

## AHS Board and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer South Zone  
**Location** Lethbridge

Expenses submitted during the month of December 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)
Dec-16	P-Card	Meetings			399	427	826			
Dec-16	Direct Billing	Meetings	1,719			110	1,829			
<b>Total</b>			<b>\$ 1,719</b>	<b>\$ -</b>	<b>\$ 399</b>	<b>\$ 537</b>	<b>\$ 2,655</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 2,655

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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.

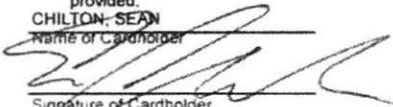
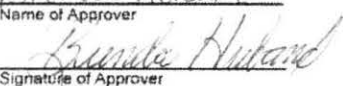
**Instruction:**

- 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>20/12/2016</u>
<u>SOUTH ZONE ADMINISTRATION</u> Cardholder's Dept	<u>CRH</u> Cardholder's Site/Location	Total Statement Amount: <u>\$825.50</u>
<u>SEAN.CHILTON@AHS.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 22/11/2016		SHELL, FUEL DISPENSER, AUTOMATED	31.84	CAD	31.84	.00		Fleet vehicle fuel to Med Hat for meeting with Bow Island Mayor re: health center management
② 28/11/2016		SHELL, FUEL DISPENSER, AUTOMATED	28.10	CAD	28.10	.00		Fuel expense for the fleet. Travel to Med Hat for the Palliser Triangle Health Advisory Council mtg. with James Frey
③ 29/11/2016		Enterprise, ENTERPRISE RENT-A-CAR	1.00	CAD	1.00	.05		Error processing Credit Card and missed \$1 from full transaction amt of 95.76
④ 30/11/2016		ESSO, FUEL DISPENSER, AUTOMATED	28.00	CAD	28.00	.00		Fuel for the rental car. Carpooled to MH w/James Frey for the SZ Staff Engagement session.
⑤ 30/11/2016		SHELL, FUEL DISPENSER, AUTOMATED	50.10	CAD	50.10	.00		Fuelled the rental car which had driven to Med Hat the previous day by AHS Jody Bruder. Sean & James Frey carpooled to
⑥ 30/11/2016		Enterprise, ENTERPRISE RENT-A-CAR	94.76	CAD	94.76	4.51		Rental car for Jody's NFS meetings on Nov. 29 in MH and travel with James Frey to the SZE Staff Engagement session in Med Hat
⑦ 05/12/2016		MPARK00020004U, AUTOMOBILE PARKING LOTS AND GARAGES	35.00	CAD	35.00	1.67	.00	Parking fee @ ATB Place for the Nurses Leadership Network meeting on Dec. 5, 2016.
⑧ 05/12/2016		WESTIN (WESTIN HOTELS), WESTIN HOTELS	243.69	CAD	243.69	11.60	.00	Mtgs for Nurses Leadership Network, Seniors Care, ELT, transition mtg w/Dave Bilan on Dec. 5 & 6
⑨ 06/12/2016		MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	.00	Parking fee on Dec. 6 for mtgs at SSP w/the ELT and then with Dave Bilan
⑩ 06/12/2016		ESSO, FUEL DISPENSER, AUTOMATED	13.79	CAD	13.79	.00		Fuelled rental car prior to return. Meetings Dec. 5 & 6, ELT, Nurses Leadership Network, transition mtg w/Dave Bilan
⑪ 12/12/2016		ESSO, FUEL DISPENSER, AUTOMATED	42.34	CAD	42.34	.00		Fleet car fuel. Travel to Calgary for Prevention of Violence mtg. with Norma Wood and Gert.
⑫ 12/12/2016		AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	11.25	CAD	11.25	.54		Parking fee @ SPT for mtg w/Norma Wood re: Prevention of Violence
⑬ 13/12/2016		WESTIN (WESTIN HOTELS), WESTIN HOTELS	215.63	CAD	215.63	10.27	.00	Overnight in Edmtonon December 13 for pre-trial briefing followed by trial testimony Dec. 14. Testimony then cxi the a.m. of Dec. 14

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
CHILTON, SEAN Name of Cardholder	CHIEF ZONE OFFICER Cardholder Position/Title	
	Dec. 21/2016 Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Brenda Hubbard Name of Approver	VP Chief Central - Southern AB Approver Position/Title	
	22-Dec-16 Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference # _____	Reviewed by _____	Date _____



Fuelled the rental car  
driven to Med that the  
previous day by ATIS Jody  
Brudler.

