

## Official Administrator and Executive Expense Report

**Name** Kerry Bales  
**Title** Chief Zone Officer, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of Aug 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)
Aug-14	P-Card	Meetings			191	15	206			
Aug-14	Expenses	Meetings		9		554	563			
<b>Total</b>			\$ -	\$ 9	\$ 191	\$ 569	\$ 769	\$ -	\$ -	\$ -

**Total for the Month** \$ 769

Maximum daily single meal expense claimed in the month \$ 9  
 Maximum daily base hotel rate claimed in the month \$ 175  
 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:	20/08/2014
CENTRAL ZONE Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount	\$205.74
KERRY.BALES@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/07/2014	359532723	HOLIDAY INN HOTEL & SU, HOLIDAY INNS	190.74	CAD	190.74	9.09		Lloyd Memo of Understanding Announcement
31/07/2014	359830052	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	00	00	Parking - Alberta Health (Edmonton)

✓K

<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> </ul>		
<p><u>Mandy Daulte</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Assistant</u> Cardholder Designate Position/Title</p> <p><u>Aug 22/14</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>BALES, KERRY</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>27 Aug 2014</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Brenda Hubbard</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP/Chief Health Operations</u> Approver Position/Title</p> <p><u>2014 Aug 28</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____



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07-28-14

<b>Kerry Bales</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :		Arrival :	07-27-14
	Group Code :		Departure :	07-28-14
	Company :	Business	Conf. No. :	[Redacted]
	Membership No. :		Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
07-27-14	*Accommodation	174.99	
07-27-14	GST Tax 5%	8.75	
07-27-14	Tourism Levy Occ Tax 4%	7.00	
07-28-14	MasterCard [Redacted]		190.74
<b>Total</b>		<b>190.74</b>	<b>190.74</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Accommodations 1 night  
Lloydminster  
memorandum of  
understanding  
meeting July 28/14

July 31/14 .

Parking :

Alberta  
Health

↳ Edmonton

meeting:

AHS/Advocates

for Designated

Supportive

Living & AH.

AIB PLACE  
GST:887315638RT001  
RECEIPT C1

IN: 31.07.14 13:53  
PAY: 31.07.14 16:25  
AMOUNT: CAD 15.00

----- TRANSACTION  
RECORD -----

Card #: [REDACTED]

Card Entry:CHIP  
Account:MASTERCARD  
Trans:PURCHASE  
Amount:\$15.00

Auth # [REDACTED]  
Sequence #: [REDACTED]

Term ID: 002  
Date:14/07/31  
Time:16:24:55

APPROVED

BY ENTERING A VERIFY ID  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS  
AGREEMENT WITH  
CARDHOLDER

Application Label:  
MasterCard

TVR: 0000008000  
AID: A0000000041010  
TSI: E800  
TC: E0FF70DBF1FB9B2B

\*\*\* CUSTOMER  
COPY \*\*\*

-----  
Thank

**TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM**

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

\* Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 \* Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 \* If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 21 Jul 14 To 20 Aug 14  
 Travel Period from: \_\_\_\_\_ To \_\_\_\_\_ (if different)  
 Out-of-Province Travel

Name: Kerry Bales Position (Title): Chief Zone Officer, Central Zone  
 Location: Red Deer Dept: Corporate Administration DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Expenditure Organization \_\_\_\_\_ Project Task Number \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0007	71110100064	\$562.68						\$562.68		
2B												
2C												
2D												
				\$562.68							Less Cash Advance	
											<b>TOTAL CLAIM</b>	\$562.68

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 \*\*User to enter Coding & \$ Amounts  
 NOTE: These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

I certify that I have read and understand the Travel, Hospitality & Working Session Expense Policy (10227) of Alberta Health Services and confirm expenses being claimed are in compliance with the policies and funding requirements of this policy.  
 I certify the expenses incurred in this claim are for a valid business purpose for Alberta Health Services and that this claim has not been previously claimed by me or any other form Alberta Health Services or any other organization.  
 I certify that expenses submitted in this claim have been incurred by using a cost-effective method, otherwise stated and supporting evidence is provided above.

I am signing this form after full compliance to all the above statements.

Employee Signature: *[Signature]* Date: *21 Aug 14*

I certify that I have read and understand all policies of Alberta Health Services that apply to travel expenses and confirm that this claim has not been previously claimed by me or any other form Alberta Health Services or any other organization.  
 I certify the expenses incurred in this claim are for a valid business purpose for Alberta Health Services and that this claim has not been previously claimed by me or any other form Alberta Health Services or any other organization.  
 I certify that expenses submitted in this claim have been incurred by using a cost-effective method, otherwise stated and supporting evidence is provided above.

Approved By (PRINT ONLY): Brenda Huband DOFA Level: 2b Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: *[Signature]* Title: VP, Chief Health Operations South Zone Date: *2014 Aug 28*

I am signing this form after full compliance to all the above statements.

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Personal information on this form is covered by and under the authority of section 25(1) of the Health Information Act (HIA) and section 3, 4 and 24(1) of the Freedom of Information and Protection of Privacy Act (FOIP Act) respectively for the purpose of administering AHS Procedure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services, 10010-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0007 7111010064

Emp # (E-People) XXXXXXXXXX

*If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES**

**NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Recreation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N America = Inter!)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
27-Jul-14	Return travel - Red Deer to Lloydminster for Memorandum of Understanding Announcement	AB	Meeting	Yes	B-\$9.20	\$9.20								800.00
31-Jul-14	Return travel - Red Deer to Edmonton for meeting with AHS/Advocates for Designated Supportive Living (Warmight)	AB	Meeting	Yes										296.00
		AB	Meeting	Yes										
		AB	Meeting	Yes										
<b>SUBTOTALS</b>						\$9.20								Total Kms 1096.00

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**

→ details of travel location to & from must be included above under the purpose of travel column  
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  
*(see Mileage details to the left)*

\$0.505

Mileage \$ 553.48

Travel \$ Subtotal \$9.20

Auto fills on page 1 - TOTAL TRAVEL \$ 562.68

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**Rationale is Required for expenses that are not Cost Effective**

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)