

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 May 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)
May-16	P-Card	Meetings		68	308		376			
May-16	Expense Claim	Meetings		62	476	325	863	1,074		
Total			\$ -	\$ 130	\$ 784	\$ 325	\$ 1,239	\$ 1,074	\$ -	\$ -

Total for the Month \$ 2,313

Maximum daily single meal expense claimed in the month \$ 68 4
 Maximum daily base hotel rate claimed in the month \$ 265
 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.

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

LUNDALL, EVAN Cardholder's Name	CENTRAL ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period:	20/05/2016
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	\$375.63
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/04/2016	427448095	FIRE SIDE RESTAURANT A, EATING PLACES, RESTAURANTS	68.21	CAD	68.21	3.25		Physician meeting - Tour of RD Hsp and SL
17/05/2016	429589573	ROYAL YORK HOTEL, LODGING HOTELS, MOTELS, RESORTS	307.42	CAD	307.42	15.37		Hotel room- attended CSPA Conference - Toronto

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Sheryl Hergott</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec. Assist</u> Cardholder Designate Position/Title</p> <p><u>24 May 2016</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>LUNDAN, 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>25 May 2016</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Audrey Malone</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec Admin Coord</u> Approver Designate Position/Title</p> <p><u>May 26/16</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>A/VP Quality + CMO</u> Approver Position/Title</p> <p><u>June 3 2016</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<p>Accounts Payable only:</p>		
Reference # _____	Reviewed by: _____	Date: _____

FIRE SIDE RESTAURANT AND LOUNG
4907 LAKESHORE DR
SYLVAN LAKE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/04/29
TIME 5267 12:40:52
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$59.31
TIP \$8.90
TOTAL \$68.21

MasterCard
A0000000041010
A906CCFCAEC9A232
0000008000-E800
A03323322D74E195

APPROVED
AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

Fireside Restaurant & Lounge
4907 Lakeshore Drive Sylvan Lake, AB
GST# 887870871
Phone# 403-887-2228

Check: [REDACTED]
Table: 110
Server: Amber
04/29/16

12:39 PM

[Seat 1]
2 LG POP \$5.50
2 DAILY LUNCH SP2 \$26.00
1 CHEDDAR & BAC \$12.00
1 STEAK SANDWICH \$15.00
Tax: \$3.07
Sub w/Tax: \$59.31
Total: \$59.31

"JOIN US ON OUR ROOFTOP PATIO"
*Meeting with Dr Inglis,
Braun, Myburg.*

*Dr Lundall - Red Deer
Dr Ted Braun - Calgary
- Tour of
Red Hat.*

*Luncheon
mtg
+
Tour of
Sylvan Lake
DI + Lab.*

*Dr Lundall
Dr Braun
Dr Inglis
Dr Myburg*

THE *Fairmont*
ROYAL YORK

100 Front Street W
Toronto, ON, Canada M5J 1E3
T (416) 368-2511 F (416) 368-2884
H.S.T. Registration # 825739584

██████████
Dr Evan Lundall
██████████
██████████
Canada

Room : ██████████
Folio # : ██████████
Cashier # : ██████████
Page # : 1 of 1

Group Name ██████████

Invoice No.

Arrival : 05-14-16
Departure : 05-16-16
Fairmont President's Club
██████████

Date	Description	Additional Information	Charges	Credits
3 05-14-16	Room Charge SAT		265.00	
05-14-16	HST - Rooms		34.45	
05-14-16	DMP Fee*		7.05	
05-14-16	HST-DMP Fee*		0.92	
05-16-16	Mastercard	XXXXXXXXXXXX ██████████ XX/XX		307.42
Total			307.42	307.42
Balance Due			0.00	

GST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

HST Summary

Room : 34.45
F&B : 0.00
Other : 0.92
Total : 35.37

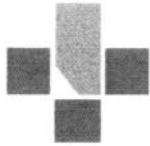
Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay please contact Edwin Frizzell General Manager, at Edwin.FrizzellGM@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

* Destination Marketing Program File

Thank you for choosing to stay with Fairmont Hotels & Resorts



Date: June 7, 2016

To: Public Disclosure

From: Dr Evan Lundall, Central Zone Medical Director

Re: Room Rate – May 14, 2016 – Fairmont Royal York Hotel

I attended the CMA Canadian Conference on Physician Leadership in Toronto, Ontario. The host hotel was the Fairmont Royal York Hotel. The conference room rate was \$265.00 + applicable provincial taxes for a total of \$307.42/night.

