

## AHS Board and Executive Expense Report

**Name** Dr. Kevin Worry  
**Title** Zone Medical Director North Zone  
**Location** Spruce Grove

Expenses submitted during the month of January 2018

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-18	P-Card	Meetings				222	222			
Jan-18	Expense Claim	Meetings		13			13			
<b>Total</b>			\$ -	\$ 13	\$ -	\$ 222	\$ 235	\$ -	\$ -	\$ -

**Total for the Month**      \$        235

Maximum daily single meal expense claimed in the month      \$        13  
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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

## AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 222.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/20/2017	Parking paid - SSP - Monthly ZEL Meeting	AB - North Zone	Parking - Lot or Parkade	\$ 32.00			Parking paid - SSP - Monthly ZEL Meeting	1			
12/21/2017	Parking paid - SSP - Weekly Dr. Joffe 1:1 Meeting	AB - North Zone	Parking - Lot or Parkade	\$ 24.00			Parking paid - SSP - Weekly Dr. Joffe 1:1 Meeting	1			
1/4/2018	Parking paid - SSP - Mayors Meeting re: Whitecourt (Verna) CEO Request	AB - North Zone	Parking - Lot or Parkade	\$ 32.00			Parking paid - SSP - Mayors Meeting re: Whitecourt (Verna)	1			
1/8/2018	Parking paid - ATB Place in Edm - Meet & Greet with Dr Joffe & Leanne Wagner	AB - North Zone	Parking - Lot or Parkade	\$ 32.00			Parking paid - ATB Place in Edm - Meet & Greet with Dr Joffe &	1			
1/11/2018	Parking paid - SSP - Dr. Joffe / Dr. Mador	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking paid - SSP - Dr. Joffe / Dr. Mador	1			
1/17/2018	Parking paid - SSP - ZEL Meeting (Deb Gordon Mtg)	AB - North Zone	Parking - Lot or Parkade	\$ 32.00			Parking paid - SSP - ZEL Meeting (Deb Gordon Mtg)	1			
1/19/2018	Parking paid - SSP - Drs. Joffe/Belanger Meeting	AB - North Zone	Parking - Lot or Parkade	\$ 35.00			Parking paid - SSP - Drs. Joffe/Belanger Meeting	1			

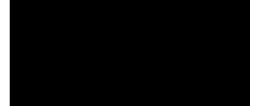
Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	31-Jan-18

For January expenses.

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**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**02:00 PM**  
**DEC 21, 2017**

Purchase Date/Time: 11:00am Dec 21, 2017

Total Parking: \$22.86

Total GST: \$1.14

Total Due: \$24.00

Rate: \$24 - 3 Hours

Total Paid: \$24.00

Payment Type: Card

Ticket

S/N #:

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**01:15 PM**  
**DEC 20, 2017**

Purchase Date/Time: 09:16am Dec 20, 2017

Total Parking: \$30.48

Total GST: \$1.52

Total Due: \$32.00

Rate: \$32 - 4 Hours

Total Paid: \$32.00

Payment Type: Card

Ticket

S/N #:

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

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**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**04:19 PM**  
**JAN 04, 20'18**

Purchase Date/Time: 12:19pm Jan 04, 2018

Total Parking: \$30.48

Total GST: \$1.52

Total Due: \$32.00

Rate: \$32 - 4 Hours

Total Paid: \$32.00

Payment Type: Card

Ticket

S/N #:

Setting: Lot 383

Mach Name: Meter 1

MasterCard

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**06:00 PM**  
**JAN 11, 2018**

Purchase Date/Time: 10:32am Jan 11, 2018

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00

Rate: \$35 - All Day To 6PM

Total Paid: \$35.00

Payment Type: Card

Ticket

S/N #:

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #:

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**05:00 PM**  
**JAN 08, 20'18**

Purchase Date/Time: 01:00pm Jan 08, 2018

Total Parking: \$30.48

Total GST: \$1.52

Total Due: \$32.00

Rate: \$32 - 4 Hours

Total Paid: \$32.00

Payment Type: Card

Ticket

S/N #:

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #:

gst #887315638RT0006

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**01:49 PM**  
**JAN 17, 2018**

Purchase Date/Time: 09:49am Jan 17, 2018

Total Parking: \$30.48

Total GST: \$1.52

Total Due: \$32.00

Rate: \$32 - 4 Hours

Total Paid: \$32.00

Payment Type: Card

Ticket

S/N #:

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #:

gst #887315638RT0006  
NO IN AND OUT PRIVILEGES

**RECEIPT**  
Impark Lot 02-383

License Plate Number



Expiration Date/Time

**06:00 PM**  
**JAN 19, 2018**

Purchase Date/Time: 10:56am Jan 19, 2018

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00 Rate: \$35 - All Day To 6PM

Total Paid: \$35.00 Payment Type: Card

Ticket #

S/N #

Setting: Lot 383

Mach Name: Meter 1

MasterCard

Auth #

gst #687315638RT0006  
NO IN AND OUT PRIVILEGES

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# AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 13.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/12/2018	Meet with Edson Physicians	AB - North Zone	Meals Per Diem	\$ 13.00			Meet with Edson Physicians Lunch \$13.00	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	31-Jan-18