

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	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-14	P-Card	Meetings			348	62	410			
Oct-14	Expense Claim	Meetings		60		210	270			
Total			\$ -	\$ 60	\$ 348	\$ 272	\$ 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

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	CHIEF ZONE OFFICER	Billing Reporting Period:	20/10/2014
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$410.04
CENTRAL ZONE	AHS MICHENER BEND	Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's Dept	Cardholder's Site/Location		
KERRY.BALES@ALBERTAHEALTHSERVICES.CA			
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
09/10/2014	367155849	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.40	00	Parking - Service Planning Session AHS/AH - Edmonton
09/10/2014	367155850	MPARK00020270U, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	0.29	00	Parking - Rural health Meeting - Legislature
09/10/2014	367155851	MPARK00020276U, AUTOMOBILE PARKING LOTS AND GARAGES	3.00	CAD	3.00	0.14	00	Parking - Rural Health Review - Legislature
10/10/2014	367155852	MPARK00020255U, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	1.10	00	Service Planning Session AH/AHS - Edmonton
10/10/2014	367367554	DELTA EDMONTON SOUTH H, DELTA HOTELS	348.04	CAD	348.04	0.00	00	Rural Health Review & Service Planning Session - Edmonton

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Mandy White</u> Name of Cardholder Designate</p> <p><u>M. White</u> Signature of Cardholder Designate</p>	<p><u>Exec Asst</u> Cardholder Designate Position/Title</p> <p><u>Oct 24/14</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>BALES, KERRY</u> Name of Cardholder</p> <p><u>Kerry Bales</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>270-2304</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>Brenda Hubbard</u> Name of Approver</p> <p>_____ Signature of Approver</p>	<p><u>V.P. Chief Health Operations Officer</u> Approver Position/Title</p> <p>_____ Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<p>Attach:</p> <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>

PLACE FACE UP ON DASH

Impark Lot 276

Expiration Date/Time

10:22 AM
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 #

S/N #: 30000390033

Setting: Lot 276

Mach Name: Meter 1

Rate: \$6 - 3 Hours

Payment Type: Card

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 1

Rate: \$6 - 3 Hours

Payment Type: Card

*Legislature
Rural Health*

MasterCard

PLACE FACE UP ON DASH

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
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 #

S/N #: [REDACTED]

Setting: Lot 256

Mach Name: Meter 1

Rate: \$30 - All Day

Payment Type: Card

GST #887315638RT0001

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 256

Mach Name: Meter 1

Rate: \$30 - All Day

Payment Type: Card

7th St Plaza

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
OCT 10, 2014

Purchase Date/Time: 07:21am Oct 10, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket: [REDACTED]
S/N #: 50001245104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$23 - Early Bird
Payment Type: Card

MasterCard

GST #887315638RT0001

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 Paid: \$23.00
Ticket: [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

Rate: \$23 - Early Bird
Payment Type: Card

*24th Street
Plaza*

PLACE FACE UP ON DASH
Impark Lot 276

Expiration Date/Time
06:00 AM
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: [REDACTED]
S/N #: 300010390833
Setting: Lot 276
Mach Name: Meter 1

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

GST #887315638RT0001
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: [REDACTED]
Setting: Lot 276
Mach Name: Meter 1

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

*Legislature
Rural Hill*

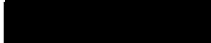
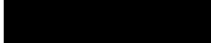
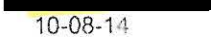



DELTA
EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

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

GOVT AB
Mr Kerry Bales



Room: 
Folio: 
Cashier: 
Arrival: 10-08-14
Departure: 10-10-14

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

GST Summary

Registration No: 865717755
Room 15.96
F&B 0.00
Other 0.00
Total 15.96

Total	348.04	348.04
Balance Due	0.00	CDN

*2 Day Service Planning Session
with AHS / Alberta Health
Oct 9 + 10 / 2014.*

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

