/02/25

0564 16:25:26

PURCHASE
TOTAL

\$157.50

APPROVED

AUTH#

THANK YOU

01-027

CARDHOLDER COPY

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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: February 01, 2014

Customer #:

Customer Name: Alberta Health Services

Amount Due: \$ 157.50

Due Date: February 01, 2014

Amount Remitted:

WELCOME

Shell Canada
1501 MAIN ST SE
TOG 2A3
SLAVE LAKE AB
780-849-3807

MASTERCARD
PURCHASE CHIP

INV No. [REDACTED]
2014/02/27 17:07
MasterCard
AID A0000000041010
TVR 0000008000

Bronze
PUMP No. 04
LITRES 20.580
PRICE/L \$1.169
TOTAL FUEL \$24.06
01 APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
B9224270
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.15
No. 137400032RT
TOTAL SALE \$24.06

STORE: C22427
TRAN: [REDACTED]
2014/02/27 17:08:52

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Questions?
1-800-661-1600

18248 180ST
WESTLOCK AB T7P2G6

ESSO EXPRESS PAY

WESTLOCK ESSO ON THE
00302864
10248 100 STREET
WESTLOCK, AB T7P 2G
URN: [REDACTED]
02/27/2014 350486135
07:21:07 AM

PUMP# 5
EREG 47.030L
PRICE/L 1.159
FUEL TOTAL \$ 54.51

GST1 in fuel \$ 2.60
CREDIT \$ 54.51

TYPE: PURCHASE
ACCOUNT: MCARDFLEET \$54.51
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
ODOMETER: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A0000000041010

01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your
records

THANK YOU

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



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Page 1 of 1

Alberta Health Services

Dr. Kevin Worry - Zone Medical Director

Canada

Customer #:

Invoice #:

Date:

March 04, 2014

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

P1 Parkade Parking Stall

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

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 TYPE MASTERCARD
DATE 2014/03/12
TIME 7666 13:10:55
RECEIPT NUMBER

PURCHASE
TOTAL

\$157.50

APPROVED

AUTH#
THANK YOU

01-027

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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: March 04, 2014 Customer #: Customer Name: Alberta Health Services
Amount Due: \$ 157.50 Due Date: March 04, 2014	Amount Remitted: