

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 October 2014

			Travel (1)					
Source Date 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	940	17	11	172	1,140			
Total	\$ 940	\$ 17	\$ 11	\$ 172	\$ 1,140	\$ -	\$ -	\$ -

Total for

the Month \$ 1,140

Maximum daily single meal expense claimed in the month \$ 17

Maximum daily base hotel rate claimed in the month \$ 149

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 sam 's signatures required where indicated below	to start as it appears on the sta	NAME OF THE PARTY
WORRY, KEVIN	MEDICAL DIRECTOR - NORTH		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/10/2014
MEDICAL AFFAIRS	NORTHERN LIGHTS REGIONAL		-
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount	\$1,140.05
KEVIN.WORRY@ALBERTAHE	ALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card	<u> </u>

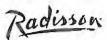
Transaction Date	Trans 10	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	FreighDescription
19/09/2014	364938650	RADISSON AIRPORT HOTEL, RADISSON	167 28	CAD	167 28	7 97	Hotel for PPEC Meeting in Calgary
20/09/2014	364938651	RADISSON AIRPORT HOTEL, RADISSON	-156 45	CAD	-156 45	-7 45	Hotel made an error in booking room for Dr Worry for PPEC Mtg in Calgary. Refund for error.
23/09/2014	365323580	AIR CAN 0142139340157, AIR CANADA	362 96	CAD	352 96	74 96	00Return flight to Calgary for Dr. Worry to atten the October 1st PPEC Meeting
25/09/2014	365517831	C209 DIAMOND PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	15 00	CAD	15 00	71	00Parking for Mtg in Edmonton re. High Praine Community Health & Wellness Centre
31/10/2014	366113029	JUGO JUICE, EATING PLACES, RESTAURANTS	16 80	CAD	16 80	80	Dinner while traveling for PPEC Mtg in Calgary - Waler and 2 South West Wraps
07/10/2014	366816493	EDMONTON REGIONAL AIRP, AIRPORTS AIRPORT TERMINALS, FLYING FIELDS	157 50	CAD	157 50	7 50	Monthly Parking Pass at EIA
15/10/2014	367827708	WESTJET*0005866015336 Westjel Airlines	576 96	CAD	576 96	98 96	OCReturn flight to Ft Macmurray for NLRHC SOD Interviews

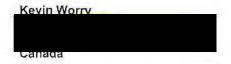


RUN DATE: 11/06/2014

P-Card details Online ® Cardholder Statement Report

J'gnatures				
Cardholder Designate (if Applicable)				
By signing this statement	ed this sixtement in BMO Online to the best of my ability ad the transaction(s) to the proper cost centre.	n accordance to AHS Corporate Policies.		
Name of Cardholder Designate	Carcholder Designate Position Title	-		
Signature of Cardholder Designate	Data of Signature	-		
 expenses being claimed are in compliance with a lattest the expenses enclosed in this claim are for 	vel, Hospitality and Working Session Expense Policy (11: nuch policy. or valid business purposes for Alberta Health Services ar fit Services or any other Organization A personal chaqu	nd that this claim has not been previously		
charged is attached.	e been incurred by using a cost effective method, otherw MEDICAL DIRECTOR - NORTH Cardho der Position/Title			
Signature of Cardhol w	Mov C / 20144 Date of Signature	-0		
 I attest the expenses enclosed in this claim are to dained by the claimant or on their behalf from Al charged has been obtained. 	ei, Horpitality and Working Session Expense Policy (112 con policy, or valid business purposes for Alberta Health Services ar berta Health Services or any other Organization, A person s baen incurred by using a cost effective method, otherw	od that this claim has not been previously anal chaqua for personal expenses inadveniensy		
Name of Approver Designate	Approver Designate Position/Tits	-		
Signature of Approver Designate	'Dete of Signature			
Approver By signing this statement				
 I attest the expenses enclosed in this claim are for claimed by the claimant or on their behalf from Alt charged has been obtained. 	r valid business purposes for Alberta Health Services an berta Health Services or any other Organization, A perso been incurred by utting a cost effective method, otherw	d that this claim has not been previously nat chaque for personal expanses inadvertently		
Submit approved scalement with attachments to Acco	unts Payable			
Attach: Criginal (or scanned) itemized receipts with document where required Signed Cardholder Statement Report (or copies of el And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberte Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for trave require detailed descriptioned), why travel was necessary and detailed explanations.	Address: A'berta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T#J 3E4			
Accounts Payable only:		A commence of the second secon		
Reference #:	Reviewed by:	Date:		





Room No. Arrival 09-18-14 Departure 09-19-14 Page No. 1 of 1 Folio No. Conf. No.

INFORMATION INVOICE

Membership No. A/R Number

Group Code Company Name

: Alberta Health Services (AHS)

Cashier No.

10-27-14 03:18:00 PM EST

0.00

Date	Text		Charges	Credits
09-18-14	Room	28 million comm.	149.00	
09-18-14	Marketing Fee		4.47	
09-18-14	GST Tax		7.67	
09-18-14	Alberta Tourism Levy		6.14	
09-19-14	Mastercard			167.28
		Total	167.28	167.28

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.

Enroll and learn more at the front desk or at clubcarlson.com

Balance

Thank You For Staying With Us

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

Guest Signature		







INFORMATION INVOICE

Membership No. A/R Number

Group Code

Company Name : Alberta Health Services (AHS)

Arrival Departure Page No.

Room No.

