

### 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)								
Source Date Document	Purpose	Airfare	1	Meals		Accommodation	Other Travel	Total Travel	Deve	essional lopment (2)	Working Sessions Hosting ar Hospitalit (3)	nd	Other (4)	
Jan-15 P-Card Jan-15 Expense Clair	Meetings n Meetings				44		36 374	36 418		200	)			
Total		\$	- \$	5 4	4	\$ -	\$ 410	\$ 454	\$	200	\$	- :	\$	_

Total for the

Month \$ 654

Maximum daily single meal expense claimed in the mont \$ 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



	iled receipts and supporting documents in the s 's signatures required where indicated below	ame order as it appears on this state	
LUNDALL, EVAN	CENTRAL ZONE MEDICAL		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Penod	20/01/2015
MEDICAL AFFAIRS	AHS MICHENER BEND		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$3× CO
EVAN LUNDALL@ALBERTAHE	EALTHSERVICES CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	#2

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freigh	Description
29/12/2014	375512374	MPARKG0020256U AUTOMOBILE PARKING LOTS AND CARAGES	30.00	CAD	39.00	1.43	)(	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



# P-Card details Online ® Cardho der Statement Report

Signatures Cardholder Designate (if Applicable)		and the state of t
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1 Janat	(May 222	Ø .
Signature of Cardheder Designate	Date of Signature	1
Cardholder		
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LUNDALL EVON	CENTRAL ZONE MEDICAL	
Warne or Caro Piger	Cardholder Position Title	
Signature of Carone Sor	23 Jan Col	.5
Approver Designate (If Applicable)		
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RECEIPT'
IMPARK LOT 256
NO IN AND CUT PRIVILEGES

License Flate Notice

DEC 29, 2014

Purchase Date/Time: 12.05pm Doc 29, 2.14
Total Parking: \$27.57
Total Doc: \$30.00 Rate: \$30.0
Total Paid: \$30.00 Page 1 Type

Pale: \$30 - All Day Paper 1 Type Cad

S/N N: 500012461104 Setting: Lot 256 Hach Name: Meter 1

Dec 29, 2014 Attended Disclosure Meeting - Edmonton.

Parking-Sturgeon ties-Disclusive liveting & Janily.

LEAVE ON DASH - THIS SIDE UP

19/01/15 12:26 PM

ACOURT HEAD

DETACH RECEIPT FROM TICKET

19/01/15 @:26 FN \$ 6.00



Alb For Health Services RECEIPT



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A	A: EMPLOY	EE DETAILS (	or AHS Staff ON	LY)						
* Enter en	nployee # (ola	) and Employee # (E	-People) if your pay	roll has mi	grated to the N	lew E-People payroll system -People payroll system		xpense Date Fro		22-Jan-15
* If you ar	e a new empl	oyee and your payro	i il your payroli nas r ill is E-People vou w	iot migrate Il only hav	d to the New E	-People payroli system		ravel Period from out-of-Province Tr		Jan-15 / Tap and
Name: Dr. E		9,00 0110 / 001 / 0071	TO LET BUSINE YOU VE	ir Othy Trav	c an Employee	Position (Title):	Central Zone Medi		Idyol	
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	Total - Sec	tion B: Travel -	Pg 2		Total - S	ection C&D: Other & Fore	ign Expenses -	Pg 3	TOTAL REIMBUR	REMENT
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SECTION F					NOTE:	These fields do not automatical	ny mi for Section C	<u> </u>		
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Husth and Personal info subtain on the form is enderted by AHS under the authority of section 20(b) of the Health information and endours 33(c) and 34(2) of the Freedom of Information and Profession of Privacy (POIP) Ad, respectively, for the purpose of administering AHS Process to Pay process.

Flacon send completed claim form (with receipts and other required backup) to: Alberta Health Services 10010-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB 75J 3E4

