

## **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 February 2018

							Trave	l (1)									
MMM-YY	Source Document	Purpose	A	irfare	ľ	Meals	Accommo	odation	Other ravel	otal ravel	Deve	essional opment (2)	Ho	Norking Sessions esting and ospitality (3)		Other (4)	
Feb-18 Feb-18 Feb-18	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings		1,230		192		347	191	538 192 1,230							_
Total			\$	1,230	\$	192	\$	347	\$ 191	\$ 1,960	\$	-	- \$	-	- \$		_

Total for

**the Month** \$ 1,960

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 159 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	\$ 538.00										
Expense Date	Business reason		Expense Location	Expense Type	Amo	unt	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
1/22/2018	Parking paid @ SSP for Me Joffe	eting with Dr	AB - North Zone	Parking - Lot or Parkade	\$	32.00			Parking paid @ SSP for Meeting with Dr Joffe	1			
1/29/2018	Parking paid @ SSP for Me Gordon	eting with Deb	AB - North Zone	Parking - Lot or Parkade	\$	5.00			Parking paid @ SSP for Meeting with Deb Gordon	1			
2/1/2018	Taxi paid - Travel from Calg QSO in-person meeting @ Campus in Calgary		AB - North Zone	Taxi	\$	86.90	Calgary Airport	South Health Campus - Calgary	Taxi paid - Travel from Calgary Airport to QSO in-person meeting @ South Health Campus in Calgary	1			
2/2/2018	Parking paid @ RAH in Edn Physician Orientation at th Learning Centre		AB - North Zone	Parking - Lot or Parkade	\$	14.25			Parking paid @ RAH in Edm - for Physician Orientation at the Robbins Learning Centre	1			
2/7/2018	Parking paid @ NLRH in FN Chief Meeting with the Phy		AB - North Zone	Parking - Lot or Parkade	\$	7.50			Parking paid @ NLRH in FMM - for ZCDFC Chief Meeting with the Physicians	1			
2/8/2018	Parking paid @ NLRH in FN and meetings with Mark Jo Gordon		AB - North Zone	Parking - Lot or Parkade	\$	7.50			Parking paid @ NLRH in FMM - for tour and meetings with Mark Joffe and Deb Gordon	1			
2/8/2018	Fuel paid - for rental car ba Airport for return flight to for FMM NLRH tour and m Deb Gordon and Mark Joff	Edmonton - eetings with	AB - North Zone	Fuel	\$	6.23	FMM - NLRHC	FMM - Airport	Fuel paid - for rental car back to FMM Airport for return flight to Edmonton for FMM NLRH tour and meetings with Deb Gordon and Mark Joffe	1			
2/9/2018	Parking paid @ SSP for Me Mark Joffe	eting with	AB - North Zone	Parking - Lot or Parkade	\$	32.00			Parking paid @ SSP for Meeting with Mark Joffe	1			
2/9/2018	Hotel paid in FMM - for too meetings @ NLRHC with D Mark Joffe		AB - North Zone	Accommodations	\$ 3	346.62			Hotel paid in FMM - for tour and meetings @ NLRHC with Deb Gordon and Mark Joffe	2			
Approver(s)	for the claim	Approval Stat	us	Approval Date			-				•	-	

BELANGER, FRANCOIS

Approve

22-Feb-18

Tor reormany - 1

Deb Gerdan in

REÇEIPT Impark Lot 02-383

License Plate Number

Expiration Date/Time

06:00 AM JAN 30, 2018

Purchase Date/Time: 04:24pm Jan 29, 2013

Total Parking: \$4.76 Total GST: \$0.24

Total Due: \$5.00

Total Tick S/N

Setting: Lot 383 Mach Name: Meter 1

Rate: \$5 - All Evening

Payment Tyre: Card

asterCard

Auth:

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

RECEIPT Impark Lot 02-383

License Plate Number



11:56 AM

JAN 22, 2018

Purchase Date/Time: 07:56am Jan 22, 2013

Total Parking: \$30.48 Total GST: \$1.52

Total Due: \$32.00

Total Paid: \$32.00

Setting: Lot 383 Mach Name: Meter 1 Rate: \$32 - 4 Hours Payment Tyre: Card

lasterCard

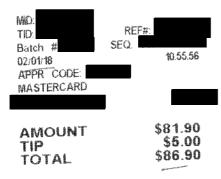
Auth

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

meeting with or Soffe in Edm 20 SSP

ASSOCIATED CAB 307-41 AVENUE NE CALGARY AB T2E 2N4 (403) 299-1111 CAR#1669

#### SALE



00 - APPROVED - 001



Thank You

CHST. WER COPY

ROYAL ALEXANDRA HOSPITAL SE PARKADE PUNITC PARKING Machine 10# Rcpt# 02/02/18 17:23 L# 5 A# 1 02/0<u>2/18 08:28 in</u> 02/02/18 17:23 Out RAH SE Park \$14.25 Total Fee \$14.25 MASTERCARD \$14.25 Approval No. Reference No. Change Due \$0.00 Parking Rates are GSI Exempt Comments? - email us : park ingedmonton@ahs.ca

