

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of February 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) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Feb-16 | P-Card | Meetings | | | | 129 | 129 | | | |
| Feb-16 | Expense Claim | Meetings | | | | 505 | 505 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 634 | \$ 634 | \$ - | \$ - | \$ - |

Total for the Month \$ 634

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.

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.

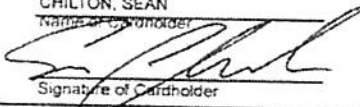

Instruction:

- 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

| | | | |
|---------------------------------------|---|---------------------------|------------|
| CHILTON, SEAN | CHIEF ZONE OFFICER | Billing Reporting Period: | 20/02/2016 |
| Cardholder's Name | Cardholder's Position/Title | | |
| SOUTH ZONE | CHINOOK REGIONAL HOSPITAL | Total Statement Amount: | \$129.02 |
| Cardholder's Dept | Cardholder's Site/Location | | |
| SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA | Last 6 digits of the P-Card #: XXXXXXXXXX | | |
| Cardholder's e-mail address | | | |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|--|-----------------------|----------|--------------|-----|---------|---|
| 25/01/2016 | 416948973 | SHELL, GAS / SERVICE STATIONS | 28.99 | CAD | 28.99 | .00 | | fuel - fleet Medicine Hat HAC meeting |
| 26/01/2016 | 416948974 | SOUTH COUNTRY CO-OP CH, GAS / SERVICE STATIONS | 13.64 | CAD | 13.64 | .65 | | car wash - fleet vehicle |
| 26/01/2016 | 416948975 | GAS KING #400, GAS / SERVICE STATIONS | 12.55 | CAD | 12.55 | .60 | | fuel for fleet; travel to bow Island meeting with EMS / Municipal council |
| 01/02/2016 | 417949895 | DELTA CALGARY AIRPORT, DELTA HOTELS | 14.70 | CAD | 14.70 | .00 | .00 | Parking, calgary, Kidney SCN meeting |
| 08/02/2016 | 418567684 | ESSO, FUEL DISPENSER, AUTOMATED | 35.67 | CAD | 35.67 | .00 | | fuel fleet. Milk River meeting with Coutts Mayor |
| 10/02/2016 | 418929900 | ESSO, FUEL DISPENSER, AUTOMATED | 23.47 | CAD | 23.47 | .00 | | fuel fleet; Medicine Hat Pennatal QAC meeting with family & physician |

| 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>_____ Name of Cardholder Designate</p> | <p>_____ Cardholder Designate Position/Title</p> |
| <p>_____ Signature of Cardholder Designate</p> | <p>_____ 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>CHILTON, SEAN _____ Name of Cardholder</p> | <p>CHIEF ZONE OFFICER _____ Cardholder Position/Title</p> |
| <p> _____ Signature of Cardholder</p> | <p>24/2/2016 _____ 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>_____ Name of Approver Designate</p> | <p>_____ Approver Designate Position/Title</p> |
| <p>_____ Signature of Approver Designate</p> | <p>_____ 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>Brenda Hubbard _____ Name of Approver</p> | <p>VP - CHCO Central & Southern AB _____ Approver Position/Title</p> |
| <p> _____ Signature of Approver</p> | <p>2016 Feb 29 _____ Date of Signature</p> |
| Submit approved statement with attachments to Accounts Payable: | |
| <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: <ul style="list-style-type: none"> • 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> |
| Accounts Payable only: | |
| Reference # _____ | Reviewed by: _____ |
| Date: _____ | |

Medicine Hat (1)
 Palliser Triangle
 SHELL CANADA PRODUCTS
 704 Redcliff Dr SW
 Medicine Hat, AB T1A 5E3
 403-527-5111
 HAC mtg.

Fleet car wash. (2)

You're at home here.



South Country Co-op
 Chinook Gas Bar
 20, 4141 - 4th Ave S
 Lethbridge AB T1J 5K6
 GST# R103619193

| Tax Description | Qty | Amount |
|---------------------------------------|--------|----------------|
| F Bronze No3 33.215 L @ \$0.699/ L | | \$23.21 |
| F RAINX ALLSEASON WAF | 1 | \$5.50 |
| AIR MILES | 1 | \$0.00 |
| Sub Total | | \$28.71 |
| 5.0% GST tax on | \$5.50 | \$0.28 |
| 0.0% PST tax on | \$0.00 | \$0.00 |
| TOTAL | | \$28.99 |
| MASTERCARD: | | \$28.99 |
| Change | | \$0.00 |

01 APPROVED - THANK YOU 001

MASTERCARD [REDACTED]
 TERMINAL No. 89005071
 PURCHASE C
 INV No. 0050719060
 APPROVAL No. [REDACTED]
 MasterCard
 AID A0000000041010
 TVR 0000008000
 TSI E800

VERIFIED BY PIN

IMPORTANT
 retain this copy for your records

AIR MILES
 Card Num : [REDACTED]
 Terminal : [REDACTED]
 Approval : [REDACTED]

Member Number [REDACTED]
 Member: [REDACTED]
 Type: SALE

| Qty Name | Price | Total |
|-----------------------------------|-------|------------|
| 1 EXTREME WASH CODE [REDACTED] | | \$ 12.99 G |
| Subtotal | | \$ 12.99 |
| GST | | \$ 0.65 |
| Total | | \$ 13.64 |

ORIGINAL

TYPE: Purchase
 ACCT: MASTERCARD \$ 13.64
 CARD NUMBER: [REDACTED]
 DATE/TIME: 01/26/2016 08:11:22
 REFERENCE #: [REDACTED] C
 TERM:
 AUTHOR.# : [REDACTED]
 AID: A0000000041010
 TVR: 0000008000
 TSI: E800

MasterCard
 01 APPROVED - THANK YOU 027

IMPORTANT:
 retain this copy for your records

CUSTOMER COPY

 1/26/16 8:05:46 AM Receipt: [REDACTED]
 Pos:73 Cashier:17 Store: [REDACTED]

Thank you for shopping Co-op
 Have a nice Day!