#### - 1 of 3-EXPENSE CLAIM DETAILS

Page 2A **Enter Finance Coding** 101 0006 Emp # (E-People) 71110500063 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. NOTE: If expenses do not fail into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C SECTION B: TRAVEL EXPENSES Select from dispolawi: (column Prov.) where expenses were incurred (Out of N.America = Intert) Completion of the "Cost Effective Method Used" Column is REQUIRED. Ensure separate lines are used for claim items that differ in Province, US and Out of North America. If you select "No" in this column, Prov. US, Further Explanation is REQUIRED in the "Rationale is Required" section on this page Business Reason for Travel - Detailed Description or If amount being claimed is above the What is Meal (Allowance OR Receipt) Required Out of Cost Date Rental Carl policy limit stated in Appendix "A" (include destination, who attended-(if meal), travel Effective N.Amer Bus/LRT/ Per Diem Mileage dd-mmm-yy Meal Allowance Meal with Receipt rationale is required why travel was necessary and detailed explanation of reason. elated to? Method where Parking / Allowance (km) A description of just "Meeting" will be returned for clarification. Used? expenses Meal Type with Airfare Hotel Taxi Fuel with receipt Yes/No incurred? Type value AB -Disclosure Meeting - Red Ever to St Albert, St Albert to Wainwright. 19 Jan-15 LD-\$32.35 \$32.35 740 00 Meeting Yes Wainwright to Red Deer Local AB -L-\$11.60 \$11.60 20-Jan-15 Meeting Medical Staff Meeting - Wainwright Meeting Yes Local Total Kms SUBTOTALS \$43.95 740 00 Enter \$0.505 km, \$0.47 km OR rate per Union Agreement MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle \$0.505 (see Mileage details to the left) - details of travel location to & 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 \$373.70 Mileage \$ Travel \$ Subtotal \$43.95 Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Fage 3 Auto fills on page 1 - TOTAL TRAVEL \$ \$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

		for AHS Staff Of		neated to the N	lew E-People payroll system	TE	xpense Date From	14 Jan-15 To	14 Jan 15
Indicate N/A in the Empl	byee # (E-People	ii) if your payroll has i	nal migrate	d to the New E	-People payroil system		ravel Period from		
If you are a new employ	e and your payr	oli is E-People you w	ili only havi	e an Employee	# (E-People)	Central Zone Medic	ut-of-Province Tr	3.50	
me: Dr. Evan Lundari					Position (Title):			ss Phone #:	
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Unit Location	Centre (FC)	Expense	Unit			Expense	Expense		\$200.00
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### EXPENSE CLAIM DETAILS

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

SECTION	I G: OTHER EXPENSES			Emp#(8	People)	1909 <b>1997</b> 7 T						Page 3	
→ If expens	s to be claimed in this section include but are not limited les are for travel, gas, etc. go to Section B on pg 2 Fr expenses lated below MUST have a secondary/expense code ind	cated!											
	"""Subtotal "Other Expenses" for each funct Business Reason for Expense - Detailed Description Required	ional cent		arately and en	ter each su	Subtotal into column "Section C Total" on page 1 Section E***  Completion of the "Cost Effective Method Used" Column is REQUIRED. Further Explanation is Required by Endoy land stated in "Appendix A." Further Explanation is Required section of this cogo.						Ne' in 7% course or nation is REQUIRED	
Date do mirro sy	(include who attended-(if meal/Hospitality) why expense was require what expense was and persanting to and declared explanation of reason). A description of just "Meeting" will be returned for clarification.		London Europ		Kunctiveal Centre		Cost Effective Method Used? Yes/No	Continuing Educat Select type from dropdown (na/) (d approache)	Gat Ban sap an	us GN sitt sinecespt. ser total	GST in A/QT on the argument of the otal argument is the column	TOTAL OTHER \$	
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			-	<u> </u>							Jam)		
SECTION	D: FOREIGN CURRENCY	(	NLY ENT	currency has been o	onverted to CDF	Son your recei	ED INTO CO	M \$ (conversion ne) social in CON 5 in edit	indicated or Section	on receipt/r B or E as as	A	is also ealls (Ken	
	in the following link for the Bank of Bank of Canada Cur ange rate using the date of expense	ency Conv	erter	→ Select fo	select con-	y in 'From cell' rect which will	give the e	edian Dollar in 'To xchange rate - en	lar this ar	nount in e	xchange rate c	Orthun	
Date	Business Reason for Travel - Detailed Description Required (include destination, who altended (if meal)	,	inance	Coding	Secondary Expense	Cost Effective Method	Compension of the "Cost Effective Met this column or the amount being claimed Explanation is REQUIRED in		chargest dos	had Used" Column is BEQUIRI s exceeds the Policy limit stated the "Rationale is Resurred" sed		I'm Appendix A Fibrio	
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Rationale	is Required for expenses that are not Cost Effective		d	toched to the	elaim form		***************************************						
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# INVOICE

Bill to: Dr. Evan fundal

PO Number:

REGISTRATION

Payment Terms:

Net 30.

Due Date:

11/26/2014

Invoice Number:

Invoice Date: 10/27/2014

Quantity	Description	Unit Price	Ext Price
water the president water make on	in the second of		
1.00	Registration	\$200.00	\$200,00

Registration tee for PCN Physician Lead's Foram	Subtotal	\$200.00
Oct 3 & 4, 2014	Gst	\$0.00
Courtward Culgary Airport	Total	\$200.00