

## Official Administrator and Executive Expense Report

**Name** Dr. Evan Lundall  
**Title** Zone Medical Director, Central Zone  
**Location** Red Deer

Expenses submitted during the month of January 2015

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings				36	36			
Jan-15	Expense Claim	Meetings		44		374	418	200		
<b>Total</b>			\$ -	\$ 44	\$ -	\$ 410	\$ 454	\$ 200	\$ -	\$ -

**Total for the Month** \$ 654

Maximum daily single meal expense claimed in the month \$ 21  
 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.

Car allowance 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

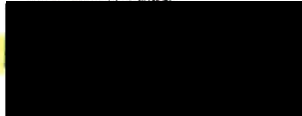
LUNDALL, EVAN Cardholder's Name	CENTRAL ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period	20/01/2015
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount	\$38.00
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: [REDACTED]	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/12/2014	375512374	MPARK0020256U AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43	00	Parking - Meeting 7th St Plaza
19/01/2015	377436217	PRECISE PARKLINK INC. AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	29		Parking - Meeting - Sturgeon Hsp

<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>		
<p><u>Sheryl Hergott</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>E.A.</u> Cardholder Designate Position Title</p> <p><u>Jan 22, 2015</u> Date of Signature</p>	
<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>		
<p><u>LUNDALL EVAN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CENTRAL ZONE MEDICAL</u> Cardholder Position Title</p> <p><u>23 Jan 2015</u> Date of Signature</p>	
<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>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position Title</p> <p>_____ Date of Signature</p>	
<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>		
<p><u>Dr. Verna Xiu</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Quality, CMO</u> Approver Position Title</p> <p><u>Jan 29/15</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable.</b>		
<p><b>Attach:</b></p> <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 signature, if signatures are not on report; and where applicable:</li> <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>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 711 Street Plaza 11th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only</b>		
Reference # _____	Reviewed by: _____	Title _____

RECEIPT  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

License Plate Number



06:00 PM  
DEC 29, 2014

Dec 29, 2014

Attended Disclosure  
Meeting - Edmonton.

Purchase Date/Time: 12:06pm Dec 29, 2014  
Total Parking: \$26.57  
Total gst: \$1.43  
Total Due: \$30.00  
Total Paid: \$30.00

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

S/N #: 600012461104  
Setting: Lot 256  
Mach Name: Meter 1



Parking - Sturgeon Hosp - Disclosure Meeting & Family.

LEAVE ON DASH - THIS SIDE UP  
EXPIRES 12:26 PM

DETACH RECEIPT FROM TICKET

19/01/15 12:26 PM

19/01/15 09:26 PM \$ 6.00

\$ 6.00 76530000 09:26 AM

Alberta Health Services  
ALBERTA HEALTH SERVICES  
STURGEON HOSPITAL  
2601 STURGEON DRIVE

Alberta Health Services  
RECEIPT

RECEIPT



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 30-Dec-15 To 22-Jan-15  
 Travel Period from: 30-Dec-15 To 22-Jan-15  
 Out-of-Province Travel

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director  
 Location: Dept: DOFA Level: Business Phone #: Ext:  
 Employee #:

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71110500063	\$417.65						\$417.65		
2B												
2C												
2D												
				\$417.65							<b>TOTAL CLAIM</b>	\$417.65

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

\*\*User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

I, the undersigned, hereby authorize the payment of the above expenses to the employee named herein, and I warrant that the employee named herein is an employee of the Alberta Health Services and that the expenses are for the purpose of the employee's duties as an employee of the Alberta Health Services.

Employee Signature: *[Signature]* Date: 9/6 Jan 2015

I, the undersigned, hereby authorize the payment of the above expenses to the employee named herein, and I warrant that the employee named herein is an employee of the Alberta Health Services and that the expenses are for the purpose of the employee's duties as an employee of the Alberta Health Services.

Approved By (PRINT ONLY): Dr. Verma *[Signature]* DOFA Level: Position #: Phone #: Ext: Date: Jan 29/15

Signature: Title: VP Quality & CMO

I, the undersigned, hereby authorize the payment of the above expenses to the employee named herein, and I warrant that the employee named herein is an employee of the Alberta Health Services and that the expenses are for the purpose of the employee's duties as an employee of the Alberta Health Services.