WELCOME

Shell  
5756

ada  
ENUE

97 AB

(5)

Term.  
Appr:  
611301  
Referen

\*\*\*\*\*  
Miles re  
\*\*\*\*\*  
\* you got 2X Miles  
on your purchase of  
Shell Fuels!  
\*\*\*\*\*  
\* Get Refuel Rewards  
- up to 25 Bonus  
Miles each month  
for fuelling month  
Shell! visit up at  
roadtorewards.ca  
for details.  
\*\*\*\*\*

Departure  
to

Sean +  
James  
Frey to  
attend the  
staff Engage-  
ment  
day  
in  
Med  
Hall  
Nov. 30  
2016

Bronze  
PUMP No.  
LITRES  
PRICE/L  
TOTAL FUEL  
APPROVED -  
YOU 001  
No.  
No.

53.93006  
\$0.929  
\$50.10  
THANK  
you

IMPORTANT  
retain this copy for  
your records

FUEL INCLUDES \$2.39  
GST - Fuel  
137400032RT  
TOTAL SALE \$50.10  
STORE: C  
TRAN: C  
11/30/2016 0:03:16

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



1106 - 3 AVENUE SOUTH  
LETHBRIDGE, AB T1J0J6  
Federal GST# :889365821

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:

3+6

30/11/2016

**BILLING DETAIL**

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	2 DAY	45.00	90.00

Subtotal 90.00

VEHICLE LICENSE FEE RECOVERY	2 DAY	0.60	1.20
GOODS AND SERVICES TAX	PCT	5.00	4.56

**Total Charges (CAD) 95.76**

**PAYMENTS**

Payment	Master Card	-94.76
Payment	Master Card	-1.00

**Total Payments (CAD) -95.76**

**Amount Due (CAD) 0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

**BILL TO**

JODY BRUDLER

**Date/Time Out** 11/28/2016 16:10  
**Start Charges** 11/29/2016 08:00  
**Date/Time In** 11/30/2016 17:57

**Renter**  
BRUDLER, JODY

**Additional Driver**  
ALL AHS DRIVERS

**RENTAL VEHICLES**

Color	License	Model	Unit	Miles/Kms Out In
GRAY		VENZ		22,450 23,162

VIN: [REDACTED]

**CLAIM INFORMATION**

Claim# / PO# / RO#	Insured		
Date of Loss	Type of Loss	Type of Vehicle	Repair Shop

Jody used this rental car for the first day, Nov. 29/16, for travel to Med Hat for mtgs. Sean + James Frey used the car the 2nd day for Travel to Med Hat for the SZE Staff Engagement Operational Planning mtg - Nov. 30/2016

On the P-Card there are 2 transactions that equal this one invoice.

③ \$1.00  
⑥ \$94.76

**For Billing Inquiries / Payment Terms :**

Tel#:4032163490  
ALBARADMIN@ehi.com  
Payment Due within days of invoice date  
Late payments are subject to a finance charge.

Thank You For Choosing Enterprise

<b>Please Return This Portion With Remittance</b>		<b>Amount Due (CAD)</b>	-0
<b>Remit To :</b> ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4		<b>Paid By:</b> JODY BRUDLER [REDACTED]	
<b>Account #</b>	<b>Rental Agreement</b>	<b>Amount</b>	<b>GPBR</b>
		-0	



Fee @ AT&T Place for parking  
while attending the Nurse  
**RECEIPT** Leadership  
Network  
NO IN AND OUT PRIVILEGES  
IMPARK LOT 4 mtg.

License Plate Number



Expiration Date/Time

**05:00 PM**  
**DEC 05, 2016**

Purchase Date/Time: 08:50am Dec 05, 2016

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00 Rate: \$35 - All Day TO 5PM

Total Paid: \$35.00

Payment Type: Card

Ticket #: [REDACTED]

S/N #: [REDACTED]

Setting: Lot 4

Mach Name: Meter 2



[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315638RT0006

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RE

- Overnight Dec. 5 for mtgs:
- Nurses Leadership Network
  - Seniors Care
  - ELT
  - Transition mtg w/ Dave Bilan.

