

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 November 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	1,267	60		190	1,517			
Total			\$ 1,267	\$ 60	\$ -	\$ 190	\$ 1,517	\$ -	\$ -	\$ -

Total for the Month \$ 1,517

Maximum daily single meal expense claimed in the month \$ 30
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

WORRY, KEVIN Cardholder's Name	MEDICAL DIRECTOR - NORTH Cardholder's Position/Title	Billing Reporting Period: 20/11/2014
MEDICAL AFFAIRS Cardholder's Dept	NORTHERN LIGHTS REGIONAL Cardholder's Site/Location	Total Statement Amount: \$1,516.87
KEVIN.WORRY@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions


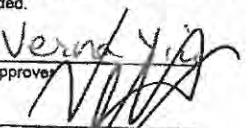
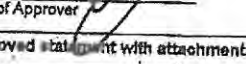
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/10/2014	368143132	SUN TAXI (FT MCMURRAY), LIMOUSINES AND TAXICABS	32.40	CAD	32.40	.00		Taxi from Fort McMurray Airport to NLRHC for SOD Interviews
20/10/2014	368254105	HMSHOST EDMONTON AIRPO, EATING PLACES, RESTAURANTS	5.15	CAD	5.15	.00	.00	Breakfast while travelling to Fort McMurray for NLRHC SOD Interviews - Water & sandwich
20/10/2014	368254106	AIR CAN 0142140357010, AIR CANADA	259.48	CAD	259.48	37.48	.00	Change in return flight from Fort McMurray on Oct 20/14 re: SOD Interviews
21/10/2014	368254104	EARL S FORT MCMURRAY A, EATING PLACES, RESTAURANTS	29.66	CAD	29.66	1.41		Dinner traveling home from Fort McMurray NLRHC SOD Interviews - pop/cajun chicken
27/10/2014	369031633	AIR CAN, AIR CANADA	203.48	CAD	203.48	37.48	.00	Travel- Flight from Calgary to Edmonton -Re: TIA Certification Workshop
27/10/2014	369031634	WESTJET, Westjet Airlines	214.48	CAD	214.48	49.48	.00	Return Flight from Calgary to Edmonton International Airport Re: TIA Workshop
28/10/2014	369168814	SUBWAY, FAST-FOOD RESTAURANTS	12.81	CAD	12.81	.61		Dinner- Calgary- Re: TIA Certification Workshop. Chicken Sandwich/Bottle Water
03/11/2014	369831536	TIM HORTONS 2850 QTH, FAST-FOOD RESTAURANTS	5.88	CAD	5.88	.28	.00	Dinner- Slave Lake-Re: Lesser Slave Lake HAC- 2 Chicken Wraps/Juice
04/11/2014	369831535	EDMONTON REGIONAL AIRP, AIRPORTS, AIRPORT TERMINALS, FLYING FIELDS	157.50	CAD	157.50	7.50		Monthly Parking Plan-Edmonton International Airport
17/11/2014	371407143	WESTJET, Westjet Airlines	225.48	CAD	225.48	49.48	.00	Travel-Fort McMurray- Re: Meeting with Doctors/Legal in FMM
17/11/2014	371542191	AIR CAN, AIR CANADA	364.48	CAD	364.48	37.48	.00	Flight from Fort McMurray to Edmonton- Re: Meeting with Doctor/Legal

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Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/10/2014	368399367	SMITTY S HIGH PRAIRIE, EATING PLACES, RESTAURANTS	6.07	CAD	6.07	.29	.00	pop's at Smitty's in High Prairie RE: Mlg with Mayor Cox & Reeve Matthews

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Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	Date of Signature _____	
Cardholder By signing this statement <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. 		
Name of Cardholder WORRY, KEVIN _____	Cardholder Position/Title MEDICAL DIRECTOR - NORTH _____	
Signature of Cardholder  _____	Date of Signature Nov 26 / 2014 _____	
Approver Designate (if Applicable) By signing this statement <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. 		
Name of Approver Designate _____	Approver Designate Position/Title _____	
Signature of Approver Designate _____	Date of Signature _____	
Approver By signing this statement <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. 		
Name of Approver Dr. Vernd Yig  _____	Approver Position/Title VP Quality & CMO _____	
Signature of Approver  _____	Date of Signature Nov 26 / 14 _____	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

