

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of September 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)
Sep-16	P-Card	Meetings				50	50			
Sep-16	Expense Claim	Meetings				52	52			
Sep-16	Direct Billing	Meetings	1,734				1,734			
Total			\$ 1,734	\$ -	\$ -	\$ 102	\$ 1,836	\$ -	\$ -	\$ -

Total for the Month \$ 1,836

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

<u>CHILTON, SEAN</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/09/2016</u>
<u>SOUTH ZONE ADMINISTRATION</u> Cardholder's Dept	<u>CRH</u> Cardholder's Site/Location	Total Statement Amount: <u>\$50.42</u>
<u>SEAN.CHILTON@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <u>██████████</u>	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
09/09/2016	██████	ESSO, GAS / SERVICE STATIONS	50.42	CAD	50.42	.00		Used fleet car to travel to Calgary for the DON SCN Core Committee meeting on September 9, 2016.

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>Sept. 22/2016 _____ 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>Dr. Ted Braun _____ Name of Approver Designate</p>	<p>Acting VP - Medical Director, Central _____ Approver Designate Position/Title</p>	
<p>_____ Signature of Approver Designate</p>	<p>226 Sept 26 _____ 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>_____ Name of Approver</p>	<p>_____ Approver Position/Title</p>	
<p>_____ Signature of Approver</p>	<p>_____ 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: _____

Fuel for the fleet car to travel to Calgary for the

①
DON SON
Core
Committee
mtg.

NANTON ESSO
NANTON ESSO SERVICE
26TH AVE & HWY 2
NANTON, AB TOL 1R0

DATE: 2016-09-09 TIME: 08:49:39

Paypoint: 01K TRANS #: [REDACTED]
Station#: 00303587 Cashier: manager
GST: R817648058

FUEL	(L)	(\$/L)	(\$)
Pump 1 REG	48.048	0.999	48.00
PRODUCT	QTY	PRICE	AMOUNT
psi Diet591ml	1	2.30	2.30 B
		GST 5%	0.12
TOTAL CAD	\$		50.42
CREDIT CARD	\$		50.42
GST INCLUDED IN FUEL \$		2.29	

PURCHASE
CARD FLEET
INVOICE NO: [REDACTED]
AUTH #: [REDACTED]

MasterCard
[REDACTED]

01 Approved - Thank You 027

Reconciliation ID: [REDACTED]

-- IMPORTANT --
Retain This Copy For Your Records

Customer's Copy -

Photo Extra Card #: [REDACTED]
Points Earned: 50
Points Balance: 2862

&GST, - , G - GST

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	51.51

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/12/2016	Attended the SZ Quality Council Planning		Mileage-Local-Home Zone	51.51			Could not use the Fleet car because it was already in use with Dr. Jack Regehr who was travelling both to Brooks and Medicine Hat.	1			102

Approver(s) for the claim	Approval Status	Approval Date
HUBAND, BRENDA	Approve	20-Sep-16

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 : Sep-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Aug-2016	Direct Billing	Airline Ticket	Integra Air return flight Edmonton to Lethbridge on September 30, 2016 from the 2016 Fall Foundations Leadership Forum	Marlin Travel	421.74
26-Aug-2016	Direct Billing	Airline Ticket	Air Canada flight from Lethbridge to Edmonton on September 29, 2016 for the 2016 Fall Foundations Leadership Forum on September 30, 2016.	Marlin Travel	248.48
12-Sep-2016	Direct Billing	Airline Ticket	Integra Air flights same day return Lethbridge to Edmonton on October 14, 2016 to attend the Kidney Health SCN Core Committee meeting.	Marlin Travel	724.72
15-Sep-2016	Direct Billing	Airline Ticket	Integra Air flight Lethbridge to Edmonton on October 19, 2016 to attend the Seniors Leaders All Day Meeting. Return flight not yet booked.	Marlin Travel	338.96
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 1,733.90

Wendy Musial

From: res@integraair.com
Sent: Friday, August 26, 2016 6:41 PM
To: Ashley Quach; Ashley Quach
Subject: INTEGRA AIR ITIN. For CHILTON, SEAN

Importance: High

Passenger Itinerary for CHILTON, SEAN

Please print/retain this page for your records. Thank you for choosing Integra Air.

Itinerary
www.integraair.com

Customer Care
 Toll Free 1-877-213-8359
 Local 403-381-UFLY (8359)



Booking Information - Booking Reference/Locator#: [REDACTED]
 - Booked On: 08/26/2016 18:40

Passenger

Name: CHILTON, SEAN
 Phone #: [REDACTED]

Contact

Name: MARLIN TRAVEL GOVERNMENT CENTRE
 Form of Payment: MASTERCARD

Flight Information

FLIGHT	FROM	TO	DEPART	ARRIVE	STATUS
829	Executive Flt Ctr (YEG)	Lethbridge (YQL)	09/30/2016 17:05	18:15	CONFIRMED

Notes

Fare Summary

Fare	\$327.54	
Taxes, Fees and Charges		
Nav Canada Surcharge	\$12.00	
Security Fee	\$7.12	
Other Charges	\$55.00	
Subtotal	\$401.66	
GST(100411966RG0001)	\$20.08	
Total - CAD		\$421.74
Balance Due		\$0.00

