

Official Administrator and Executive Expense Report

Name Dr Kevin Worry
Title Zone Medical Director ,North Zone
Location Fort McMurray
 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	531		197	489	1,217			23
Jul-14	Expense Claim	Meetings		113			113			
Total			\$ 531	\$ 113	\$ 197	\$ 489	\$ 1,330	\$ -	\$ -	\$ 23

Total for the Month \$ 1,353

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 189
 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:			
<ul style="list-style-type: none"> • 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 			
WORRY, KEVIN	MEDICAL DIRECTOR - NORTH	Billing Reporting Period:	20/07/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	NORTHERN LIGHTS REGIONAL	Total Statement Amount:	\$1,239.73
Cardholder's Dept	Cardholder's Site/Location		
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/06/2014	355971063	ADOBE SYSTEMS, INC., COMPUTER SOFTWARE STORES	20.99	USD	23.29	.00	.00	Dr. Worry - Adobe Pro Audio-renewal Annual Subscription
26/06/2014	356484076	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.00	.00	Sr. Med Leader Compensation Mtg-EDM with Dr. Yiu
26/06/2014	356484077	Enterprise (780)830-19, ENTERPRISE RENT-A-CAR	101.06	CAD	101.06	4.81	.00	Dr. Worry Car Rental for Grande Prairie Site Visit
26/06/2014	356484078	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	5.00	CAD	5.00	.00	.00	Parking at GP Hospital for site visit
27/06/2014	356687574	WESTJET*0004624095795, Westjet Airlines	530.96	CAD	530.96	.00	.00	Flight to Fort McMurray for Site Visit & Interview Participation
02/07/2014	356950912	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	97.28	CAD	97.28	.00	.00	Fort McMurray NLRHC Interviews/site visit
04/07/2014	357148624	MPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	17.50	CAD	17.50	.00	.00	Parking for meeting in Edmonton with Dr. Yiu and Dr. Mador
08/07/2014	357498234	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50	.00	EIA Parking Pass (Monthly)
15/07/2014	358173112	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	103.08	CAD	103.08	.00	.00	Dr. Worry site visit Medical Leaders Meeting in Fort McMurray
15/07/2014	358295211	MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS	196.56	CAD	196.56	.00	.00	Merit Hotel for Dr. Worry Site Visit and Medical Leader Meeting in Ft. McMurray

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<p>Signatures</p> <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. <table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 5px;"> <p><u>Leanne Muffow</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> </td> <td style="width:50%; padding: 5px;"> <p><u>Exec. Admin. Coordinator.</u> Cardholder Designate Position/Title</p> <p><u>July 28/14</u> Date of Signature</p> </td> </tr> </table>		<p><u>Leanne Muffow</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Admin. Coordinator.</u> Cardholder Designate Position/Title</p> <p><u>July 28/14</u> Date of Signature</p>	
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<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. <table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 5px;"> <p><u>WORRY, KEVIN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> </td> <td style="width:50%; padding: 5px;"> <p><u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title</p> <p><u>July 29, 2014</u> Date of Signature</p> </td> </tr> </table>		<p><u>WORRY, KEVIN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>MEDICAL DIRECTOR - NORTH</u> Cardholder Position/Title</p> <p><u>July 29, 2014</u> Date of Signature</p>	
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<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. <table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 5px;"> <p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p> </td> <td style="width:50%; padding: 5px;"> <p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p> </td> </tr> </table>		<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
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<p><u>Dr. Verma</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>July 31 2014</u> Date of Signature</p>			
<p>Submit approved statement with attachments to Accounts Payable:</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%; padding: 5px; vertical-align: top;"> <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 mail), why travel was necessary and detailed explanation of reasons. </td> <td style="width:40%; padding: 5px; vertical-align: top;"> <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> </td> </tr> </table>		<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 mail), why travel was necessary and detailed explanation of reasons. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
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<p>Accounts Payable only:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; padding: 5px;">Reference #: _____</td> <td style="width:33%; padding: 5px;">Reviewed by: _____</td> <td style="width:33%; padding: 5px;">Date: _____</td> </tr> </table>		Reference #: _____	Reviewed by: _____	Date: _____
Reference #: _____	Reviewed by: _____	Date: _____		

Parking @ GP Hospital - Site Visit

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

①

27/06/14 06:51 AM

26/06/14 06:51 AM \$ 7.50

AMOUNT PAID

\$ 7.50 73360000 06:51 AM

CREDIT CARD NUMBER

CC



Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.