to QSU - in-person meeting as South Health Campus

Colgary

Parting paid

RAH in Edm

For Physician crientation

Rabbins learning

## RECEIPT

NLRH Parking Ft. McMurray, Alberta

License Plate Number

Expiration Date/Time

06:56 AM FEB 08, 2018

Purchase Date/Time: 06:56am Feb 07, 2018

Total Due: \$7.50 Total Paid: \$7.50 Rate: \$7.50-Daily-24 hrs Payment Type: Card

Ticket S/N #:

Setting: NLRH

Mach Name: NO-NLRH-003

sterCard

Parking Rates are 6ST Exempt

parking paid
in Finish & NLRH for 200FC chief meeting with the physicians.

## RECEIPT

NLRH Parking Ft. McMurray, Alberta

License Plate Number



Expiration Date/Time

06:52 AM FEB 09, 2018

Purchase Date/Time: 06:52am Feb 08, 2018

Total Due: \$7.50 Total Paid: \$7.50 Rate: \$7.50-Daily-24 hrs Payment Type: Card

Ticket

Payment Type: Card

S/N #

Setting: NLRH

Mach Name: NO-NLRH-003

MasterCard

Parking Rates are GST Exempt

Parking paid in

Final & Nickth

For tour & meeting

with Mark 50 Re

and Deb Gordon.

## RECEIPT Impark Lot 02-383

License Plate Number



05:23 PM FEB 09, 2018

Purchase Date/Time: 01:23pm Feb 09, 2013

Total Parking: \$30.48 Total GST: \$1.52

Total Due: \$32.00

Total Due: \$32.00 Total Paid: \$32.00

Ticket S/N #:

Setting: Lot 303 Mach Name: Meter 1 Rate: \$32 - 4 Hours Payment Type: Card

PARKING RECEIPT

MasterCard

Auth #:

gst #887315638RT0006 NO IN AND OUT PRIVILEGES

Ú.

Parking paid in Earn & SSP meeting with mark Joffe Fuel paid in
FMM D

NLRHC For
thor cord
meetings with
Deb 6. & Mark
(rental car)
travel to citport

WELCOME

Shell Canada 291 SAKITAWAW TRAIL T9H 5E7 FORT MCMURRAY AB (780) 715-9093

Bronze PUMP No. LITRES PRICE/L \$1.7 TOTAL FUEL \$6.

TOTAL SALE MASTERCARD

FUEL INCLUDES GST - Fuel \$0.30 No. 137400032RT

Ol APPROVED - THANK YOU OOL APPROVAL NO.

VERIFIED BY PIN

IMPORTANT retain this copy for your records

MASTERCARD PURCHASE

C

1NV NO. 2018/02/08 18:08 MasterCard



### Dr. Kevin W Worry

Guest Name:

Company Name: AHS

Group Name:

G.S.T: 84970 2444 RT0015 INFORMATION INVOICE

Room No.
Arrival : 02-06-18
Departure : 02-08-18
Folio No.
Conf. No.
Cashier No.
PO#

Job# Cost Center#

Page No. 1 of 1

Date	Description		Charges	Credits
02-06-18	Room Charge		159.00	
02-06-18	Room GST 5%		7.95	
02-06-18	Tourism Levy 4%		6.36	
02-07-18	Room Charge		159.00	
02-07-18	Room GST 5%		7.95	
02-07-18	Tourism Levy 4%		6.36	
02-08-18	MasterCard			346.62
		Total Charges	346.62	
		Total Credits	777	346.62
		Balance		0.00

#### **Guest Signature**

I have received the goods and/or services in the amount shown hereon. 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.

Thank you for staying with us!