(8)

The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454

Sean Chilton  
 Alberta Health Services Ii  
 [Redacted]  
 [Redacted]  
 Email: [Redacted]

Page Number : 1 Invoice Nbr: [Redacted]  
 Guest Number: [Redacted] Arrive Date: 05-DEC-16 12:18  
 Folio ID : A Depart Date: 06-DEC-16 06:24  
 No. Of Guest: 1  
 Room Number : [Redacted]  
 Room Rate : 189.00  
 Club Account: [Redacted]

Tax Invoice

Tax ID: 815461330RT0001  
 The Westin Edmonton 06-DEC-16 06:24 [Redacted]

Date	Reference	Description	Charges	Credits
05-DEC-16	[Redacted]	Room Charge	189.00	
05-DEC-16	[Redacted]	GST	9.73	
05-DEC-16	[Redacted]	Destination Marketing Fee	5.67	
05-DEC-16	[Redacted]	Tourism Levy	7.79	
05-DEC-16	[Redacted]	Parking Self	30.00	
05-DEC-16	[Redacted]	GST	1.50	
06-DEC-16	[Redacted]	Mastercard-[Redacted]		-243.69
		** Total	243.69	-243.69
		*** Balance	-0.00	

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Continued on the next page



Parking fee Dec 6 mtgs:  
ELT + Transition mtg.  
**RECEIPT** w/Dave Bilan  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PAF

Expiration Date/Time

**06:00 PM**  
**DEC 06, 2016**

Purchase Date/Time: 06:41am Dec 06, 2016  
Total Parking: \$28.57  
Total GST: \$1.43  
Total Due: \$30.00  
Total Paid: \$30.00  
Ticket #: [REDACTED]  
S/N #: [REDACTED]  
Setting: Lot 256  
Mach Name: Meter 1

Rate: \$30 - All Day  
Payment Type: Card

9

[REDACTED] MasterCard  
Auth #: [REDACTED]  
GST #887315638RT0006

Fuelled rental car prior to rtn  
mtg. Dec. 5+6/2016: Nurses  
Leadership Network; Seniors  
Care; 37820 ELT: transition mtg  
3615 Calgary Trail  
Edmonton, AB w/Dave Bilan

**ESSO EXPRESS PAY**

7 ELEVEN STORE 37820  
00302326  
3615 CALGARY TRAIL N  
EDMONTON, AB T6J 5M  
URN: [REDACTED]  
12/06/2016 [REDACTED]  
04:14:48 PM

PUMP# 7  
EREG 15.956L  
PRICE/L \$0.864  
FUEL TOTAL \$ 13.79  
GST in fuel \$ 0.66  
CREDIT \$ 13.79

TYPE: PURCHASE  
ACCOUNT: ICARDFLEET [REDACTED] 13.79  
AUTH: [REDACTED] IN [REDACTED]  
CARD NUMBER: C [REDACTED]  
VERIFIED BY PIN [REDACTED]  
A- MasterCard  
B- [REDACTED]  
01 Approved - Thank You 027

AVAILABLE ESSO EXTRA POINTS: [REDACTED]  
POINTS: [REDACTED]  
ESSO EXTRA [REDACTED]  
IMPORTANT - retain this copy for your records

Thank You

Fleet car fuel. Travel to  
Calgary for the Prevention  
of Violence mtg. w/  
Norma Wood

717 6AVE NORTH  
LETHBRIDGE AB T1J-0Z4

**ESSO EXPRESS PAY**

MAC'S CONVENIENCE ST  
00303173  
717 6TH AVE SOUTH  
LETHBRIDGE, AB T1J  
[REDACTED]  
12/12/2016 [REDACTED]  
02:27:48 PM

PUMP# 4  
REGLN 42.024L  
PRICE/L \$0.899  
FUEL TOTAL \$ 42.34  
GST1 in fuel \$ 2.02  
CREDIT \$ 42.34

TYPE: PURCHASE  
ACCOUNT: ICARDFLEET \$42.34  
AUTH: [REDACTED] F INVOICE: [REDACTED] 13  
CARD NUMBER: [REDACTED]  
VERIFIED BY PIN [REDACTED]  
A- MasterCard  
B- [REDACTED]  
01 Approved - Thank You 027