Alberta Health Services

NON TRANSFERABLE

RECEIPT

TICKET VOID IF RE-

Sr. Med Leader
Compensation Mtg
EDM T Dr. Yui.

THIS SIDE UP ON DASH

IMPARK

PHONE 780-420-1976

EVENING PARKER

Meter : [REDACTED]

no in and out privileges

Time: 4:14P JUN 26

③

TICKET VOID IF RE-SOLD

Price: \$ 5.00

Card: [REDACTED]

Exp.: [REDACTED]

Expires: [REDACTED]

6:00AM FRI

JUN 27 14

impark

GST NO. 887315638RT0001

INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH

TICKET VOID IF RE-SOLD

Mtg with Dr. Yui & Madon
(Edmonton)

PLACE THIS SIDE UP ON DASH

IMPARK

PHONE 780-420-1976

HOURLY PARKER

Meter : [REDACTED]

no in and out privileges

Time: 9:49A JUL 04

⑥

TICKET VOID IF RE-SOLD

Price: \$17.50

Card: [REDACTED]

Exp.: [REDACTED]

Expires: [REDACTED]

1:19PM FRI

JUL 04 14

impark

GST NO. 887315638RT0001

INSTRUCTIONS ON BACK

PLACE THIS SIDE UP ON DASH



10610 AIRPORT DRIVE
 GRANDE PRAIRIE, AB T8V7Z5
 Federal GST# :889365821

Rental Agreement #: [REDACTED]

Bill Ref #: [REDACTED]

Invoice Date:

26/06/2014

Account #:

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	53.00	53.00
DW	1 DAY	23.99	23.99
ROADSIDE ASSISTANCE PROTECT	1 DAY	4.99	4.99

Subtotal 81.98

CONCESSION FEE	PCT	16.28	13.48
VLF	1 DAY	0.79	0.79
GST	PCT	5.00	4.81

Total Charges (CAD) 101.06

PAYMENTS

Payment Master Card -101.06

Total Payments (CAD) -101.06

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

BILL TO

WORRY KEVIN

RENTAL INFORMATION

Date/Time Out 06/25/2014 21:31 Date/Time In 06/26/2014 09:48

Renter WORRY, KEVIN

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	Miles/Kms In
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	54,660	54,675

CLAIM INFORMATION

Claim# / PO# / RO# Insured
 Date of Loss Type of Loss Type of Vehicle
 Repair Shop

For Billing Inquiries / Payment Terms :

Tel#:

Payment Due within days of invoice date

Late payments are subject to a finance charge.



②

Grande Prairie Site Visit / QEII Physician Leadership Mtg.

Thank You For Choosing Enterprise

Please Return This Portion With Remittance Remit To :	Amount Due (CAD)	-0
	Paid By: WORRY KEVIN	[REDACTED]
Account #	Rental Agreement	Amount
[REDACTED]	[REDACTED]	-0
		GPBR
		[REDACTED]

4

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

NLRHC Site Visit
& Interview Participation.

GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number:

Date:

June 27, 2014

Page:

1/2

Our Reference:

INVOICE

For

DR KEVIN WORRY

AC

Wednesday, July 2, 2014

Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0

Flight: 139 L CLASS

06:45 AM Equipment: 73W

07:39 AM

Mile(s) Flown: 250

Air

WESTJET AIRLINES

From: FT MCMURRAY

To: EDMONTON INTL AB

Stops: 0

WESTJET ENCO

Flight: 3259 Q CLASS

03:20 PM Equipment: DH4

04:32 PM

Mile(s) Flown: 250

Cost:

E-TKT

432.00

Tax:

98.96

Ticket Total:

530.96

Total:

Grand Total:

530.96

Less Credit Card Payments:

530.96

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB, T5J 3E4

Invoice Number: [REDACTED]
Date: June 27, 2014
Page: 2/2
Our Reference: [REDACTED]

INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.





