

Official Administrator and Executive Expense Report

Name Kerry Bales

Title Chief Zone Officer, Central Zone

Location Red Deer

Expenses submitted during the month of October 2014

							Travel (1)							
Date	Source Document	Purpose	Airfa	re	Meals	Acc	commodation	Other Trave		Total Travel	Professional Development (2)	н	Working Sessions losting and lospitality (3)	Other (4)
	14 P-Card M 14 Expense ClairM	leetings leetings			60		348		52 10	410 270				
Total			\$	-	\$ 60	\$	348	\$ 2	72	\$ 680	\$	- \$; -	\$ -

Total for

the Month \$ 680

Maximum daily single meal expense claimed in the month \$ 21

Maximum daily base hotel rate claimed in the month \$ 155

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



	iled receipts and supporting documents in the signatures required where indicated below		and the second s
BALES, KERRY	CHIEF ZONE OFFICER		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period.	20/10/2014
CENTRAL ZONE	AHS MICHENER BEND	Mariana and American	
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$410.04
KERRY BALES@ALDERTAHE	ALTHSERVICES.CA		The second secon
Cardholder's e-mail address		Last 6 digits of the P-Card #	# :

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	
09/10/2014	367155849	MPARKG0020256U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1 43	OCParking - Service Planning Session AHS/AH Edmonton
06/10/2014	367155850	MPARKO0020276U, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29	00Parking - Rural health Meeting - Legislature
09/10/2014	367155951	MPARK00020276U, AUTOMOBILE PARKING LOTS AND GARAGES	3 00	CAD	3.60	.14	00Parking - Rural Health Review - Legislature
10/10/2014	367155852	MPARK00020255U AUTOMOBILE PARKING LOTS AND GARAGES	23 00	CAD	23.00	1.10	OCService Planning Session AH/AHS - Edmonton
10/10/2014	367367554	DELTA EDMONTON SOUTH H, DELTA HOTELS	348.04	CAD	348 04	.00	Rural Health Review & Service Planning Session - Edmonton



RUN DATE: 10/24/2014

P-Card details Online ® Cardholder Statement Report

Signatures						
Cardholder Designate (if Applicable)						
I hereby certify that I have reviewed and reconcile Program User Guide and Training. I have allocate	ed this statement in BMO Online to the best or my ability in and the transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.				
Name of Cardiol Ger Designate	Cardholder Designate Position/Title					
11/// 21/0	M+24/14					
Signature of Cardholder Designate	Date of Signature					
Cardholder						
expenses being claimed are in compliance with s	vel, Hospitality and Working Session Expense Policy (1122) such policy.					
claimed by me or on my behalf from Alberta Heal	or valid business purposes for Alberta Health Services and to the Services or any other Organization. A personal cheque for	or any personal expenses madventimy				
 I attest that expenses submitted in this claim hav 	e been incurred by using a cost effective method, otherwise	a rationale and supporting analysis is				
provided. BALES, KERRY Name or Caronolder	CHIEF ZONE OFFICER Cardholder Position/Title					
111A A	220 + 104					
Signature of Card older	Date of Signature					
	A distribution of the second o					
Approver Designate (if Applicable) By signing this statement						
. Lattest that I have read and understand the "Trav	vel, Hospitality and Working Session Expense Policy (1122)	" of Alberta Health Services and confirm				
expenses being claimed are in compliance with s		and the first of the second second				
I attest the expenses enclosed in this claim are from A	or valid business purposes for Alberta Health Services and Iberta Health Services or any other Organization. A persona	that this claim has not been previously all cheque for personal expenses inadvertently				
 I attest that expenses submitted in this claim have 	ve been incurred by using a cost effective method, otherwise	e rationale and supporting altery as is				
provided.						
Name of Approver Designate	Approver Designate Position/Title					
Manie of Approved Codignate						
Signature of Approver Designate	Date of Signature					
Approver Approver Consignate	A CONTRACTOR OF THE CONTRACTOR	A CONTRACTOR OF THE CONTRACTOR				
By signing this statement						
expenses being claimed are in compliance with						
claimed by the claimant or on their behalf from A	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization. A person	all briedge for personal appender mentality				
 charged has been obtained. I attest that expenses submitted in this claim ha 	ve been incurred by using a cost effective method, otherwis	se rationale and supporting analysis is				
provided.	2 2 21 111	2 - 200 -				
Breada Homm	VP. Chief Halth	operations uttices				
Name of Approver	Approver Position Title					
Signature of Approver	Date of Signature					
Submit approved statement with attachments to Ac	counts Payable:					
		Address:				
 Original (or scanned) itemized receipts with document where required 	 Attach: Original (or scanned) itemized receipts with documented business reasons including names of purticipants where required 					
 Signed Cardholder Statement Report (or copies or 	f electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza				
And where applicable: Copies of pre-approvals for travel		10th Floor, North Tower, 10030-107 Street				
 Personal cheque payable to "Alberta Health Servi 	ces"	Edmonton, AB T5J 3E4				
 Return, refund and/or credit receipts 						
Disputes letter	intions - include where travelied to who attended (if					
 Business reasons for travel require detailed described meal), why travel was necessary and detailed expressions. 	plianation of reason.					
Accounts Payable only:						
Constant and	1	Date:				
Reference #	Reviewed by:	Date:				

PLACE FACE UP ON DASH Expiration Date/Time

Purchase Date/Time: 07:22am Oct 09, 2014

Parking \$5.71 Total gst: \$0.29 Total Due: \$6.00 Total Paid: \$6.00

Ticket S/N #: Setting: Lot 276 Mach Name: Meter 1 Rate: \$6 - 3 House Payment Type: Cand

GST #887315638RT0001 NO IN AND OUT PRIVILEGES

"RECEIPT

Impark Lot 276

Expiration Date/Time: 10:22am Oct 09, 2014 Purchase Date/Time: 07:22am Oct 09, 2014

Total Parking: \$5.71
Total gst: \$0.29
Total Due: \$6.00
Total Paid: \$6.00
Ticket

Setting: Lot 276 Mach Name: Meter

Rate: \$6 - 3 Ho Payment Type: C - 1

terCard

PLACE FACE UP ON DASH NO IN AND OUT PRIVILEGES

Expiration Date/Time

09, 2014

Purchase Date/Time: 09:08am Oct 09, 2014

Total Gue: \$1.43
Total Due: \$30.00
Total Paid: \$30.00

Total Pale Ticket #

S/N #: Setting: Lot 256 Mach Name: Meter 1 Rate: \$30 - All Day Payment Type: Card

RECEIPT

IMPARK LOT 256 NO IN AND OUT PRIVILEGES Expiration Date/Time: 06:00pm Oct 09, 2014 Purchase Date/Time: 09:08am Oct 09, 2014

Total Parking: \$28.57 Total gst: \$1.43 Total Due: \$30.00

Total Paid \$30.00

Ticket ! Setting: Lot 200 Hach Name: Meter 1 Rate: \$30 - All Day Payment Type: Card

PLACE FACE UP ON DASH NO IN AND OUT PRIVILEGES

Expiration Date/Time

OCT 10, 2014

Total Due: \$23.00

Rate: \$23 - Early Bird Payment Type: Card Total Paid: \$23.00

Ticket S/N #: 500012451104 Setting: Lot 256 Mach Name: Meter 1

MasterCard

GST #887315638RT00

RECEIPT

IMPARK LOT 256 NO IN AND OUT PRIVILEGES Expiration Date/Time: 06:00pm Oct 10, 2014 Purchase Date/Time: 07:21am Oct 10, 2014

Total Parking: \$21.90 Total gst: \$1.10 Total Due: \$23.00

Total P Ticket i Setting: Lot 256 Hach Name: Heter 1 Rate: \$23 - Early Bird Payment Type: Card PLACE FACE UP ON DASH Expiration Date/Time

CT 10, 2014

Purchase Date/Time: 06:47pm Oct 09 2014

Jotal Parking, \$2.00 Total gst: \$0.14 Total Due: \$3.00

Total

Ticket S/N #: 30001039003 Setting: Lot 276 Hach Name: Meter 1 Rate: \$3 - All Evening Payment Type: Card

GST #687316638RT0001 NO IN AND OUT PRIVILEGES

*RECEIPT

Impark Lot 276

Expiration Date/Time: 06:00am Oct 10, 2014 Purchase Date/Time: 06:47pm Oct 09, 2014

Total Parking: \$2.86 Total gst: \$0.14 Total Due: \$3.00 Total Paid: \$3.00 Ticket

Setting: Lot 276 Mach Name: Meter 1

Rate: \$3 - All Even Payment Type: Card



EDMONTON SOUTH

4404 Gateway Boulevard, Edmonton, Alberta, T6H 5C2 Tel: 780-434-6415 Fax: 780-436-9247

GOVT AB Mr Kerrv Bales

Room: Folio: Cashier:

Arrival: Departure: 10-08-14 10-10-14

10-10-14	Mastercard	Total	348.04	348.04 348.04
10-09-14 10-09-14	Room GST AB Tourism Levy		6.39	
10-09-14	Room Destination Marketing Fee		4.65 7.98	
10-09-14	Room Charge		155.00	
10-08-14	AB Tourism Levy		6.39	
10-08-14	Room GST		7.98	
0-08-14	Room Destination Marketing Fee		4.65	
0-08-14	Room Charge		155.00	
Date	Description	Additional Information	Charges	Credits