LOYALTY: NO  
IMPORTANT - retain this copy for your records

THANK YOU

Parking for Prev. of Violence  
mtg. w/ Norma Wood

**RECEIPT**  
Southland Park IV  
Southport Tower

License Plate Number



Expiration Date/Time

**12:35 PM**  
**DEC 12, 2016**

Purchase Date/Time: 10:05am Dec 12, 2016

Total Due: \$11.25      Rate: \$11.25 - 2 Hr - 30 Min

Total Paid: \$11.25      Payment Type: Card

Ticket #

S/N

Mach Name:

12

MasterCard

Auth #

www.ahs.ca

DO NOT PLACE ON DASH

13

In Edmonton Dec. 13/2016  
for pre-trial briefing.  
Trial appearance the following  
day Dec. 14/2016

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

HOTELS & RESORTS

Sean Chilton  
Alberta Health Services li  
[Redacted]  
[Redacted]

Page Number : 1 Invoice Nbr : [Redacted]  
Guest Number : [Redacted]  
Folio ID : A  
Arrive Date : 13-DEC-16 14:02  
Depart Date : 14-DEC-16 17:05  
No. Of Guest : 1  
Room Number : [Redacted]  
Club Account : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001  
The Westin Edmonton DEC-14-2016 17:10 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
13-DEC-16	[Redacted]	Room Charge	164.00	
13-DEC-16	[Redacted]	GST	8.45	
13-DEC-16	[Redacted]	Destination Marketing Fee	4.92	
13-DEC-16	[Redacted]	Tourism Levy	6.76	
13-DEC-16	[Redacted]	Parking Self	30.00	
13-DEC-16	[Redacted]	GST	1.50	
14-DEC-16	[Redacted]	Mastercard: [Redacted]		-215.63
		** Total	215.63	-215.63
		*** Balance	-0.00	

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Continued on the next page

## 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**

<b>Name :</b> Sean Chilton	<b>Reporting Period for the Month of :</b> Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
5-Dec-2016	Direct Billing	Car Rental	Rental car booked for Sean as he is in Edmonton 2 days for both the Nursing Leadership Network meeting on Dec. 5 and a meeting with the ELT, Dave Bilan transition meeting, and a Staff Scheduling meeting on Dec. 6. More cost effective than taxi fares around the city and to the airport and return.	Marlin Travel	\$110.11
5-Dec-2016	Direct Billing	Airline Ticket	Used an Integra Air partial flight credit of \$317.36 from Amanda Porter's cancelled travel on November 25, 2016 to book Sean on an Integra Air flight @ 1805, Edmonton to Lethbridge, on December 6, 2016. Was in Edmonton for a meeting on Staff Scheduling, the ELT meeting, and a transition meeting with Dave Bilan. Small fare difference of \$52.50	Marlin Travel	\$369.86
14-Dec-2016	Direct Billing	Airline Ticket	Integra Air flight Edmonton to Lethbridge, December 14, 2016 following testimony at the Elder Advocates/AHS trial. Airfare was \$353.96. FLIGHT CANCELLED BECAUSE WITNESS TESTIMONY WAS CANCELLED. Rescheduled Sean on Air Canada to come home earlier @ 1210 today and not in the evening on Integra. Integra credit is \$301.46	Marlin Travel	\$353.96
14-Dec-2016	Direct Billing	Airline Ticket	Air Canada flight Edmonton to Lethbridge on December 14, 2016. Sean was in Edmonton to providence witness testimony at the Elder Advocates trial @ 1000 hours Dec. 14 and his testimony was cancelled. Now going to fly back to Lethbridge earlier on an A/C flight and cancel the Integra flight that was booked to bring him back to Lethbridge this evening. FYI Integra Air flight credits of \$301.46	Marlin Travel	545.48
<b>Total Paid in the Month</b>					<b>\$ 1,379.41</b>

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<b>Name :</b> Sean Chilton	<b>Reporting Period for the Month of :</b> Dec-16
----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
5-Jan-2017	Direct Billing	Airline Ticket	Air Canada flight Edmonton to Calgary for Sean's first in-person meeting with his new reports, the HPSP team. A second Air Canada flight the same day following the HPSP meeting from Calgary to Lethbridge. Overnight in Lethbridge to meet on Friday, January 16 with Pincher Creek Physicians and a second meeting with Town of Waterton Councillor Jody Thaeil. Both flights cost \$607.16 plus a \$78.75 change fee, but I used a flight credit from Dec. 6 for \$310.93 for a total paid today of \$374.98.	Marlin Travel	371.23
5-Jan-2017	Direct Billing	Airline Ticket	Changed the departure time of an existing A/C Flight on January 5, 2017 Edmonton to Calgary. Change fee but no fare change. Sean's meeting in-person for the first time with his new HPSP team.	Marlin Travel	78.75
<b>Total Paid in the Month</b>					<b>\$ 449.98</b>