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext: Date:

Signature: Title: Date:

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Financial Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding	101 0006	71110500063	Emp # (E-People)	
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*If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES**      **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdowns (column Prov) where expenses were incurred (Out of N.America = Inter) Ensure separate lines are used for claim items that differ in Province, US and Out of North America				Completion of the "Cost Effective Method Used" Column is REQUIRED If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page											
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
19-Jan-15	Disclosure Meeting - Red Deer to St Albert, St Albert to Wainwright, Wainwright to Red Deer	AB - Local	Meeting	Yes	LD-\$32.35	\$32.35									740.00
20-Jan-15	Meeting Medical Staff Meeting - Wainwright	AB - Local	Meeting	Yes	L-\$11.60	\$11.60									
<b>SUBTOTALS</b>						\$43.95									Total Kms 740.00

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> - details of travel location to &amp; from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></td> <td style="text-align: right; padding: 2px;">\$0.505</td> </tr> <tr> <td style="text-align: right; padding: 2px;"><b>Mileage \$</b></td> <td style="text-align: right; padding: 2px;">\$373.70</td> </tr> <tr> <td style="text-align: right; padding: 2px;"><b>Travel \$ Subtotal</b></td> <td style="text-align: right; padding: 2px;">\$43.95</td> </tr> <tr> <td style="text-align: right; padding: 2px;"><b>Auto fills on page 1 - TOTAL TRAVEL \$</b></td> <td style="text-align: right; padding: 2px;">\$417.65</td> </tr> </table>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505	<b>Mileage \$</b>	\$373.70	<b>Travel \$ Subtotal</b>	\$43.95	<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	\$417.65
Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505								
<b>Mileage \$</b>	\$373.70								
<b>Travel \$ Subtotal</b>	\$43.95								
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	\$417.65								

**Rationale is Required for expenses that are not Cost Effective**  
**(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)**

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

Expense Date From: 14-Jan-15 To: 14-Jan-15  
 Travel Period from: \_\_\_\_\_ To: \_\_\_\_\_ (if applicable)  
 Out-of-Province Travel

Name: Dr. Evan Lundal Position (Title): Central Zone Medical Director  
 Location: \_\_\_\_\_ Dept: Medical Affairs DOFA Level: \_\_\_\_\_ (if applicable) Union: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
 Employee # (E-People): \_\_\_\_\_

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ Expenditure Type \_\_\_\_\_

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D
2A					101	0000	71110000012	41000000	\$200.00		\$200.00
2B											
2C											
2D											
									\$200.00		

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

\*\*User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

I affirm that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.

I affirm the expenses included in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or my behalf from Alberta Health Services or any other Organization.

I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

By signing this form, I affirm that I am compliant to all the above statements.

Employee Signature: *Evan Lundal* Date: 13 Jan 2015

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I affirm the expenses included 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.

I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Jamie Rice DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: *JR* Title: Exec Director Medical Affairs Date: 13 Jan 2015

I affirm that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I affirm the expenses included 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.

I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Dr. Francois Belanger  
 VP and Medical Director Central and Southern AB  
 ZMD, Calgary Zone

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) in administering AHS Programs to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

<b>SECTION C: OTHER EXPENSES</b>					Emp # (5 People) [REDACTED]		Page 3		
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Housing, Working Sessions, Recruitment, Relocation, Continuing Education, Business Insurance and miscellaneous expenses                  → If expenses are for travel, gas, etc. go to Section B on pg. 2                  • ALL "OTHER" expenses listed below MUST have a secondary expense code indicated!</p> <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd/mm/yy	Business Reason for Expense - Detailed Description Required (include who attended (if meal/hospitality) why expense was required, what expense was and pertaining to and detailed explanation of reason)  A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A" Further Explanation is REQUIRED in the "Rationale is Required" section of this page.				TOTAL OTHER \$
		Stat Unit	Location	Functional Centre	Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON or applicable, enter total amount in this column WITH GST	
3-Oct-14	Registration Fee for PCN Physician Leads Forum	101	0000	71110000012	41000000	Yes	Conference		200.00 ✓

<b>SECTION D: FOREIGN CURRENCY</b>										
<p><b>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$</b> (conversion not indicated on receipt/statement)                  If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.</p>										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			<a href="#">Bank of Canada Currency Converter</a> →		Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column					
Date dd/mm/yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal) why travel was necessary and detailed explanation of reason)  A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A" Further Explanation is REQUIRED in the "Rationale is Required" section of this page.			
		Stat Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

<p><b>Rationale is Required for expenses that are not Cost Effective</b>                  (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)</p>									
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Expenses Paid (Retain a copy for your records)



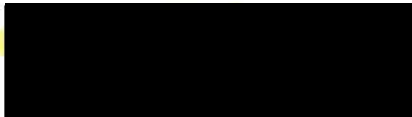


ALBERTA  
MEDICAL  
ASSOCIATION

Toll-free: 1-800-461-5514  
 Edmonton: 780-462-5514  
 Calgary: 403-262-5514  
 Vancouver: 604-262-5514  
 Website: www.albertaassociation.ca

# INVOICE

Bill to: Dr. Evan Fundal



PO Number: REGISTRATION  
 Payment Terms: Net 30  
 Due Date: 11-26-2014

Invoice Number: [Redacted]  
 Invoice Date: 10/27/2014

Quantity	Description	Unit Price	Ext Price
1.00	Registration	\$200.00	\$200.00

Registration fee for PCN Physician Leads Forum  
 Oct 3 & 4, 2014  
 Courtyard Calgary Airport

Subtotal	\$200.00
Gst	\$0.00
<b>Total</b>	<b>\$200.00</b>