

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Medical Director ,North
Location Fort McMurray
 Expenses submitted during the month of April 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)
Apr-14	P-Card	Meetings	439			73	512			
Total			\$ 439	\$ -	\$ -	\$ 73	\$ 512	\$ -	\$ -	\$ -

Total for the Month \$ 512

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

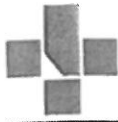
3) Hosting and Hospitality expenses

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
Cardholder's Name
MEDICAL AFFAIRS
Cardholder's Dept
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA
Cardholder's e-mail address

MEDICAL DIRECTOR - NORTH
Cardholder's Position/Title
NORTHERN LIGHTS REGIONAL
Cardholder's Site/Location

Billing Reporting Period: 20/04/2014
Total Statement Amount: \$511.55
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
10/04/2014	348648060	PETROCAN FUEL DISPENSER, AUTOMATED	64.89	CAD	64.89	.00		Gas purchase for travel to meeting at SSP with Senior Leadership
10/04/2014	348648061	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.00	.00	Parking cost for meeting at SSP with Senior Exec. team
15/04/2014	349157738	AIR CAN 0142133410911, AIR CANADA	439.16	CAD	439.16	.00	.00	Return airfare to Grande Prairie for the Beaverlodge Planning sessions



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

2014/04/24

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. Verha Yiu

Name of Approver

VP Quality + CRM

Approver Position/Title

Apr. 25/14

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 T6J 3E4

Accounts Payable only:

Reference #:

Reviewed by:


Date:

(3)

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Name: Mr Kevin Worry
E-mail: KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA
Form of payment: 

Booking reference: **LSRAZE**

Customer Care
Air Canada Reservations
1-888-247-2262
Air Canada Flight Information
1-888-422-7533

International Reservations

Alert me of flight changes
Flight notification

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8363	Edmonton International (YEG)	Grande Prairie (YQU)	DH3	S	Confirmed
<i>Operated by:</i>	Mon 21-Apr 2014	Mon 21-Apr 2014			
<i>Air Canada Express-Jazz</i>	14:30	15:38			
AC8362	Grande Prairie (YQU)	Edmonton International (YEG)	DH3	S	Confirmed
<i>Operated by:</i>	Tue 22-Apr 2014	Tue 22-Apr 2014			
<i>Air Canada Express-Jazz</i>	10:35	11:44			

Passenger Information

Name: Mr Kevin Worry
Frequent Flyer Pgm: 
Passenger 1
Ticket number: 
Program number: 

Purchase Summary

Passenger: 1 Ticket number XXXXXXXXXX

Date of issue

15-Apr 2014

Fare Amount in Canadian dollars:

359.00

(including navigational & other charges)

Taxes, Fees & Charges

Canada Security Charge (CA)

14.25

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

20.91

Canada Airport Improvement Fee (SQ)

45.00

Total Fare in Canadian dollars:

439.16

Ticket particularities:

AC ONLY/NON-REF/CHGE FEE

**Fare calculation:*

21APR14YEA AC YQU Q12.00R173.00AC YEA Q12.00R162.00CAD359.00

END ROE1.00

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287

RC Canada Harmonized Sales Tax (HST) #10009-2287

XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's general conditions of carriage.

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the Travel documentation and US Secure Flight Program. US Secure Flight Program for important information on documents and identification required for travel.

Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance from RBC Travel Insurance Company via www.aircanada.com/insurance or by calling 1-866-530-6021. To make sure you get the best possible protection, purchase insurance prior to your departure.

U.S. Residents - CSA Travel Protection offers American travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of the United States can purchase travel insurance from CSA Travel Protection via www.aircanada.com/us/en/insurance or by calling 1-866-473-3315. To make sure you get the best possible protection, purchase insurance prior to your departure.