Sun Taxi ①

140 MacKenzie King Road
Fort McMurray, AB
T9H 4L2
780-743-5050

TAXI: [REDACTED]

14/10/20

08:01:24

MASTERCARD

Card :

MasterCard

CHIP CARD

A0000000041010
0000008000

VERIFIED BY PIN

Order

Ref

Auth

FARE : \$ PURCHASE 32.40

TIP : \$ 0.00

TOTAL: \$ 32.40

*Cab from FMM airport
to NLRHC for 800 interviews*

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

GST# 125868893

Thank you for using
Sun Taxi

Breakfast - NLRHC SOD Interviews

(2)

HMSHOST
TIM HORTONS DEPARTURES
EDMONTON INTERNATIONAL AIRPORT

[REDACTED]

OCT20 14 6:03AM

GST 1

TO GO

1 SAND ENG MF TSEC	3.29
1 BTL WTR TIMS	1.50
ECO DEPT	0.12

SUBTOTAL	4.91
TAX	0.24
AMOUNT PAID	5.15

[REDACTED]

CARD 5.15

Closed OCT20 06:04AM---

THANK YOU FOR YOUR BUSINESS!
TELL US ABOUT YOUR EXPERIENCE

[REDACTED]

TAMARA.LAWLOR@HMSSHOT.COM

GST #137512901

Your order number is: 7250

Change in return flight from
FMM - Re: SOD Interviews.

③

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 20, 2014
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KEVIN WORRY
AC [REDACTED]

Monday, October 20, 2014

Air

AIR CANADA
From: FT MCMURRAY
To: EDMONTON INTL AB
Stops: 0 Arrival: 20Oct14
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8D

Flight: 8391 V CLASS
06:40 PM Equipment: DH4
07:41 PM

Mile(s) Flown: 250

Cost:	[REDACTED]	[REDACTED]
AIR CANADA WEB	[REDACTED]	222.00
		Tax: 37.48
		Ticket Total: 259.48

Total:		
	Grand Total:	259.48
	Less Credit Card Payments:	259.48
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

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

Invoice Number: [REDACTED]
Date: October 20, 2014
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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.

Dinner - FMM - NLRHC SOD
Interviews

EARLS RESTAURANTS

④

earls

GREAT FOOD GREAT PEOPLE

240 - 100 Snowbird Way
Fort McMurray Intl Airport
Fort McMurray, AB T9H 5B4
780-790-1700

20Oct'14 05:48PM

1 POP	3.25
2 POP REFILL	0.00
1 CAJUN CHICKEN	25.00
Subtotal	28.25
GST Tax	1.41
06:14PM Total	29.66

PLEASE PAY YOUR SERVER
GST # 83096 3310 RT0001

Travel - Calgary - TIA Workshop

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: October 27, 2014
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KEVIN WORRY
AC [REDACTED]

Tuesday, October 28, 2014

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 28Oct14
Seat(s): 11C
OPERATED BY AIR CANADA EXPRESS
TICKET NUMBER [REDACTED]

Flight: 8133 V CLASS
07:00 AM Equipment: DH4
07:50 AM

Mile(s) Flown: 153

Reference: [REDACTED]

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Oct14
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE
TICKET NUMBER [REDACTED]

Flight: 255 ECONOMY CLASS
04:35 PM Equipment: 73W
05:27 PM

Mile(s) Flown: 153

Reference: [REDACTED]

Cost:

TKT- [REDACTED] E-TKT

[REDACTED] 165.00
Tax: 49.48
Ticket Total: 214.48 - (6)

AIR CANADA [REDACTED]

[REDACTED] 166.00
Tax: 37.48
Ticket Total: 203.48 - (5)

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

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

INVOICE

Total:

Grand Total:	417.96
Less Credit Card Payments:	417.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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.....
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CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
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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.