5

100 SNOWBIRD WAY
FORT MCMURRAY, AB T9H0G3
Federal GST# :889365821

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:

02/07/2014

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	52.00	52.00
CDW	1 DAY	23.99	23.99

Subtotal 75.99

CUSTOMER FACILITY CHARGE 8.00	1 DAY	8.00	8.00
CONCESSION RECOVERY FEE 16	PCT	16.28	12.50
VEHICLE LICENSE FEE .79/DAY	1 DAY	0.79	0.79

Total Charges (CAD) 97.28

PAYMENTS

Payment Master Card -97.28

Total Payments (CAD) -97.28

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

BILL TO

WORRY KEVIN

RENTAL INFORMATION

Date/Time Out
07/02/2014 07:53

Date/Time In
07/02/2014 14:37

Renter
WORRY, KEVIN

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In

CLAIM INFORMATION

Claim# / PO# / RO#

Insured

Date of Loss

Type of Loss

Type of Vehicle

Repair Shop

For Billing Inquiries / Payment Terms :

Tel#:

ALBARADMIN@ehi.com

Payment Due within days of invoice date

Late payments are subject to a finance charge.



- Fort Mc Murray
- NLRHC Interviews (x3)
Site Visit.

Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :

Amount Due (CAD)

0

Paid By:

WORRY KEVIN

Account #

Rental Agreement

Amount

0

GPBR

INVOICE

7



we'll move you.

Edmonton Regional Airports Authority

1, 1000 Airport Road
Edmonton International Airport, AB, Canada T9E 0V3
Tel: 780-890-8484 Fax: 780-890-8446
Website: www.flyeia.com Email: accounts@flyeia.com

Alberta Health Services
Dr. Kevin Worry - Zone Medical Director

Customer #:

Invoice #:

Date:

July 01, 2014

Contract #: Parking Agreement - Airport Site: YEG

P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Jul-14	31-Jul-14	\$150.00

Invoice Subtotal \$150.00

GST \$7.50

Please pay this amount in Canadian funds \$157.50



GST#: R128599776

Terms: Payable Upon Receipt. Note: Interest will be charged at 18% per annum - 1.5% per month on overdue accounts.

Payable in Canadian Funds.

REMITTANCE FORM (include with all payments)



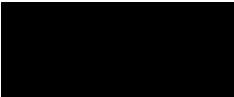
Please make cheques payable to: Edmonton Regional Airports Authority and mail to: Edmonton Regional Airports Authority 1, 1000 Airport Road Edmonton International Airport, AB T9E 0V3 Canada	Invoice #: Invoice Date: Customer #: Customer Name: Alberta Health Services
---	--

Amount Due: \$ 157.50 Due Date: July 01, 2014	Amount Remitted:
--	------------------



100 SNOWBIRD WAY
 FORT MCMURRAY, AB T9H0G3
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:



15/07/2014

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	52.00	52.00
CDW	1 DAY	23.99	23.99
ROADSIDE ASSISTANCE PROTECT	1 DAY	4.99	4.99

Subtotal 80.98

CUSTOMER FACILITY CHARGE 8.00	1 DAY	8.00	8.00
CONCESSION RECOVERY FEE 16	PCT	16.28	13.31
VEHICLE LICENSE FEE .79/DAY	1 DAY	0.79	0.79

Total Charges (CAD) 103.08

PAYMENTS

Payment Master Card -103.08

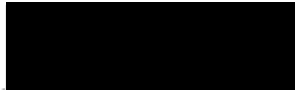
Total Payments (CAD) -103.08

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g. sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

BILL TO

WORRY KEVIN



RENTAL INFORMATION

Date/Time Out
07/14/2014 21:27

Date/Time In
07/15/2014 15:07

Renter
WORRY, KEVIN

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
-------	---------	-------	------	---------------------



CLAIM INFORMATION

Claim# / PO# / RO#

Insured

Date of Loss

Type of Loss

Type of Vehicle

Repair Shop

For Billing Inquiries / Payment Terms :

Tel#:

