

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

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 | | | | 32 | 32 | | | |
| May-16 | Direct Billing | Meetings | 69 | | | | 69 | | 1,420 | |
| Total | | | \$ 69 | \$ - | \$ - | \$ 32 | \$ 101 | \$ - | \$ 1,420 | \$ - |

Total for the Month \$ 1,521

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.

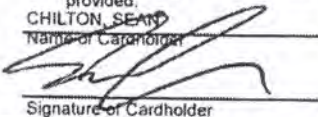
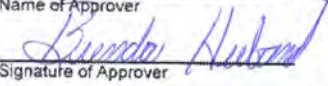
Instruction:

- 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 Cardholder's Name | CHIEF ZONE OFFICER Cardholder's Position/Title | Billing Reporting Period: | 20/05/2016 |
| SOUTH ZONE Cardholder's Dept | CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location | Total Statement Amount: | \$492.50 32.44 |
| SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 6 digits of the P-Card #: XXXXXXXXXX | |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|-------------------|-------|---------|------------------------------------|
| 11/05/2016 | 429141653 | SHELL, FUEL DISPENSER, AUTOMATED | 32.44 | CAD | 32.44 | .00 | | Fuel; Medicine Hat; HAC interviews |
| 12/05/2016 | 429141654 | AEROPORTTAXI LIMOUSIN, LIMOUSINES AND TAXICABS | 69.25 | CAD | 69.25 | 3.16 | .00 | taxi; Toronto; CSPL Conference |
| 13/05/2016 | 429315045 | ATPS*TAXI&LIMO SERVICE, LIMOUSINES AND TAXICABS | 69.00 | CAD | 69.00 | 3.45 | | taxi; toronto; CSPL Conference |
| 14/05/2016 | 429315044 | ROYAL YORK HOTEL, LODGING HOTELS, MOTELS, RESORTS | 237.81 | CAD | 237.81 | 11.89 | | hotel; Toronto; CSPL Conference |

| 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>May 25, 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 Huband _____ Name of Approver</p> | <p>VP - CHCO Central - Southern AB _____ Approver Position/Title</p> | |
| <p> _____ Signature of Approver</p> | <p>2016 May 27 _____ 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: • 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
HAC interviews

WELCOME

Shell Canada
110 WT HILL BLVD S
T1J 4T4
LETHBRIDGE AB
403-280-2000

██████████
MASTERCARD
PURCHASE C

INV No. ██████████
2016/05/11 17:23
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800