Folio No. Conf. No. Cashier No. 09-18-14 1 of 1

09-17-14

10-27-14 03:20:46 PM EST

Date	Text	Charges	Credits
09-18-14	No Show	149.00	
09-18-14	No-show on Sept. 17, 2014. GST Tax	7.45	
		7.45	450.45
09-18-14	Mastercard		156.45
09-20-14	No Show	-149.00	
	No show adjustment. Guest checked in the day after.		
09-20-14	GST Tax	-7.45	
09-20-14	Mastercard		-156.45

2	Total	0.00 0.00
	Balance	0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide. Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

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

~	~.		
Luget	Signature		
Unicol	Signature		

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

GST Reg#: 885101915

Branch: Agent:

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Travel to Calgary for PPEC Mtg.

Invoice Number:

Date:

Our Reserence:



INVOICE

For

DR KEVIN WORRY

AC

Wednesday, October 1, 2014

Air

AIR CANADA

From: EDMONTON INTL AB

To:

CALGARY AB

Stops: 0

AIR CANADA E

AIR CANADA CONFIRMATIO

TICKET NUMBER

SEAT 9C

1 ght: 8133

W CLASS

07 0 AM Equipment: CRJ JET

01 17 AM

Mile(s) Flown: 153

Air

AIR CANADA

From: CALGARY

70

EDMONTON INTL. AB

To: Stops:

0

AIR CANADA E

AIR CANADA CONFIRMATIO

TICKET NUMBER

SEAT 8C

Flight: 8150

W CLASS

03:30 PM Equipment: DH4

04:19 PN

Mile(s) Flown: 153

Cost:

AIR CANADA

Tax:

288.00 74.96

Ticket Total:

362.96

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

Invoice Number: Date:

Page:





INVOICE

Total:

Grand Total: 362.96
Less Credit Card Payments: 362.96
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

Parking for High Prairie Meeting in Edmonton RECEIPT re: HP CHEWC

License Plate Number



Expiration Date/Time

03:56 PM SEP 25, 2014

Purchase Date/Time: 12:56pm Sep 25, 2014

Total Parking: \$14.29 Total GST: \$0.71

Total Due: \$15.00 Total Paid: \$15.00 Ticke

Tickel S/N #: 555513351256 Setting: C209 Mach Name: C209D Rate: \$5.00 PER HOUR Payment Type: Card

sterCard

Dinner - Travel - Re: PREC Main Coulg our 9

JUGO JUICE Calgary Airport - Departures 5

10/1/2014 3:23 pm

	1	U	/	1	1	2	0	1	4		(73	:	2	3		P	m	
	-	-	1		-	14	-	4	-	-	-		-		**	_	_	

Dasani 2 South West Wrap	2,50 13.50
SubTotal .GST	16.00
Tota1	16.80
Mastercard	16.80
Amount Paid	16.80

JUGD JUICE Calgary International Airport 2000 Airport Road NE, Concourse A Calgary, AB T2E 6W5 Canada (403) 717-1860

> Thanks for visiting Jugo Juice Please come again

G.S.T. # 819854290RT0001

**

Proud sponsor of the Scotiabank Calgary Marathon Jugo Juice 10K

INVOICE

Edmonton Regional Airports Authority

1, 1000 Airport Road

Edmonton International Airport, AB, Canada T9E 0V3

Tel: 780-890-6864 Fax: 780-890-8446

Website: www.flyeia.com Email: accounts@flyeia.com



Page 1 of 1

Alberta Health Services Dr. Kevin Worry - Zone Medical Director Customer #: Invoice #: Date: October 01, 2014 Billing Billing **Amount** Date From Date To Contract #: : - Airport Site: YEG P1 Parkade Parking Stall 1-Oct-14 31-Oct-14 \$150.00 Invoice Subtotal \$150.00 **GST** \$7.50 \$157.50 Please pay this amount in Canadian funds CARD ISSUER ABOVE AMOUNT 2014/10/07 0066 10:09:30 MPORTANT E RETAIN THIS COPY FOR YOUR RECORDS MASTERCARD PURSUANT TO CARDHOLDER CARDHOLDER COPY EDMONTON REGIONAL CARDHOLDER WILL PAY 1000 AIRPORT AIRPORT EDMONTON AGREEMENT PURCHASE TOTAL CARD

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.

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

Amount Due: \$ 157.50
Due Date: October 01, 2014

Invoice #:
Invoice Date:
Customer #:
Customer Name: Alberta Health Services

REMITTANCE FORM (include with all payments)

NLRHC-SOD Interviews

MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST.

EDMONTON, AB T5K 1G8

GST Reg#: 885101915 Branch:

Agent:

To: ALBERTA HEALTH SERVICES

SUITE 800, NORTH TOWER

10030-107 ST

EDMONTON AB, T5J 3E4

Invoice Number:

Date: Page:

Our Reference:



Mile(s) Flown: 250

INVOICE

For

DR KEVIN WORRY

Monday, October 20, 2014

- Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 Arrival: 200ct14

M CLASS Flight: 139

06:40 AM Equipment: 73W

03:20 PM Equipment: DI14

07:36 AM

Flight: 3259

04:32 PM

Mile(s) Flown: 250

ECONOMY CLASS

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

- Air

WESTJET AIRLINES

From: FT MCMURRAY

EDMONTON INTL AB To:

Stops: Arrival: 200ct14

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

E-TKT

478.00 Tax: 98.96 Ticket Total: 576.96

Total:

Grand Total: 576.96 Less Credit Card Payments: 576.96

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 Iuvoice Number:
Date:
Page:
Our Reference:

INVOICE