20 ay Service Planning Session with AHS/Alberta Health

Guest Signature:

0.00

15.96

Other

Total

	Alberta	Monigh
	MINGILA	псаш
600	Commings	

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTIO	rvices N A: EMPLO	YEE DETAILS (F	or AHS Staff Of	VLY)		and the second s					
* Ente * India	r employee # (a ale N/A in the E	a) and Employee # (E	People) if your pay if your payroll has i	ros has m not migrate	d to the New E	ew E-Pecpio payroli system -People payroli system # (E-People)	Tı	xpense Date From: rave! Period from: ut-of-Province Tra	To	20 Oct-14	
Name: K	ony Bales	- Annual Control				Position (Title):	Chief Zonc Officer	Central Zone	47		
Location	Location Dept: Corporate Administration DOFA Level: (Mappication Union: Business Phone # Ext:										
Employe	# (E-People)										
SECTIO	NE: FINANC	E CODING & TOT	AL CLAIM	***							
CAPITA	AL PROJECT	CODING ONLY ->	Project Nu Expenditure		on			ask Number cpenditure Type			
	Total - Se	ction B: Travel -	Pg 2		Total - So	ction C&D: Other & Fore	ign Expenses -	Pg 3	TOTAL REIMBURSEMENT		
Pg B	Li oration:			Bal Unit	Location Functional Centre (EC)		Secondary/ Expense	Total Expense	Total Section B	\$269.98	
	101 0997 71110100064 \$269.98					Country of the country transfer agent any country.	**************************************		Total Section C&D		
2B								A STATE OF THE STA	Less Cash Advance		
2C 2D									TOTAL CLAIM	\$269.98	
	: This section a	uto fills from page 2A	\$269.98 5, 28, 2C & 2D			er to enter Coding & \$ Amoun	and the same of th	8 D	1/4		
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Later the expen	Substituted for the processes of equal to the processes of equal to the processes of the pr										
Approved	By (PRINT ON	y): Brenda Hubano				DOFA Level	OFA Level Position #			Ext	
Signature:						Title VP, Chief Health	Operations, South	Zone	Date 1,007/19		
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		n de fat var ij Eugenem perspense for In Stave District County for all eight on the				e ny tivo i aominin'ny sentra dia mandritry dia dia faritr'i Administra. Ny INSEE	a respectively				
	By (PRINT ONL			- A		DOFA Level	Position #	part of the second	Phone #	Fxt	
(his segment)	Signature:									w.	

Needs and Respond information on the forces in greater by AHS under the instantival section 20pt of the meach information Act mills and sections 30pt and 1407 of the Employment Instantive of Response of Section 20pt in Terrange of Section 20pt in Terrage of

Please send compided claim form fwith receipts and other removed backurp to: Alberta Health Services 10030-107 St. North Tower, 10th Floor, Accounts Payable, Edmonton, AB TSJ 3E a

- 1 of 3-EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0007 71110100064 Emp # (E-People) Page 2A 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, Relocation, Continuing Education, Business Insurance go to SECTION C Select from dropdown (column Prov.) where expenses were incurred (Out of N. America = Intert) Ensure suparate 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, Prov. US, Further Explanation is REQUIRED in the "Rationale is Required" section on this page Business Reason for Travel - Detailed Description or If amount being claimed is above the What is Meal (Allowance OR Receipt) Required Out of Cost Rental Carl Date policy limit stated in Appendix "A" travel (include destination, who attended-(if meal), Effective N.Amer Bus/LRT/ Per Diem Mileage dd-mmm-yy Meal Allowance Meal with Receipt rationale is required why travel was necessary and detailed explanation of reason) related to? Method where Parking / Allowance (km) A description of just "Meeting" will be returned for clarification Used? expenses Meal Type with Meal Airfare Hotel Fuel Allowance with receipt Taxi Yes/No incurred? Type AB Yes D-\$20.75 \$20.75 120.00 23-Sep-14 Return traval Red Deer to Olds - GOA Announcement Meeting Return travel Red Deer to Edmonton - Service Planning Session with Meeting B-\$9.20 \$9.20 296 00 AB Yes 8-Oct-14 AHS & Alberta Health (Oct 9th and 10th) AB BD-\$29.95 \$29.95 9-Oct-14 Service Planning Session with AHS & Alberta Health Meeting Yes AB Meeting Yes Total Kms SUBTOTALS \$59.90 416 00 Enter \$0.505 km, \$0.47 km OR rate per Union Agreement MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle \$0.505 (see Mileage details to the left) → 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 Mileage \$ \$210.08 Travei \$ Subtotal \$59.90 Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 Auto fills on page 1 - TOTAL TRAVEL \$ \$269.98 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)