Thank you

Dr Evan Lundall
Central Zone Medical Director

/sh

Date June 27/16

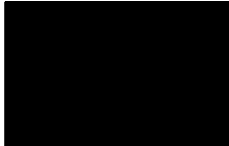
Dr. Francois Belanger
A/VP Quality & CMO

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	\$ 1,936.86								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/18/2016	Physician meeting - Dr Day/Dr Limcango		Mileage-Other	55.55				1			110
5/12/2016	Attended Conference	ON	Accommodations	237.81			Room rate at host hotel is \$5.00 more + applicable provincial taxes	1			
5/12/2016	conference	AB - Other Zones	Meals Per Diem	20.75				2			
5/12/2016	Metro - airport to hotel	ON	Taxi-Service Recipient	12.00				1			
5/12/2016	Attend Conference	ON	Conference Fees	1073.50				1			
5/12/2016	Fly to Toronto to attend conference		Mileage-Other	146.45				1			290
5/13/2016	Conference	ON	Accommodations	237.81			Room rate at host hotel is \$5.00 more + applicable provincial taxes	1			
5/13/2016	Attended conference	AB - Other Zones	Meals Per Diem	20.75				2			
5/14/2016	Attended conference	AB - Other Zones	Meals Per Diem	20.75				2			
5/15/2016	Baggage charge	ON	Miscellaneous	26.25				1			
5/16/2016	Metro - hotel to airport	ON	Taxi-Service Recipient	12.00				1			
5/16/2016	Airport Parking	AB - Local	Parking - Lot or Parkade	73.24			Calgary Airport Parking	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		16-Jun-16							



Dr Evan Lundall



Invoice # [REDACTED]
 Invoice Date: 2016-03-10

2016 Canadian Conference on Physician Leadership

Quantity	Item	Unit Cost	Price
1	2- day CCPL Conference - Regular Fee	\$950.00	\$950.00
1	Workshop - G. Challenges and triumphs of senior leaders - Morning	\$0.00	\$0.00
1	Workshop - H. Boost organizational performance in health care by breaking down isolation - Afternoon	\$0.00	\$0.00
1	Workshop - C. Civility, accountability, and workplace culture: Learning from medical-legal cases - Morning	\$0.00	\$0.00
1	Workshop - C. No group hugs: Evidence-based tools for team leadership in critical contexts - Afternoon	\$0.00	\$0.00
		Sub Total	\$950.00
		HST (865529721RT0001)	\$123.50
		Total	\$1,073.50
		Amount Paid (Credit Card)	\$1073.50
		Amount Due	\$0.00

THE *Fairmont*
ROYAL YORK

*Thurs - Sat
Conference*

100 Front Street W
Toronto, ON, Canada M5J 1E3
T (416) 368-2511 F (416) 368-2884
H.S.T. Registration # 825739584

Room : [REDACTED]
Folio # : [REDACTED]
Cashier # : [REDACTED]
Page # : 1 of 1

Group Name [REDACTED]

[REDACTED]
Dr Evan Lundall
[REDACTED]

Invoice No. [REDACTED]
Arrival : 05-12-16
Departure : 05-14-16
Fairmont President's Club
[REDACTED]

Date	Description	Additional Information	Charges	Credits
05-12-16	Library Bar	Room [REDACTED] CHECK# [REDACTED]	65.37	-not claimed
1 05-12-16	Room Charge <i>Thurs</i>		205.00	
05-12-16	HST - Rooms		26.65	
05-12-16	DMP Fee*		5.45	
05-12-16	HST-DMP Fee*		0.71	
05-13-16	Epic Lounge	[REDACTED] CHECK# [REDACTED]	7.91	-not claimed.
2 05-13-16	Room Charge <i>fr</i>		205.00	
05-13-16	HST - Rooms		26.65	
05-13-16	DMP Fee*		5.45	
05-13-16	HST-DMP Fee*		0.71	
05-14-16	Mastercard	[REDACTED]	\$475.62	548.90-
Total			548.90-	548.90-