# **AHS Public Disclosure Expense Claims**

Claimant Name	Claimant Title	Claimant Location	Expense Claim									
WORRY, KEVIN	ZMD, North Zone	Spruce Grove	\$ 192.50									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	_	Attendee Name(s)	Trip Distance
2/1/2018	QSO in-person mtg in Calga	ry	AB - North Zone	Meals Per Diem	\$ 47.50			QSO in-person mtg in Calgary Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
2/2/2018	Physician Orientation in Edr	monton @ RAH	AB - North Zone	Meals Per Diem	\$ 13.00			Physician Orientation in Edmonton @ RAH Lunch \$13.00	1			
2/6/2018	In-person Whitecourt Centr Visit/Physician/Mayor Meet flight to FMM for meeting t ZCDFC Chief meeting with t	ting and then he next day -	AB - North Zone	Meals Per Diem	\$ 37.00			In-person Whitecourt Centre Visit/Physician/Mayor Meeting and then flight to FMM for meeting the next day - ZCDFC Chief meeting with the physcians Lunch \$13.00 Dinner \$24.00	1			
2/7/2018	ZCDFC Chief Meeting in FM	M @ NLRHC	AB - North Zone	Meals Per Diem	\$ 47.50			ZCDFC Chief Meeting in FMM @ NLRHC Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
2/8/2018	Tour/meetings with Deb Go Joffe in FMM @ NLRHC	ordon & Mark	AB - North Zone	Meals Per Diem	\$ 47.50			Tour/meetings with Deb Gordon & Mark Joffe in FMM @ NLRHC Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
Approver(s)	for the claim	Approval Stat	us	Approval Date				•				

BELANGER, FRANCOIS

Approve

22-Feb-18



## **Executive Expenses Report Direct Billing Summary**

#### **Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

#### **Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

#### **Direct Bill Report**

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.

Indicate wl	hether you have ex	xpenses to report in this section	on for this reporting period:	YES		
Name :	Ke	vin Worry	Reporting Period for the	Month of: Dec-17		
DD-MMM-YY	Payment Method	Category	Description/Purp	ose of the Expense	Name of Vendor	Amount Paid
29-Jan-18	Direct Billing	Airline Ticket	WESTJET - Ticke Calgary for in-person QSO meeting	3	Marlin Travel	473.62

		<u> </u>			
29-Jan-18	Direct Billing		WESTJET - Ticket # - Feb 1st Flight to Calgary for in-person QSO meeting in Calgary	Marlin Travel	473.62
05-Feb-18	Direct Billing		AIR CAN - ZCDFC Chief Meeting in FMM March 7th	Marlin Travel	755.91
Total Paid in th	ne Month		<del> </del>		\$ 1,229,59



#### Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 29 Jan 18

Client:
Agent:

File Locator:

PASSENGERS: DR KEVIN W WORRY

REFERENCE/ DESCRI	PTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket #				374.72	0.00	\$0.00	98.96	0.00	473.68 CAD
-			Total:	374.72	0.00	0.00	98.96	0.00	473.68 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	f Payment			Amount
		01/29/2018							473.68 CAD
							Total Pa	ayment:	473.68 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SITE VISITS

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



#### **MY ITINERARY**

Passengers Citizenship Required Travel Documents

KEVIN W WORRY Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	KEVIN W WORRY			Booking Date: File Locator/Ticket #:	29 Jan 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
WESTJET	03394	EDMONTON INTL 01 Feb 18 8:35AM		CALGARY INTL 01 Feb 18 9:35AM	L/	
WESTJET	03229	CALGARY INTL 01 Feb 18 6:15PM		EDMONTON INTL 01 Feb 18 7:11PM	Υ/	



#### Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:

Booking Date: 06 Feb 18

Client:
Agent:

File Locator:

PASSENGERS: DR KEVIN W WORRY

				OTHER		
REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	TAXES	PENALTY	TOTAL
AIR CANADA Ticket#	670.95	0.00	\$0.00	84.96	0.00	755.91 CAD
PRE PAID SEATS CAD Confirmation #	10.50	0.00	\$0.00	0.00	0.00	10.50 CAD

Total: 681.45 0.00 0.00 84.96 0.00 766.41 CAD

**PAYMENTS** 

v14

Invoice #	Payment Date	Card Holder	Form of Paymer	nt	Amount
	02/05/2018				755.91 CAD
	02/05/2018				10.50 CAD
_				Total Payment:	766.41 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL BUSINESS

Flight exceeds \$600.00

Rationale: This was the only option that worked for Dr. Worry's schedule to attend the meeting in Fort McMurray

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4



File Locator:



#### **MY ITINERARY**

Passengers Citizenship Required Travel Documents

KEVIN W WORRY Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	KEVIN W WORRY			Booking Date: File Locator/Ticket #:	05 Feb 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	08388	EDMONTON INTL 06 Feb 18 6:35PM		FT. MCMURRAY 06 Feb 18 7:49PM	Υl	
Passengers:	KEVIN W WORRY			Booking Date: File Locator/Ticket #:	05 Feb 18	
Passengers:	KEVIN W WORRY			Booking Date: File Locator/Ticket #:	05 Feb 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	08389	FT. MCMURRAY 08 Feb 18 8:15PM		EDMONTON INTL 08 Feb 18 9:30PM	W/	
Passengers:	KEVIN W WORRY			Booking Date: File Locator/Ticket #:	05 Feb 18	