Dinner - travel - TIA
Certification Workshop
Calgary. (7)

SALE RECEIPT
Store [redacted] tko 10/28/14 15:40:38
Subway Sandwiches & Salads
Concourse "D" Calgary Inter. Airport
2000 Airport Rd.
N.E. Calgary AB T2E 6W5



ITEM	QTY	PRICE	MEMO	PLU
CHICKEN	1	9.50		735
BTL WATER	1	2.70		49
Rounding	1	0.00		55005
SUBTOTAL \$		12.20		
GST \$		0.61		
TAKE-OUT **TOTAL \$		12.81		
CredCardAMT TEND \$		12.81		
CHANGE DUE \$		0.00		

How'd we do? Get a free cookie
Take 1 min. survey at www.tellsubway.com

Dinner - Travel - Slave Lake
Re: Lesser Slave Lake ~~HAG~~.

Tim Hortons. (8)

Always Fresh.
Always There. Since 1964

1 Wrap-Chicken Ranch	\$1.99
1 Wrap-Chicken Ranch	\$1.99
1 MD Original Blend	\$1.62
1 Bleck	\$0.00
Subtotal:	\$5.60
GST: \$0.28 PST:	\$0.00
GrandTotal:	\$5.88
Master Card:	\$5.88
Change Due:	\$0.00

Take Out

Thanks

Tell us how we did at

www.telltimhortons.com 1-888-601-1616

Mon Nov 3, 2014 20:53:54

Receipt

GST #0232137 49K0001

MASTER CARD

Card Entry:CHIP

Trans Type:Purchase

\$5.88

Term #:

Application Label:

MasterCard

AID #:

A0000600041010

TUR #:

0000008000

TSI #:

E800

APPROVED

By entering a verified PIN, cardholder agrees
to pay issuer such total in accordance with issuers
agreement with Cardholder.

Guest Copy

REPRINT RECEIPT

INVOICE

Monthly Pass Parking

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



we'll move you.

Alberta Health Services
 Dr. Kevin Wornat, Zone Manager, Director

Customer #: [REDACTED]
 Invoice #: [REDACTED]
 Date: November 01, 2014

Contract #: 2011-03 Parking Agreement - Airport Site: YEG
 P1 Parkade Parking Stall

Billing Date From	Billing Date To	Amount
1-Nov-14	30-Nov-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: [REDACTED] MASTERCARD
 DATE: 2014/11/04
 TIME: 7:53:16
 RECEIPT NUMBER: [REDACTED]

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#: 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 #: [REDACTED] Invoice Date: [REDACTED] Customer #: [REDACTED] Customer Name: Alberta Health Services
	Amount Due: \$ 157.50 Due Date: November 01, 2014

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Flight - To Fort McMurray
Re: Legal Matters

Branch: [REDACTED]
Agent: [REDACTED]

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

Invoice Number: [REDACTED]
Date: November 17, 2014
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR KEVIN WORRY
AC [REDACTED]

Wednesday, November 26, 2014

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: FT MCMURRAY
Stops: 0 Arrival: 26Nov14
Flight: 139 M CLASS
06:30 AM Equipment: 73W
07:38 AM
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE.

Mile(s) Flown: 250

Air

AIR CANADA
From: FT MCMURRAY
To: EDMONTON INTL AB
Stops: 0 Arrival: 26Nov14
Flight: 8389 U CLASS
04:20 PM Equipment: DH4
05:21 PM

Mile(s) Flown: 250

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 11D

Cost:

TKT [REDACTED] E-TKT	[REDACTED]	176.00
	Tax:	49.48
	Ticket Total:	225.48 (10)
AIR CANADA W [REDACTED]	[REDACTED]	327.00
	Tax:	37.48
	Ticket Total:	364.48 (11)

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

Invoice Number: [REDACTED]
Date: November 17, 2014
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	589.96
Less Credit Card Payments:	589.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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.

12

Written Attestation for Lost Receipt

Date/Purpose/Amount Oct 21/14 /Smitty's (Popx2) / \$6.07

Location High Prairie - Smitty's

Meeting Description

Mayor Cox / Reeve Matthews / Dr. Worry Re: High Prairie CH & WC

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed

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Employee Authorization

Vera

Dr. Verna Yiu
Claim Approver

Date Signed: Oct 24/14

Date Signed: Nov 26/14