Balance Due 0.00

GST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

HST Summary

Room : 53.30
F&B : 7.28
Other : 1.42
Total : 62.00

Room rate at the host hotel
is \$5.00 more plus
applicable provincial taxes

Thank you for choosing Fairmont Hotels & Resorts.
To provide feedback about your stay please contact Edwin Frizzell General Manager, at Edwin.FrizzellGM@Fairmont.com.
We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (13.00% per annum.)
I have accepted delivery of The (40oz and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts




PAYMENT RECEIPT / RECU DE PAIEMENT

Name/Nom
LUNDALL/EVAN



Date
15MAY16

Time/Heure
9:20PM

Description	Fee/Frais (CAD)	GST/TPS	Total (CAD)
FIRST BAG 	\$25.00	1.25	26.25
	\$25.00	1.25	26.25

Total (CAD)
LUNDALL/EVAN L
\$25.00 \$1.25



GST/TPS No. 866112535
QST/TVQ No. 1202807956 TQ0001



ADULT
ONE-WAY

ADULTE
ALLER SIMPLE

\$12.00

AÉROPORT
PEARSON AIRPORT
TO | A
UNION

12 MAY/MAI 2016

18:34

Must take trip within 1 hour of issuance
Doit faire le trajet au
plus 1 heure après achat

Not refundable, not transferable
Non remboursable, non transférable

Retain for inspection
Conserver pour inspection

U0408CCARD TN [REDACTED]



May 12, 2016
Metro Charge
Toronto Airport to Hotel.

\$12.00

CREDIT CARD RECEIPT

UP Express Union TVM
TORONTO, ON

TYPE: PURCHASE
ACCT: MASTERCARD
AMOUNT: \$24.00 CAD
CARD #: [REDACTED]
DATE/T.ME: 2016/05/16 11:32Z
REF #: [REDACTED]
AUTHOR.#: [REDACTED]
Master-Card
A000000004 0102
8000008000 E800

VERIFIED BY PIN

INVOICE #: [REDACTED]

01/027

APPROVED - THANK YOU

Travel to Airport
-- IMPORTANT --

Retain This Copy For Your Records

*** CUSTOMER COPY ***

May 16, 2016
Metro Charge
Hotel to Toronto Airport

\$12.00

Evan Lundall L.

From: Evan Lundall [REDACTED]
Sent: Monday, May 16, 2016 4:02 PM
To: Evan Lundall L.
Subject: Fwd: PARK2GO Parking Receipt

*Parking
CALGARY*

Evan Lundall
Medical Director, Central Zone
AHS
(Sent from my iPhone)

Begin forwarded message:

From: PARK2GO <park2goreceipt@gmail.com>
Date: May 16, 2016 at 15:59:59 MDT
To: [REDACTED]
Subject: PARK2GO Parking Receipt

PARK2GO, INC.
GST 833 250210 RT0001
PARK2GO, INC.
2121 100TH AVENUE NE
CALGARY
403.532.4844
Thank you!

Ticket#: [REDACTED]
CheckIn D/T: 05/12/16 11:32
CheckOut D/T: 05/16/16 15:59
Duration Time: 4d 04h 27m
Plate#: [REDACTED]
Make/Model: [REDACTED]
Color: [REDACTED]

June 2016 expense claim will be reduced by \$14.65.

Parking Charge: \$73.24
Discount: \$14.65-
AMA SWIPE AND SAVE 20%
Charge: \$55.80
Tax: \$2.79
Total: \$58.59

Card Type: MasterCard
Account#: [REDACTED]
Card Holder: LUNDALL/EVAN.MR

Ref# [REDACTED]

Order# [REDACTED]

Total: \$58.59

T-Acct# [REDACTED]

Reward Class: RES. ACCOUNT

Total Points: 0-\$0.00

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