Bronze
PUMP No. 06
LITRES 34.737
PRICE/L \$0.934
TOTAL FUEL \$32.44
01 APPROVED - THANK
YOU 001

APPROVAL No. ██████████
TERMINAL No. 89225940
VERIFIED BY PIN

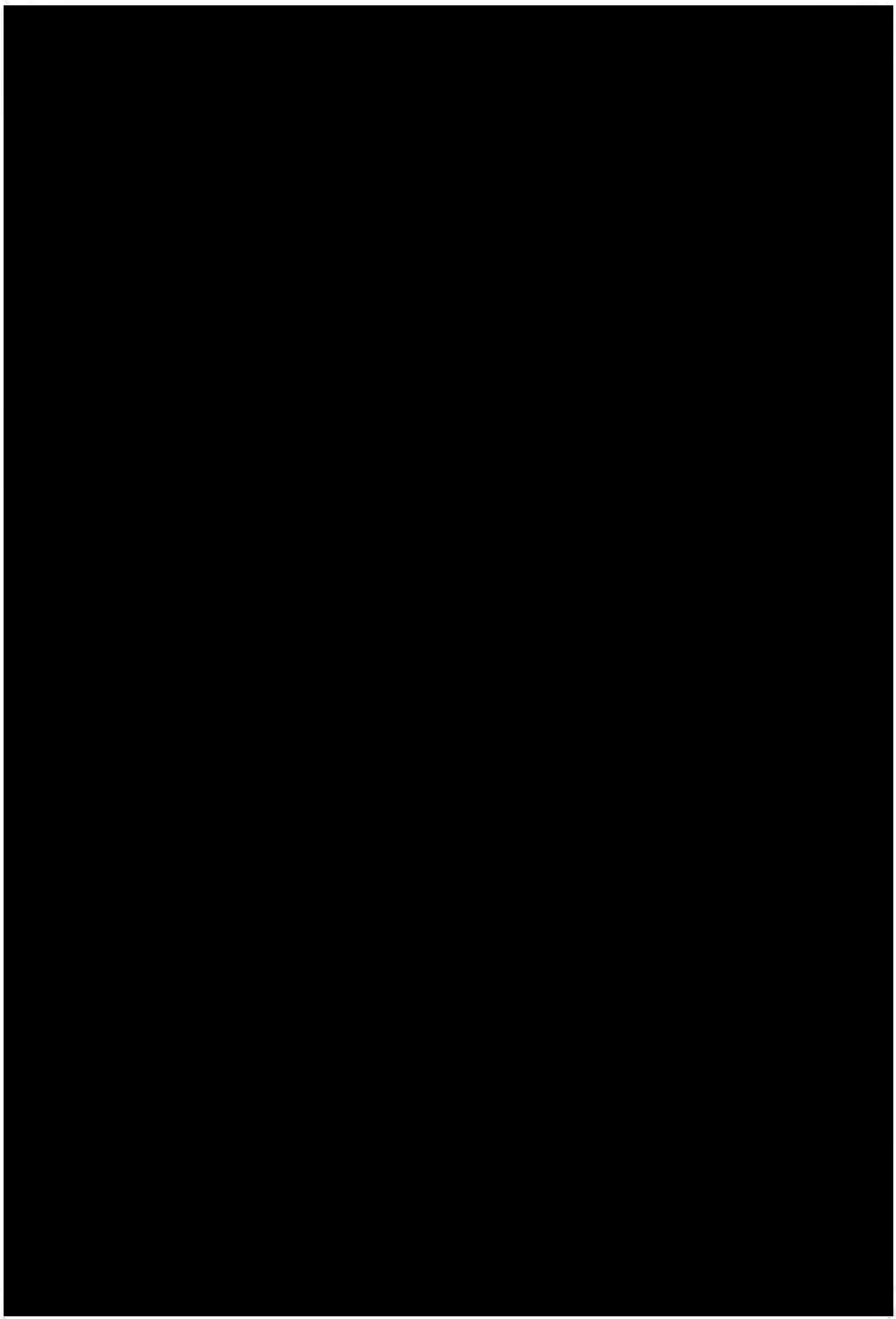
IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.54
No. 137400032RT
TOTAL SALE \$32.44

STORE: ██████████
TRAN: ██████████
2016/05/11 17:24:55

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$500 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600



Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

| | |
|----------------------------|---|
| Name : Sean Chilton | Reporting Period for the Month of : May-16 |
|----------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|---|----------------------------|--------------------|
| 21-Apr-2016 | Direct Billing | Working Session | SZ Leadership Forum - working session at Heritage Inn, Taber, AB (People Strategy & Aboriginal Health sessions) | Other | 1,419.39 |
| 2-May-2016 | Direct Billing | Airline Ticket | Return flights Lethbridge to Edmonton for AHS Senior Leaders Meeting on June 20, 2016 (2017-20 Health Plan) - Previous Credit applied | Marlin Travel | 68.75 |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | - |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | - |
| Total Paid in the Month | | | | | \$ 1,488.14 |

SZ Leadership ①
 Forum
 Apr. 21/16

Heritage Inn - Taber
 4830 46 Ave
 Taber, AB
 T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733

Stephanie Fisher-Dor Alberta Health Servi

Page # [REDACTED]
 Res. # [REDACTED]
 Checked in Thu Apr 21/16 - 9:48am
 Checked out Sat Apr 30/16 - 1:33pm
 Nights 9
 Room Rate 0.00
 Room [REDACTED]

| Date | Description | Reference | Charges | Credits |
|---------------------------------------|--------------------------|------------|----------|---------|
| Apr21 | Room - Meeting Rm Rental | [REDACTED] | 275.00 | |
| Apr21 | GST | [REDACTED] | 13.75 | |
| Apr21 | Banquets - Food | [REDACTED] | 880.00 | |
| Apr21 | GST | [REDACTED] | 44.00 | |
| Apr21 | Banquets - Food | [REDACTED] | 32.00 | |
| Apr21 | GST | [REDACTED] | 1.60 | |
| Apr21 | Gratuity | [REDACTED] | 136.80 | |
| Apr21 | GST | [REDACTED] | 6.84 | |
| Apr21 | Banquets - Food | [REDACTED] | 28.00 | |
| Apr21 | GST | [REDACTED] | 1.40 | |
| Apr30 | Direct Bill - Thank you | | | 1419.39 |
| | Employee ID#: N | | | |
| <i>Total Outstanding this Invoice</i> | | | 1,419.39 | 1419.39 |

AHS - South Zone
 Attn: Stephanie Fisher-Dortman

[REDACTED]

Name: _____
 P.O. # _____

Interest charges on all amounts outstanding
 over 45 days at a rate of 2%.