# Wendy Musial

**From:** Sean Chilton <seanchil@me.com>  
**Sent:** Wednesday, December 07, 2016 11:23 AM  
**To:** Wendy Musial  
**Subject:** Fwd: Enterprise Rental Agreement 6C5HPJ

Sent from my iPhone

Begin forwarded message:

**From:** [Customerservice@enterprise.com](mailto:Customerservice@enterprise.com)  
**Date:** December 7, 2016 at 11:17:10 AM MST  
**To:** [seanchil@me.com](mailto:seanchil@me.com)  
**Subject:** Enterprise Rental Agreement [REDACTED]

**ENTERPRISE RENT A CAR, 1, 1000 AIRPORT ROAD, LEDUC, AB T9E8M6 (780) 980-2338**

**RENTAL AGREEMENT**

**REF#**

**SUMMARY OF CHARGES**

**RENTER**  
CHILTON, SEAN

**DATE & TIME OUT**  
02/12/2016 04:00 PM  
**DATE & TIME IN**  
06/12/2016 04:00 PM

**BILLING CYCLE**  
24-HOUR

**VEH #1 2017 FORD FUSI 5SER**  
VIN# [REDACTED]  
LIC# [REDACTED]  
KM DRIVEN 122

**BILL TO ACCOUNT**  
A]LBERTA HEALTH SERVICES  
ATTN: UNKNOWN  
PO BOX 1600  
EDMONTON, AB T5T2N9

**CLAIM INFO**  
INSURED [REDACTED]

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	05/12 - 06/12	2	DAY	\$40.00	\$80.00
REFUELING CHARGE	05/12 - 06/12				\$0.00
<b>Subtotal:</b>					<b>\$80.00</b>

**Taxes & Surcharges**

CONCESSION RECOVERY FEE	05/12 - 06/12			15.6%	\$12.67
CUSTOMER FACILITY CHARGE	05/12 - 06/12	2	DAY	\$5.50	\$11.00
GOODS AND SERVICES TAX	05/12 - 06/12			5%	\$5.24
VEHICLE LICENSE FEE RECOVERY	05/12 - 06/12	2	DAY	\$0.60	\$1.20
<b>Total Charges:</b>					<b>\$110.11</b>

**Bill-To / Deposits**

**A]LBERTA HEALTH SERVICES**

TIME & DISTANCE	05/12 - 06/12	2	DAY		
REFUELING CHARGE	05/12 - 06/12				
CONCESSION RECOVERY FEE	05/12 - 06/12	1	PERCENT	15.6%	
CUSTOMER FACILITY CHARGE	05/12 - 06/12	2	DAY		
GOODS AND SERVICES TAX	05/12 - 06/12	1	PERCENT	5%	
VEHICLE LICENSE FEE RECOVERY	05/12 - 06/12	2	DAY		
<b>Subtotal:</b>					<b>-\$110.11</b>

**Total Amount Due**

**\$0.00**

**PAYMENT INFORMATION**  
**AMOUNT PAID**

**TYPE**

**CREDIT CARD NUMBER**



**Invoice**

ALBERTA HEALTH SERVICES  
 ALBERTA HEALTH SERVICES  
 10030 - 107 STREET  
 EDMONTON AB  
 T5J 3E4

Trip #: [REDACTED]  
 Booking Date: 06 Dec 16  
 Client: [REDACTED]  
 Client Phone #: [REDACTED]  
 Client Email: [REDACTED]  
 Agent: ASHLEY QUACH  
  
 File Locator: [REDACTED]

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	52.50	0.00	\$0.00	0.00	0.00	52.50 CAD
<b>Total:</b>	<b>52.50</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>52.50 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/05/2016		[REDACTED]	52.50 CAD
<b>Total Payment:</b>					<b>52.50 CAD</b>

**Balance Due CAD Currency** 0.00 CAD

Total GST of GST/HST Total 0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL NURSING LEADERSHIP NETWORK

INTEGRA CREDIT USED:

