

## 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 August 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		11		200	211			
<b>Total</b>			\$ -	\$ 11	\$ -	\$ 200	\$ 211	\$ -	\$ -	\$ -

**Total for the Month** \$ 211

Maximum daily single meal expense claimed in the month \$ 11  
 Maximum daily base hotel rate claimed in the month \$ -  
 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>WORRY, KEVIN</u> Cardholder's Name	<u>MEDICAL DIRECTOR - NORTH</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/08/2014</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>NORTHERN LIGHTS REGIONAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$211.22</u>
<u>KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>██████████</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/07/2014	359287730	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	14.25	CAD	14.25	.00		Re: AZMD Mtg @ UAH
31/07/2014	359830102	STARBUCKS 04857, EATING PLACES, RESTAURANTS	10.97	CAD	10.97	.52	.00	Lunch prior to mtg with Dr. Yiu RE: ZMD Contract
31/07/2014	359830103	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.00	.00	Parking for meeting with Dr. Yiu re: ZMD Contract f/u
31/07/2014	359830104	AHS UAH PARKADE EAST I, HEALTH PRACTITIONERS, MEDICAL SERVICES	6.00	CAD	6.00	.00		Meeting with Dr. Mador at UAH
07/08/2014	360485435	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly parking pass at EIA for Dr. Worry
12/08/2014	360851294	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	12.50	CAD	12.50	.00	.00	Meeting with Dr. Yiu

**Signatures**

**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.

\_\_\_\_\_  
Name of Cardholder Designate

\_\_\_\_\_  
Cardholder Designate Position/Title

\_\_\_\_\_  
Signature of Cardholder Designate

\_\_\_\_\_  
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.

WORRY, KEVIN

\_\_\_\_\_  
Name of Cardholder

MEDICAL DIRECTOR - NORTH

\_\_\_\_\_  
Cardholder Position/Title

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
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.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
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.

Dr. Verna Yiu

\_\_\_\_\_  
Name of Approver

VP Quality + CMO

\_\_\_\_\_  
Approver Position/Title

\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

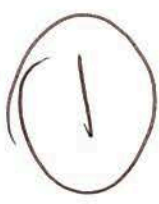
**Attach:**

- 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
- Disputes letter

**Address:**

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

UNIVERSITY OF ALBERTA  
HOSPITAL - 83 AVE. PARKADE



UAH East Parkade Booth #1

RC# [REDACTED]  
07/25/14 13:27 LH 1 AH 2 Trx [REDACTED]  
07/25/14 07:09 In 07/25/14 13:27 Out  
TKL# [REDACTED]

UAH 83 Ave \$ 14.25  
Total Fee \$ 14.25  
MASTER CARD \$ 14.25-Charge Due  
\$ 0.00

GST Not Included in Total

Comments? - Email us:  
provinciaparking@  
albertahospitalservices.ca

Re: AZMD Mtg. @ UAH  
with Dr. Mador

AHS UAH PARKADE EAST1  
8440-112 STREET T6G2B7  
EDMONTON AB  
20733436

|||| PURCHASE ||||

07-25-2014 13:29:02

[REDACTED] C  
[REDACTED] MC

Name: KEVIN WORRY  
A0000000041010 MasterCard

Trace # [REDACTED]

Auth # [REDACTED] RN [REDACTED]

Total \$14.25

( 00 ) APPROVED-THANK YOU

Retain this copy for your  
records  
Customer copy

TICKET VOID IF RE-SOLD

Mtg with Dr. Yui in EDM  
Re ZMD Contract

IMPARK  
PHONE 780-420-1976

HOURLY PARKER  
Meter: LOT 383  
no in and out privileges  
Time: 11:08A JUL 31

Price: \$10.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]

1:08PM THU  
JUL 31 4  
IMPARK

GST NO. 887315E38RT0001  
INSTRUCTIONS ON BACK

PLEASE PLACE THIS SIDE UP ON DASH

(2)

