

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of Novemeber 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)
Nov-14	P-Card	Meetings			174	4	178			
Nov-14	Expense Claim	Meetings				489	489			
<b>Total</b>			\$ -	\$ -	\$ 174	\$ 493	\$ 667	\$ -	\$ -	\$ -

**Total for the Month** \$ 667

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

<u>BALES, KERRY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2014</u>
<u>CENTRAL ZONE</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount: <u>\$178.02</u>
<u>KERRYBALES@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/10/2014	366254073	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	4.00	CAD	4.00	.19		Parking - Foundations Leadership Forum - Edmonton
24/10/2014	368775409	DELTA EDMONTON SOUTH H, DELTA HOTELS	174.02	CAD	174.02	.00		Foundations Leadership Forum - Edmonton

✓K

Features

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 White  
Name of Cardholder Designate

Exec Asst  
Cardholder Designate Position/Title

M. White  
Signature of Cardholder Designate

Nov 26/14  
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

Kerry Bales  
Signature of Cardholder

22 Nov 2014  
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.

[Blank]  
Name of Approver Designate

[Blank]  
Approver Designate Position/Title

[Blank]  
Signature of Approver Designate

[Blank]  
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 Huband  
Name of Approver

Brenda Huband, VP & CHOO  
Central & Southern Alberta

Date: 2014 Nov 17

Sign: Brenda Huband

[Blank]  
Signature of Approver

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

Address:

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4



**DELTA**  
EDMONTON SOUTH  
HOTEL AND CONFERENCE CENTRE

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

Alberta Health Services  
Mr Kerry Bales

Room: [REDACTED]  
Folio: [REDACTED]  
Cashier: [REDACTED]  
Arrival: 10-23-14  
Departure: 10-24-14

Group: Alberta Health Services

Date	Description	Additional Information	Charges	Credits
10-23-14	Room Charge		155.00	
10-23-14	Room Destination Marketing Fee		4.65	
10-23-14	Room GST		7.98	
10-23-14	AB Tourism Levy		6.39	
10-24-14	Mastercard	[REDACTED]		174.02
<b>GST Summary</b>			174.02	174.02
Registration No: 865717755			<b>Balance Due</b>	<b>0.00 CDN</b>

GST Summary  
Registration No: 865717755  
Room 7.98  
F&B 0.00  
Other 0.00  
Total 7.98

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION TIME DATE ISSUED TIME ISSUED AMOUNT PAID

21/10/14 04:31 PM

21/10/14 02:31 PM \$ 4.00

AMOUNT PAID \$ 4.00 73280000 02:31 PM

CREDIT CARD NUMBER CC

Alberta Health Services  
NON TRANSFERABLE

Alberta Health Services

Alberta Health Services  
**RECEIPT**

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.



# 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: Oct 21/14 To 21-Nov-14  
 Travel Period from: \_\_\_\_\_ to \_\_\_\_\_  
 Out-of-Province Travel: \_\_\_\_\_

Name: Kerry Bales Position (Title): Chief Zone Officer, Central Zone  
 Location: [Redacted] Dept: Corporate Administration DOFA Level: [Redacted] applicable: \_\_\_\_\_ Union: [Redacted] Business P: [Redacted] Ext: \_\_\_\_\_  
 Employee # (E-People): [Redacted]

## 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	711101C0064	\$489.35						\$489.35		
2B												
2C												
2D												
				\$489.35								

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

## SECTION F: AUTHORIZATION

I/We certify that I/we have read and understood the Travel, Hospitality, Working Session & Conference Policy (2014) of Alberta Health Services and the procedures being carried out in accordance with the policy and standards of the policy. I/We certify that I/we have read and understood the policy and the procedures being carried out in accordance with the policy and standards of the policy. I/We certify that I/we have read and understood the policy and the procedures being carried out in accordance with the policy and standards of the policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By (PRINT ONLY): Brenda Huband / *[Signature]* DOFA Level: [Redacted]  
 Signature: \_\_\_\_\_ Title: VP, Chief of \_\_\_\_\_  
 Date: 2014 Nov 11  
 Sign: *[Signature]*

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

Please send completed claim form with receipts and other required backing to: Alberta Health Services, 10020-107 St, North Tower, 10th Floor, Airds Centre, Edmonton, AB T6G 2G4

- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding	101 0007 71110100064	Emp # (E-People)	[REDACTED]	Page 2A
<small>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</small>				

**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 = 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							
24-Oct-14	Return travel Red Deer - Mymam Rural Health Review	AB	Meeting	Yes											646.00
7-Nov-14	Red Deer to Wetaskwin - PCN Leadership Forum	AB	Meeting	Yes											105.00
7-Nov-14	Wetaskwin to Edmonton - Advisory Council Province Wide Meeting	AB	Meeting	Yes											70.00
8-Nov-14	Edmonton to Red Deer - Return Home from meeting Advisory Council Province Wide Meeting.	AB	Meeting	Yes											148.00
<b>SUBTOTALS</b>														Total Kms	
														969.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle <small>→ details of travel location to &amp; 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</small>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)
Mileage \$ 3489.35	
Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$ 3489.35	

**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)