Terms and Condition

General

Traveler

Passenger Name:
Chilton, Sean Mr

e-Ticket Number:
[REDACTED]

Reservation Number:
[REDACTED]

Ticket Issue Date:
August 26, 2016

Flight - Air Canada (AC) - 7220 September 29, 2016

Confirmation Number:
[REDACTED]

Status:
Confirmed

Fare Basis:
[REDACTED]

Flight Operated By: AIR CANADA EXPRESS
- AIR GEORGIAN

Depart:
Lethbridge County Airport (YQL)
Lethbridge
Terminal Not Available
5:20 PM

Arrive:
Calgary Intl Arpt (YYC)
Calgary
Terminal Not Available
6:09 PM

Class Of Service:
Economy

Carry-On:

2 Piece Plan
Bag 1 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE
Bag 2 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE

Baggage Allowance:

1 Piece Plan
Bag 1 - NO FEE UPTO50LB/23KG AND UPTO62LI/158LCM
Bag 2 - 35.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM

Flight - Air Canada (AC) - 8164 September 29, 2016

Confirmation Number:
[REDACTED]

Status:
Confirmed

Fare Basis:
[REDACTED]

Flight Operated By: AIR CANADA EXPRESS
- JAZZ

Depart:
Calgary Intl Arpt (YYC)
Calgary
Terminal Not Available
7:30 PM

Arrive:
Edmonton Intl Arpt (YEG)
Edmonton
Terminal Not Available
8:24 PM

Class Of Service:
Economy

Carry-On:

2 Piece Plan
Bag 1 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE
Bag 2 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE

Fare Information

Form Of Payment:
[REDACTED]

Fare: CAD 226.00

Taxes and Carrier-imposed fees:
CAD 7.48 CA
CAD EXEMPT XG
CAD 15.00 SQ

Total: CAD 248.48

Endorsement Information:

AC ONLY-NON-REF-CHGE FEE AB HEALTH SERVICES COF

Agency Information

MARLIN TRAVEL
9929 - 108Th.Street Government Centre
Edmonton, AB T5K 1G8
Canada

Agency Phone:
780 425-8611 MARLIN TRAVEL 60-87935-0/-ASHLEY

Agency IATA Number:
[REDACTED]



Trip Statement

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [redacted]
Booking Date: 12 Sep 16
Client: [redacted]
Agent: ASHLEY QUACH
File Locator: [redacted]

PASSENGERS: MR SEAN CHILTON

INSURANCE

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: INTEGRA AIR Confirmation # [redacted], 591.48, 0.00, \$0.00, 133.24, 0.00, 724.72 CAD. Total: 591.48, 0.00, 0.00, 133.24, 0.00, 724.72 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [redacted], 09/10/2016, [redacted], [redacted], 724.72 CAD. Total Payment: 724.72 CAD.

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
---INTEGRA AIR RULES----- TICKET IS NON REFUNDABLE. CANCELLATIONS UP TO 4 HRS PRIOR AND CHANGES UP TO 30 MINS PRIOR TO THE FLIGHT TIME. CHANGE FEE 50.00 PLUS ANY FARE DIFFERENCE IF APPLICABLE.
HTTP://WWW.INTEGRAAIR.COM/TRAVEL-INFO/ INTEGRA AIR IS LOCATED AT THE EXECUTIVE FLIGHT CTRE- 3684 - 53 AVENUE EAST. EDMONTON INTL AIRPORT FROM SOUTH BOUND HWY 2-TAKE EXIT 525. TAKE YOUR 1ST LEFT-FOLLOW THE AIRPORT SERVICE RD TAKE YOUR 2ND RIGHT INTO THE EXECUTIVE FLT CTRE FREE PARKING IS AVAIL. REGISTER VEHICLE AT CHECKIN

Return flight is over the \$600.00 limit.
Rationale: Integra Air has limited flights to and from Lethbridge and Integra Air uses a numbered level system to determine pricing.
This flight was booked 33 days in advance with Marlin Travel

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 12 Sep 16
Client: [REDACTED]
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	SEAN CHILTON	Booking Date:	10 Sep 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
	00918	LETHBRIDGE		EDMONTON INTL	Y		
		14 Oct 16 6:45AM		14 Oct 16 8:00AM			
	00829	EDMONTON INTL		LETHBRIDGE	Y		
		14 Oct 16 5:05PM		14 Oct 16 6:15PM			

(4)



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 15 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: WENDY.MUSIAL@AHS.CA Agent: ASHLEY QUACH File Locator: WG0FJG
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PASSENGERS: MR SEAN CHILTON

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	279.84	0.00	\$0.00	59.12	0.00	338.96 CAD
Total:	279.84	0.00	0.00	59.12	0.00	338.96 CAD

PAYMENTS				Form of Payment	Amount
Invoice #	Payment Date	Card Holder		[REDACTED]	338.96 CAD
[REDACTED]	09/14/2016				
Total Payment:					338.96 CAD
Balance Due CAD Currency					0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 15 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: WENDY.MUSIAL@AHS.CA
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SEAN CHILTON

Booking Date: 14 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
	00918	LETHBRIDGE		EDMONTON INTL	Y		
		19 Oct 16 6:45AM		19 Oct 16 8:00AM			