Starbucks Coffee Canada #4857  
10001 - 107th Street  
Edmonton, AB T5J 1J1

07/31/2014 11:15 AM

Drawer: 1 Reg: 1

Sand Sunflwr Turk	5.95
Ethos Water 700Ml	2.45
Bottle Dep .10	0.10
T1 Dark Roast	1.95
[REDACTED]	10.97

Subtotal	\$10.45
GST 5%	\$0.52
Total	\$10.97

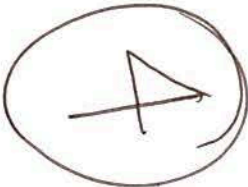
Change Due \$0.00

Check Closed  
07/31/2014 11:15 AM

GST: 86585 3535

TREAT RECEIPT IS BACK!  
Make a purchase before 2 p.m.  
then show this receipt after  
2 p.m. today to get any  
cold Grande drink for  
\$2 + tax.  
At Participating Stores.  
Cannot be combined  
with other offers. No copies.

Lunch prior to mtg  
Dr. Yui Re: ZMD Contract  
in Edmonton



AHS UAH PARKADE EASTI  
8440-112 STREET T6G2B7  
EDMONTON AB  
20733436

|||| PURCHASE ||||  
07-31-2014 10:59:17

Acct # [REDACTED]  
Exp Da [REDACTED]  
Name: KEVIN WOKKI  
A0000000041010 MasterCard

Trace # [REDACTED]  
Auth # [REDACTED] 001221021

Total \$6.00

( 00 ) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

UNIVERSITY OF ALBERTA  
HOSPITAL - 83 AVE. PARKADE

UAH East Parkade Booth #1

Rcpt [REDACTED]  
07/31/14 10:57 [REDACTED]  
07/31/14 09:56 In [REDACTED] 07/31/14 10:57 Out [REDACTED]

TKLH [REDACTED]  
UAH 83 Ave \$ 6.00  
Total Fee \$ 6.00  
MASTER CARD \$ 6.00-Charge Due  
\$ 0.00

GST Not Included in Total

Comments? - Email us:  
provinciaparking@  
albertahospitalservices.ca

Meeting with Dr. Mador  
@ UAH (1:1 Mtg)



# INVOICE

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

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we'll move you.

Alberta Health Services  
 Dr. Kevin Worry - Zone Medical Director

Customer #:

Invoice #:

Date:

August 01, 2014

Contract #: 2011-03 Parking Agreement - Airport Site: YEG

P1 Parkade Parking Stall

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

Invoice Subtotal \$150.00

GST \$7.50

Please pay this amount in Canadian funds \$157.50

EDMONTON REGIONAL AIRPORT  
 1, 1000 AIRPORT RD.  
 EDMONTON AB

CARD TYPE MASTERCARD  
 DATE 2014/08/07  
 TIME 9258 10:46:13

TOTAL \$157.50

APPROVED  
 AUTH# [REDACTED] 01-027  
 THANK YOU

CARDHOLDER WILL PAY  
 CARD ISSUER ABOVE AMOUNT  
 PURSUANT TO CARDHOLDER  
 AGREEMENT.

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
 COPY FOR YOUR RECORDS

GST#: R126599776

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: <b>Edmonton Regional Airports Authority</b> and mail to: Edmonton Regional Airports Authority 1, 1000 Airport Road Edmonton International Airport, AB T9E 0V3 Canada	Invoice #: [REDACTED] Invoice Date: August 01, 2014 Customer #: [REDACTED] Customer Name: Alberta Health Services
	Amount Due: \$ 157.50 Due Date: August 01, 2014

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TICKET VOID IF RE

Mtg with Dr Yui in EDM  
~~Card~~



PLACE UP ON DASH

impark  
PHONE 780-420-1976

HOURLY PARKER

Meter : LOT 383  
no in and out privileges  
Time: 1:52P AUG 12

TICKET VOID IF RE-SOLD

Price: \$12.50  
Card:   
Exp.:   
Expires:

PLACE

SIDE UP ON DASH

4:22PM TUE

impark 14

TGST NO. 887315638RT0001  
INSTRUCTIONS ON BACK