Our G.S.T. # is R102881810

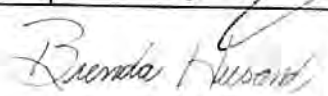
Charge Summary:

| | |
|--------------------------|----------|
| Direct Bill - Thank you | -1419.39 |
| Room - Meeting Rm Rental | 275.00 |
| GST | 67.59 |

Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

| Details of Working Session Request | | | |
|---|--|---|--------------------------|
| Describe the purpose of the working session Bi-Annual meeting with SZ Single Point of Contact Directors & SZ Operational Leadership to validate 2016-17 Operational Plan, and to develop zone workplans for People Strategy. | | | |
| Name of Event South Zone Leadership Forum | | Date of Request (yyyy-Mon-dd) 2016-Mar-15 | |
| Event Lead (Name, Position, Department) Sean Chilton, Chief Zone Officer, South Zone | | | |
| Location of Venue Taber, AB | | | |
| Event Date(s) April 21st, 2016 | | | |
| Number of Attendees | 65 | | |
| Guest Speaker(s)/Facilitators | Title/Role | Organization | |
| Sean Chilton | Chief Zone Officer, | South Zone | |
| Dr. Jack Regehr | Zone Medical Director | South Zone | |
| Elaine Watson | Executive Director | Human Resources, AHS | |
| Proposed Budget | | | |
| Venue cost \$ 275.00 | | | |
| Meals \$ 832.00 | | | |
| Non - Alcoholic Beverages | | | |
| Other \$ 124.80 Specify nature of expense Gratuity | | | |
| GST (if applicable) \$ 61.59 | | | |
| Total planned event budget \$ \$ 1,293.39 | | | |
| Finance Code / Accounting Distribution | | | |
| Balancing Unit Eg. 101 | Location Eg. 9000 | Functional Centre/Primary Eg. 0000000000 | |
| 101 | 0014 | 71110000084 | |
| Authorization | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved | Name Sean Chilton | Position Title Chief Zone Officer - SZ | DOFA Level [Redacted] |
| | Signature  | | Date |



Our Vision: "Healthy Albertans. Healthy Communities. Together."

Our Mission: To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

Meeting Purpose: To engage South Zone Leaders to enable achievement of the AHS goals.

DRAFT AGENDA

| Item | Topic | Lead | Start Time |
|------|--|--|--|
| 1.0 | Welcome and Introductions | Sean Chilton & Dr. Jack Regehr | 9:30am |
| 2.0 | Aboriginal Health Engagement Session <ul style="list-style-type: none"> • Smudge Ceremony & Opening Prayer • Introduction • Break • Local Community Context & Relationships • Breakout Discussion – Determining Current and Desired Future State | Harley Crowshoe Jennifer Mantha Tyler Wells Kendra Deveau | 9:45am 10:00am 10:30am 10:35am 11:30am |
| 3.0 | Lunch – provided | | 12:30pm |
| 4.0 | Our People Strategy: <ul style="list-style-type: none"> • Overview of the People Strategy • Visioning and Environmental Scan • South Zone Planning Break-out Session • Wrap Up | Elaine Watson Blaine Ball Carol Nieman | 1:00pm 1:30pm 2:00pm 2:40pm |
| 5.0 | Closing Remarks & Evaluation | Sean Chilton & Dr. Jack Regehr | 3:20pm |

*Casual Dress

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
 GST Reg#: 885101915

Branch: [REDACTED]
 Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

Senior leader
 Mtg - Edmonton
 June 20
 17-20 Health Plan.

Invoice Number: [REDACTED]
 Date: May 2, 2016
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For
 MR SEAN CHILTON
 AC [REDACTED]

Monday, June 20, 2016

Air

OTHER TRAVEL **Flight:** 918 ECONOMY CLASS
From: LETHBRIDGE 06:45 AM
To: EDMONTON INTL AB 08:00 AM
Stops: 0 **Arrival:** 20Jun16
 INTEGRA BOOKING REFERENCE/LOCATOR - [REDACTED]

Air

OTHER TRAVEL **Flight:** 829 ECONOMY CLASS
From: EDMONTON INTL AB 06:05 PM
To: LETHBRIDGE 07:20 PM
Stops: 0 **Arrival:** 20Jun16
 INTEGRA BOOKING REFERENCE/LOCATOR [REDACTED]

Cost:
 INTEGRA AIR [REDACTED] 68.75
 INTEGRA AIR [REDACTED] 32.15
 INTEGRA AIR [REDACTED] -32.15

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: May 2, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

| | |
|--|-------|
| Grand Total: | 68.75 |
| Less Credit Card Payments: | 68.75 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |

FOR YOUR RECORDS.

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.