Payment Due within days of invoice date

Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance		Amount Due (CAD)	-0
Remit To :	Paid By: WORRY KEVIN		
Account #	Rental Agreement	Amount	GPBR
		-0	C5E4



Dr Kevin Worry
[Redacted]

A/R Number
Group Code
Invoice No.
Reference #

Room No. [Redacted]
Arrival 07-14-14
Departure 07-15-14

Page No. 1 of 1
Cashier No. [Redacted]
User ID [Redacted]
Merit Hotel GST # [Redacted]

Date	Description	Charges	Credits
07-14-14	Government Rate	189.00	
07-14-14	Tourism Levy	7.56	
07-15-14	[Redacted]		196.56
Total		196.56	196.56
Balance		0.00	

	Tourism Levy								
0.00	7.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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 association 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.

- [Order History](#)
- [Your Downloads](#)
- [Your Subscriptions](#)
- [Return History](#)

Subscription Details

Subscription Info

Subscription level: Adobe ExportPDF Annual (US \$20.99 Annual) | [edit](#)

Subscription status: Active

Renewal status: Auto-renewal on | [edit](#)

Next billing date: Jun 21, 2015

Purchased on: Jun 21, 2012

[View Transaction History](#)

Billing Info [Edit billing](#)

Card type:

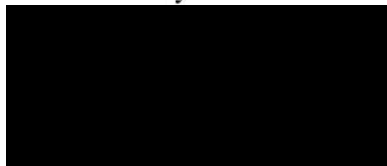
Card number:



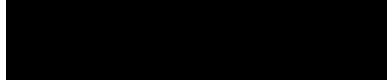
Expiration date: 2/2015

Name: Kevin Worry

Address:



Phone:



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-Jun-14 To: 20-Jul-14
 Travel Period from: _____ To: _____ (if applicable)
 Out-of-Province Travel

Name: Kevin Worry Position (Title): Zone Medical Director, NZ
 Location: _____ Dept: Medical Affairs DOFA Level: _____ Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Project Task Number _____
 Expenditure Organization _____ 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	0013	71110106000	\$113.10						\$113.10		
2B												
2C												
2D												
				\$113.10								

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 attest that I have read and understand the "Travel, Hospitality & Working Session Expense Policy" (1122) of Alberta Health Services and confirm expense claim submitted are in compliance with the policies and mandatory requirements of the policy.

I attest the expenses included 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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travels, Hospitality and Working Session Expense Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: [Signature] Date: July 29, 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses included 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.

Approved claim form with receipts attached as sent by the approver.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: _____ Title: VP Quality + CEO Date: July 31/14

Signature: [Signature] Title: _____ Date: _____

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses included 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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

Signature: _____ Title: _____ Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 23(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Programs to Pay program.

Please forward completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0013 71110106000	Emp # (E-People) _____	Page 2A
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*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 = Inter!)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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												
				Cost Effective Method Used? Y/N	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								
25-Jun-14	"D" while traveling to Grande Prairie for Site Visit and QEII Physician Leader Meeting on June 26th @ 0700 hrs	AB - Local	Meeting	Yes	D-\$20.75	\$20.75										
26-Jun-14	"B" while traveling to Grande Prairie for Site Visit and QEII Physician Leader Meeting on June 26th @ 0700 hrs	AB - Local	Meeting	Yes	B-\$9.20	\$9.20										
2-Jul-14	"BL" while traveling to FMM for Site visit and Interview Participation	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80										
9-Jul-14	"BL" while traveling to Slave Lake for Points West Living Groundbreaking Event	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80										
14-Jul-14	"D" while traveling to FMM for Site Visit and Physician Leader Meeting	AB - Local	Meeting	Yes	D-\$20.75	\$20.75										
15-Jul-14	"BL" while traveling to FMM for Site Visit and Physician Leader Meeting	AB - Local	Meeting	Yes	BL-\$20.80	\$20.80										
SUBTOTALS							\$113.10									Total Kms

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 <i>(see Mileage details to the left)</i>
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)	

Mileage \$	
Travel \$ Subtotal	\$113.10
Auto fills on page 1 - TOTAL TRAVEL \$	\$113.10