

Official Administrator and Executive Expense Report

Name Kerry Bales
Title Chief Zone Officer, Central Zone
Location Red Deer

Expenses submitted during the month of July 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)
Jul-14	P-Card	Meetings				10	10			
Total			\$ -	\$ -	\$ -	\$ 10	\$ 10	\$ -	\$ -	\$ -

Total for the Month \$ 10

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

BALES, KERRY Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period: 20/07/2014
CENTRAL ZONE Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount: \$9.50
KERRY.BALES@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
15/07/2014	358295176	AHS PARKING, HOSPITALS	9.50	CAD	9.50	4%		Parking - RDRHC - Renal Svcs Optimization & Capital Needs Mtg

✓K

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.

Mandy Waite
Name of Cardholder Designate

Exec Asst
Cardholder Designate Position/Title

M. Waite
Signature of Cardholder Designate

July 25/14
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.

BALES, KERRY
Name of Cardholder

CHIEF ZONE OFFICER
Cardholder Position/Title

[Signature]
Signature of Cardholder

05/10/14
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.

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.

Brenda Hubbard
Name of Approver

VP+CHOO Central, Southern AB
Approver Position/Title

[Signature]
Signature of Approver

2014 July 31
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: _____

RED DEER REGIONAL HOSPITAL
Public Underground Parking Lot

Machine ID [REDACTED]
Rcpt# [REDACTED]
07/15/14 16:04 L# 2 A# 1 Txn# 18177
07/15/14 09:09 In 07/15/14 16:04 Out
Tkt# [REDACTED]
RDRH Public \$ 9.50
Total Fee \$ 9.50
MASTERCARD \$ 9.50
[REDACTED]
Approval No. [REDACTED]
Reference No. [REDACTED]
Change Due \$ 0.00

Parking Rates are GST Exempt

Comments? - email us :
parkingcentral@
albertahealthservices.ca

Parking Red Deer Regional Hospital
Renal Service Optimization;
Capital Needs.