

## AHS Board and Executive Expense Report

**Name** Dr. Evan Lundall  
**Title** Zone Medical Director Central Zone  
**Location** Red Deer

Expenses submitted during the month of January 2016

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-16	P-Card	Meetings				15	15			
Jan-16	Expense Claims	Meetings		11		240	251			
<b>Total</b>			\$ -	\$ 11	\$ -	\$ 255	\$ 266	\$ -	\$ -	\$ -

**Total for the Month**      \$            266

Maximum daily single meal expense claimed in the month      \$      11    2 People  
 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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>LUNDALL, EVAN</u>	<u>CENTRAL ZONE MEDICAL</u>	Billing Reporting Period:	<u>20/01/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>AHS MICHENER BEND</u>	Total Statement Amount:	<u>\$15.00</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>██████████</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/01/2016	416160225	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking - Southport Tower - Sr Leaders mtg

Signatures		
<p><b>Cardholder Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p><u>Sheryl Hergott</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Assistant</u> Cardholder Designate Position/Title</p> <p><u>Jan 25, 2016</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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 or any personal expenses inadvertently charged is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>LUNDALL, EVAN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CENTRAL ZONE MEDICAL</u> Cardholder Position/Title</p> <p><u>[Blank]</u> Date of Signature</p>	
<p><b>Approver Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Aurora Maune</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec Asst</u> Approver Designate Position/Title</p> <p><u>Jan 28/16</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>ALVP Quality + BA-W</u> Approver Position/Title</p> <p><u>Feb 1 2016</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

Senior Leaders meeting

**RECEIPT**  
Southland Park IV  
Southport Tower

License Plate Number  
[REDACTED]

Expiration Date/Time  
**12:07 PM**  
**JAN 19, 2016**

Purchase Date/Time: 12:07pm Jan 18, 2016  
Total Due: \$15.00 Rate: \$15.00 - 24 Hours  
Total Paid: \$15.00 Payment Type: Card  
Ticket # [REDACTED]  
S/N #: 5200100420  
Setting: SPT Wireless  
Mach Name: CA-SPT-001

[REDACTED] MasterCard Auth # [REDACTED]

[www.ahs.ca](http://www.ahs.ca)  
DO NOT PLACE ON DASH

PARKING RECEIPT  
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Jan 18, 2016, Parking  
Senior Leaders Mtg  
-Southport Tower Calgary

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	250.57

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/2/2015	PPEC meeting		Mileage	146.45	Red Deer	Calgary	Meeting	1			290
12/3/2015	Disclosure meeting with family and physician		Mileage	93.43	Red Deer	Stettler	Disclosure meeting - Medical Affairs	1			185
12/7/2015	Delay of flight leaving Calgary Airport	AB - Local	Meals	10.69			Flight from Calgary to Medicine Hat delayed; 2 coffee and scone	1			
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		10-Feb-16							

*Delay at  
Calgary Airport*

HMSHOST  
STARBUX C Medicine  
CALGARY INTERNATIONAL AIRPORT

*Hab  
trip*

CHK 8684  
DEC07'15 5:03PM  
GST 2

TO GO

1 COD DARK G	2.82	} card
1 SCONE CRAN ORNG	2.82	
1 CHAI LATTE T	4.54	
SUBTOTAL	10.18	
TAX	0.51	
AMOUNT PAID	10.69	
CASH	12.00	
CHANGE	1.31	

Closed DEC07 05:03PM---

WE WANT TO HEAR YOUR FEEDBACK!  
PLEASE CONTACT 1-877-672-7467  
OR CUSTOMERSERVICE@HMSSHOT.COM  
TO SHARE YOUR EXPERIENCE.  
STOREID: YYCSTA05

GST # 137512901

*Dr Lunday - CZ Med Director  
Carol Murray - CZ Senior  
Operating Officer*

*Delayed flight*

*Calgary → Medicine  
hat*