

## Official Administrator and Executive Expense Report

**Name** Kerry Bales  
**Title** Chief Zone Officer, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of May 2014

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
May-14	P-Card	Meetings				12	12			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 12	\$ 12	\$ -	\$ -	\$ -

**Total for the Month**     \$        12

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

✓K

**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

BALES, KERRY Cardholder's Name	SENIOR VICE PRESIDENT Cardholder's Position/Title	Billing Reporting Period: 20/05/2014
██████████ Cardholder's Dept	██████████ Cardholder's Site/Location	Total Statement Amount: \$12.00
KERRY.BALES@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: ██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
12/05/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	5.00	CAD	5.00	24		Parking at RDRHC for Accreditation Meeting
13/05/2014	██████████	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	7.00	CAD	7.00	33		Parking at RDRHC - Dialysis Meeting

✓K

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.

Mandy White  
Name of Cardholder Designate

Exec Asst  
Cardholder Designate Position/Title

M. White  
Signature of Cardholder Designate

May 27/14  
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.

BALES, KERRY  
Name of Cardholder

SENIOR VICE PRESIDENT  
Cardholder Position/Title

KB  
Signature of Cardholder

27 May 2014  
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.

Brenda Hubbard  
Name of Approver

Vice President + CHOD Central + S. AB.  
Approver Position/Title

Brenda Hubbard  
Signature of Approver

2014 June 12  
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

May 12/14 Parking at Red Deer Regional Hospital  
for Accreditation Meeting.

<b>LEAVE ON DASH - THIS SIDE UP</b>		<b>DETACH RECEIPT FROM TICKET</b>		
<small>EXPIRATION DATE</small>	<small>EXPIRATION TIME</small>	<small>DATE ISSUED</small>	<small>TIME ISSUED</small>	<small>AMOUNT PAID</small>
12/05/14	02:52 PM	12/05/14	12:22 PM	\$ 5.00
<small>AMOUNT PAID</small>		<small>CREDIT CARD NUMBER</small>		
\$ 5.00	12:22 PM	CC		
	<small>Alberta Health Services CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.</small>		<small>Alberta Health Services</small>	<b>RECEIPT</b>
	<b>NON TRANSFERABLE</b>			

May 13/14 Parking at Red Deer Regional Hospital  
for Dialysis meeting.

<b>LEAVE ON DASH - THIS SIDE UP</b>		<b>DETACH RECEIPT FROM TICKET</b>		
<small>EXPIRATION DATE</small>	<small>EXPIRATION TIME</small>	<small>DATE ISSUED</small>	<small>TIME ISSUED</small>	<small>AMOUNT PAID</small>
13/05/14	11:39 AM	13/05/14	08:09 AM	\$ 7.00
<small>AMOUNT PAID</small>		<small>CREDIT CARD NUMBER</small>		
\$ 7.00	08:09 AM			
	<small>Alberta Health Services CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.</small>		<small>Alberta Health Services</small>	<b>RECEIPT</b>
	<b>NON TRANSFERABLE</b>			