

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 July 2016

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-16	P-Card	Meetings			125	82	207		67	
Total			\$ -	\$ -	\$ 125	\$ 82	\$ 207	\$ -	\$ 67	\$ -

Total for the Month \$ 274

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 111
 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

<u>LUNDALL, EVAN</u> Cardholder's Name	<u>CENTRAL ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$273.29</u>
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/06/2016	[REDACTED]	POMEROY INN & SUITES V, LODGING HOTELS, MOTELS, RESORTS	124.85	CAD	124.85	5.95		Hotel accommodation - Phy Mtgs
23/06/2016	[REDACTED]	TWO HILLS FAS GAS, GAS / SERVICE STATIONS	56.87	CAD	56.87	2.71		Gas
23/06/2016	[REDACTED]	TWO HILLS PIZZA AND WI, EATING PLACES, RESTAURANTS	66.57	CAD	66.57	3.17	.00	Supper meeting with Two Hill physicians
27/06/2016	[REDACTED]	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	CMO Meeting

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.

Sheryl Hergott
Name of Cardholder Designate

E.A.
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

14 July 2016
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.

LUNDALL, EVAN
Name of Cardholder

CENTRALZONE MEDICAL
Cardholder Position/Title

[Signature]
Signature of Cardholder

[Signature]
Date of Signature 14 July 2016

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.

Sara Coupland
Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

Aug 2, 2016
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.

Dr. Francois Belanger
Name of Approver

VP Quality of CMO
Approver Position/Title

[Signature]
Signature of Approver

Aug 2, 2016
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
 - Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference # _____ Reviewed by _____ Date _____



he Vegreville Hotel LP o/a Vegreville Pomeroy Inn and Suit

6539 Highway 16A West
GST Registration# 802799452RT001
Vegreville, AB T9C0A3

Telephone: (780)632-2094 Fax: (780)632-6312

Jul 14, 2016
9:27 am

Evan Lundall

Folio # [REDACTED]
Room Number: [REDACTED]
Rate: \$111.20
Pay Method: [REDACTED]

Arrival Date: Wednesday, June 22, 2016
Departure Date: Thursday, June 23, 2016

Member # [REDACTED]
Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
6/22/2016	ROOM CHARGE	Auto Posted		[REDACTED]	\$111.20	
6/22/2016	HOTEL SALES TA	Auto Posted		[REDACTED]	\$4.45	
6/22/2016	ROOM GST	Auto Posted		[REDACTED]	\$5.56	
6/22/2016	DEST MARKTNG	Auto Posted		[REDACTED]	\$3.34	
6/22/2016	HOTEL SALES TA	Auto Posted		[REDACTED]	\$0.13	
6/22/2016	ROOM GST	Auto Posted		[REDACTED]	\$0.17	
6/23/2016	MASTERCARD	CHECKED [REDACTED]				\$124.85

I agree that my liability for all charges is not waived. GST Registration# 802799452RT0001

Signature _____

Tax Summary	
HOTEL SALES	\$4.58
ROOM GST	\$5.73
DEST MARKTN	\$3.34
Balance:	\$0.00

Base: Physician Meetings: 1) Vegreville
2) Wainwright
3) Vermilion
4) Two Hills

Two Hills Fas Gas
GST# 865167829
(780) 657 2331
Hwy 36 & 45 Two Hills, AB

2016-06-23 05:33:58PM MDT

AS REG \$56.87
\$1.039/L, 54.735 L, Includes GST 5%

Sub-Total 54.17
GST 2.70

Total Due \$56.87

Master 56.87

#00018703006/9

Your Cashier is Two Hills Fas Gas :)

TWO HILLS FAS GAS
5101 54 AVE
TWO HILLS, AB T8B 4K0
(780) 657-2331

TERM ID: A7607042

BATCH#: 013
SHIFT#: 001

Sale

INVT: 000000067

MCARD Chip
Application Label: MasterCard SEQ#: 013001001067
AID: A0000000001010
TVR: 00 00 00 00 00

Total: CAD\$ 56.87

APPROVED: 001

23-Jun-16

17:33:48

CUSTOMER COPY
(THANK YOU
COME AGAIN!)

Physician Meetings

1. Vegreville
2. Wainwright
3. Vermilion
4. Two Hills

Cmo Mtg

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number

Expiration Date/Time

06:00 PM
JUN 27, 2016

Purchase Date/Time: 06:23am Jun 27, 2016

Total Parking: \$23.61

Total gst: \$1.19

Total Due: \$25.00

Rate: \$25 - Early Bird

Total Paid: \$25.00

Payment Type: Cash

Tick

S/N

Setting: Lot 256

Mach Name: Meter 1

MasterCard

GST #867316638RT0006

Cmo Mtg
Parking -
Matrix Hotel,
Edmonton.

Two Hills Pizza & Wings Inc.

5002 Diefenbaker Ave
 Box 601
 Two Hills, Alberta T0B 4K0
 Canada

INVOICE

Invoice No.: XXXXXXXXXX
 Date: 2016-06-23
 Ship Date:
 Page: 1
 Re: Order No.

Sold to:
 Alberta Health Services

Ship to:
 Alberta Health Services

Business No.: 789544293 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
		1	14" Vegetarian Pizza	G	22.95	22.95
		1	14" Hawaiian Pizza	G	22.95	22.95
		5	Cans Coke	G	2.00	10.00
		5	Bottles Water	G	1.50	7.50
			Subtotal:			63.40
			G - GST 5%			3.18
			GST/HST			-0.01
			GST/HST, not included			
<p>Physician Meeting: <u>Two Hills</u></p> <p>Dr Lundall</p> <p>Dr Edgemore</p> <p>Dr Sostor</p> <p>Dr Van Wijk</p> <p>Dr Soko</p>						
Shipped By: _____ Tracking Number: _____						
Comment: Food Delivered to Two Hills Hospital on June 23 at 4:30 pm					Total Amount	66.57
Sold By: _____						

Two Hills Pizza & Wings Inc.

RECEIPT

5002 Diefenbaker Ave
 Box 601
 Two Hills, Alberta T0B 4K0
 Canada

Receipt No.:

15
 2016-07-01

Amount Received \$66.57

From:
 Alberta Health Sreves

Signature



Two Hills Pizza & Wings Inc.		2016-07-01		Receipt No.: 15	
Alberta Health Sreves		Discount		Amount Received	
15					
			66.57		
				Total	66.57

TWO HILLS PIZZA AND WING
 5002 DIEFENBAKER AVE
 TWO HILLS, AB. T0B 4K0
 780-657-1066

SALE

Server #: 000004
 MID: 8028504879
 TID: 0089250008028504879409
 Batch #: 402
 06/23/16 15:28:47
 APPR CODE:
 Trace: 12
 REF#: 00000012



AMOUNT \$66.57
 TIP \$
 TOTAL \$

APPROVED

X

CASHIER ACKNOWLEDGES RECEIPT OF GOODS
 AND/OR SERVICES IN THE AMOUNT OF THE
 TOTAL SHOWN HEREON

THANK YOU / MERCI
 MERCHANT COPY