**369.86 NEW TICKET --** 317.36 CREDIT = 52.50 ADDITIONAL FARE COLLECTED

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  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 06 Dec 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [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: 22 Nov 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
CHARTER AIRLINE	00918	LETHBRIDGE 05 Dec 16 6:45AM		EDMONTON INTL 05 Dec 16 8:00AM	Y/	
CHARTER AIRLINE	00829	EDMONTON INTL 06 Dec 16 6:05PM		LETHBRIDGE 06 Dec 16 7:20PM	Y/	





**Invoice**

ALBERTA HEALTH SERVICES  
 ALBERTA HEALTH SERVICES  
 10030 - 107 STREET  
 EDMONTON AB  
 T5J 3E4

Trip # [REDACTED]  
 Booking Date: 09 Dec 16  
 Client: [REDACTED]  
 Agent: ASHLEY QUACH

File Locator: [REDACTED]

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	279.84	0.00	\$0.00	74.12	0.00	353.96 CAD
<b>Total:</b>	<b>279.84</b>	<b>0.00</b>	<b>0.00</b>	<b>74.12</b>	<b>0.00</b>	<b>353.96 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/09/2016	AHS	[REDACTED]	353.96 CAD
<b>Total Payment:</b>					<b>353.96 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL LEADERSHIP MEETING

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  
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ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 09 Dec 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: 09 Dec 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
CHARTER AIRLINE	829	EDMONTON INTL 14 Dec 16 6:05PM		LETHBRIDGE 14 Dec 16 7:20PM	/	



**Invoice**

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

Trip #: [REDACTED]  
 Booking Date: 14 Dec 16  
 Client: [REDACTED]  
 Agent: ASHLEY QUACH

File Locator: [REDACTED]

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	508.00	0.00	\$0.00	37.48	0.00	545.48 CAD
<b>Total:</b>	<b>508.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>545.48 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/14/2016		[REDACTED]	545.48 CAD
Total Payment:					545.48 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL LEADERSHIP MEETING

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

Trip #: [REDACTED]  
Booking Date: 14 Dec 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: 09 Dec 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08143	EDMONTON INTL 14 Dec 16 12:10PM		CALGARY INTL 14 Dec 16 1:09PM	Y/	
AIR CANADA	07217	CALGARY INTL 14 Dec 16 4:15PM		LETHBRIDGE 14 Dec 16 5:05PM	Y/	



**Invoice**

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 13 Dec 16 <b>Client:</b> [REDACTED] <b>Agent:</b> ASHLEY QUACH  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	245.00	14.10	\$0.00	37.13	75.00	371.23 CAD
<b>Total:</b>	<b>245.00</b>	<b>14.10</b>	<b>0.00</b>	<b>37.13</b>	<b>75.00</b>	<b>371.23 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/13/2016		[REDACTED]	371.23 CAD
				<b>Total Payment:</b>	<b>371.23 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 14.10 Total HST \$0.00

CREDIT FILE APPLIED

607.16 NEW TICKET -- 310.93 CREDIT + 78.75 CHANGE FEE = 374.98 ADDITIONAL COLLECTED

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

Trip #: [REDACTED]  
Booking Date: 13 Dec 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:	13 Dec 16	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08139	EDMONTON INTL		CALGARY INTL	G/	
		05 Jan 17 10:35AM		05 Jan 17 11:29AM		
AIR CANADA	07219	CALGARY INTL		LETHBRIDGE	U/	
		05 Jan 17 6:10PM		05 Jan 17 7:00PM		





**Invoice**

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

Trip #: [REDACTED]  
 Booking Date: 15 Dec 16  
 Client: [REDACTED]  
 Agent: ASHLEY QUACH

File Locator: [REDACTED]

**PASSENGERS:** MR SEAN CHILTON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	0.00	3.75	\$0.00	0.00	75.00	78.75 CAD
<b>Total:</b>	<b>0.00</b>	<b>3.75</b>	<b>0.00</b>	<b>0.00</b>	<b>75.00</b>	<b>78.75 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	[REDACTED]		[REDACTED]	78.75 CAD
Total Payment:					78.75 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 3.75 Total HST \$0.00

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

Trip #: [REDACTED]  
Booking Date: 15 Dec 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:	13 Dec 16	
				File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08133	EDMONTON INTL 05 Jan 17 7:20AM		CALGARY INTL 05 Jan 17 8:19AM	G/	
AIR CANADA	07219	CALGARY INTL 05 Jan 17 6:10PM		LETHBRIDGE 05 Jan 17 7:00PM	U/	