Bow Island
 EMS Municipality
 Mtg.

GasKing

③

Lakeview Gas King #400
 2710 12 Ave S
 Lethbridge, AB
 T1K 0P7
 Tel (403) 320-2994
 GST R101957306

SALE RECEIPT # 1988267
 Customer: Cash Sale
 Cashier [REDACTED]
 26-Jan-2016 at 07:57 AM

| Description | Quantity | Price | Amount |
|--------------------------------|----------|-----------|---------|
| Reg(87) Pump-4 | 17.339L | \$0.724/L | \$12.55 |
| Sub Total | | | 12.55 |
| Total | | | 12.55 |
| GST (5.0%) included in \$12.55 | | | 0.60 |
| Credit Card | | | 12.55 |
| Total Tendered | | | 12.55 |

Download the Free Gas King App
 today. Details at gasking.com.

Milk River
 meeting &
 Courts Mayor.

121 Sunridge RD
 Lethbridge ab T1J-5J1

⑤

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
 00319895
 121 SUNRIDGE ROAD WE
 LETHBRIDGE, AB T1J
 URN:R104855408
 02/08/2016 438392671
 07:18:06 PM

PUMP# 2
 REGLR 50.671L
 PRICE/L 0.704
 FUEL TOTAL \$ 35.67

GST1 in fuel \$ 1.70
 CREDIT \$ 35.67

TYPE: PURCHASE
 ACCOUNT: HICARDFLEET \$35.67
 AUTH: 211602-F INVOICE: [REDACTED]
 CARD NUMBER: C [REDACTED]
 VERIFIED BY PIN
 A- MasterCard
 B- A0000000041010



Medicine Hat
 Perinatal QA
 mtg

121 Sunridge RD
 Lethbridge ab T1J-5J1

⑥

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
 00319895
 121 SUNRIDGE ROAD WE
 LETHBRIDGE, AB T1J
 URN:R104855408
 02/10/2016 438392900
 07:53:19 AM

PUMP# 2
 REGLR 33.332L
 PRICE/L 0.704
 FUEL TOTAL \$ 23.47

GST1 in fuel \$ 1.12
 CREDIT \$ 23.47

TYPE: PURCHASE
 ACCOUNT: HICARDFLEET \$23.47
 AUTH: 095140-F INVOICE: [REDACTED]
 CARD NUMBER: [REDACTED]
 VERIFIED BY PIN
 A- MasterCard
 B- A0000000041010






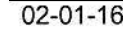
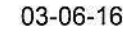
DELTA


CALGARY AIRPORT
2001 Airport Road NE, Calgary, Alberta T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-8722

Strategic Clinical Network
Kidney:
M. Bartoszyk
[Signature]

④



Room: 
Folio: 
Cashier: 
Arrival: 02-01-16
Departure: 03-06-16

| Date | Description | Additional Information | Charges | Credits |
|----------|--------------|--|---------|---------|
| 02-01-16 | Self Parking | | 14.00 | |
| 02-01-16 | Parking GST | | 0.70 | |
| 02-01-16 | Master Card |  | | 14.70 |

| GST Summary | |
|----------------------------------|-------------|
| Registration No:807209770 RT0001 | |
| Room | 0.00 |
| F&B | 0.00 |
| Other | 0.70 |
| Total | 0.70 |

| | | |
|-------------|-------|-------|
| Total | 14.70 | 14.70 |
| Balance Due | 0.00 | CDN |

Guest Signature: _____

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.

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total |
|--------------------|-----------------------------------|-------------------|---------------------|
| CHILTON, SEAN A | Chief Zone Officer, South Zone | Lethbridge | 363.60 |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|----------------------------------|---------------------------------|------------------------|--------------|----------------------|---------------|--------------------------|---------------------|-----------|----------------|------------------|---------------|
| 12/14/2015 | EMS/Ops Council Mtg | | Mileage | 20.20 | Lethbridge | Coaldale | Fleet not available | 1 | | | 40 |
| 1/7/2016 | PFA learning session | | Mileage | 54.54 | Lethbridge | Taber | Fleet not available | 1 | | | 108 |
| 1/20/2016 | Blood Tribe Dept Health meeting | | Mileage | 63.63 | Lethbridge | Blood Tribe, Standoff | Fleet not available | 1 | | | 126 |
| 2/1/2016 | Calgary - Kidney SCN | | Mileage | 225.23 | Lethbridge | Calgary | Fleet not available | 1 | | | 446 |
| Approver(s) for the claim | | Approval Status | | Approval Date | | | | | | | |
| HUBAND, BRENDA | | Approve | | 2-Feb-16 | | | | | | | |

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total |
|-----------------|--------------------------------|-------------------|---------------------|
| CHILTON, SEAN A | Chief Zone Officer, South Zone | Lethbridge | 141.40 |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|--------------|---------------------------|------------------|--------------|--------|---------------|-------------------------|--------------------|-----------|----------------|------------------|---------------|
| 2/19/2016 | Face to face Dr A Garbutt | | Mileage | 141.40 | Lethbridge | Crowsnest Pass Hospital | No fleet available | 1 | | | 280 |

| Approver(s) for the claim | Approval Status | Approval Date |
|---------------------------|-----------------|---------------|
| HUBAND, BRENDA | Approve | 11-Mar-16 |