

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 February 2015

		Travel (1)								
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-15	P-Card	Meetings			129	14	143			
Feb-15	Expense Claim	Meetings		21		581	602			
Total			\$ -	\$ 21	\$ 129	\$ 595	\$ 745	\$ -	\$ -	\$ -

Total for the Month \$ 745

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 119
 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

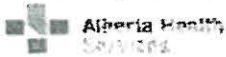
3) Hosting and Hospitality expenses

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



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: 23-Jan-15 To 21-Feb-15
 Travel Period from: 23-Jan-15 To 21-Feb-15 (If Outside Out-of-Province Travel)

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director

Location: [Redacted] Dept: [Redacted] DOFA Level: [Redacted] (if applicable) Unit: [Redacted] Business Phone: [Redacted] Ext: [Redacted]

Employee #: [Redacted]

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	0906	711050063	\$601.50						\$601.50		
2B												
2C												
2D												
				\$601.50								

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

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

**User to enter Coding & \$ Amounts

SECTION F: AUTHORIZATION

I affirm that I have read and understand the Travel, Hospitality & Working Session Expense Policy (Part of Alberta Health Services) and on this date am being claimed and am in compliance with the procedure and funding requirements of the policy.
 I affirm that 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.
 I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise available, and necessary and supporting evidence is provided above.

Travel, Hospitality and Working Session Expense Policy - Document 1177

I, by signing this form, attest that I am compliant with the above statements.
 Employee Signature: [Signature] Date: Feb 25

I affirm that I have read and understand and all apply the policies of 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.
 I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise available, and necessary and supporting evidence is provided above.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted]
 Signature: [Signature] Title: VP Quality + CMO Date: Feb 24/15

I, by signing this form, attest that I am compliant with the above statements.
 Signature: _____ Title: _____ Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(2) of the Health Information Act (HIA) and sections 13(c) and 34(2) of the Freedom of Information and Protection of Privacy (FIP) Act, respectively, for the purpose of administering AHS Procure to Buy 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 T6J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding	101	0006	71110500063	Emp # (E-People)	[REDACTED]	Page 2A
<i>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.</i>						

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 dropdown (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						
4-Feb-15	Attended PPEC Meeting - Calgary Airport -	AB - Local	Meeting	Yes										290.00
5-Feb-15	ZEL mtg - Calgary, (Red Deer to Calgary), Cabin Fever Conference (Calgary to Kananasisk, Kananasisk to Red Deer - Feb 6-8)	AB - Local	Meeting											570.00
5-Feb-15	Dinner	AB - Local	Meeting		D-\$20.75	\$20.75								
11-Feb-15	ZFI Mtg - Delta Calgary Airport	AB - Local	Meeting											290.00
SUBTOTALS						\$20.75								Total Kms 1150.00

<p align="center">MILEAGE - business kilometre Rate for Personally-Owned Vehicle - 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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$ \$580.75</p>
<p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	<p align="right">Travel \$ Subtotal \$20.75</p> <p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$601.50</p>

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)

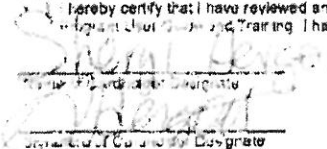
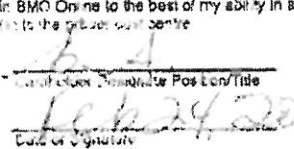

Instruction:

- 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>LUNDALL, EVAN</u> Cardholder's Name	<u>CENTRAL ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/02/2015</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$143.89</u>
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.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
21/01/2015	377559030	BEST WESTERN WAINWRIGH, BEST WESTERN HOTELS	129.71	CAD	129.71	.00	.00	Hotel accommodation - Medical and Physician meetings
11/02/2015	380256234	DELTA CALGARY AIRPORT, DELTA HOTELS	14.18	CAD	14.18	.00	.00	Parking - attend ZEL Meeting

Signatures			
Cardholder Designate (if Applicable)			
By signing this statement:			
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. I warrant that the Card and Training I have allocated the transactions to the correct cost centre.			
			
Signature of Cardholder Designate	Signature of Cardholder Position/Title	Date of Signature	
		Feb 24 2015	
Cardholder			
By signing this statement:			
<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. 			
	CENTRAL ZONE MEDICAL		
Signature of Cardholder	Cardholder Position/Title	Date of Signature	
		24 Feb 2015	
Approver Designate (if Applicable)			
By signing this statement:			
<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. 			
Name of Approver Designate	Approver Designate Position/Title		
Signature of Approver Designate	Date of Signature		
Approver			
By signing this statement:			
<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. 			
Dr. Verma Niu	VP Quality + CMC		
Signature of Approver	Approver Position/Title	Date of Signature	
		Feb 24/15	
Submit approved statement with attachments to Accounts Payable			
Attach: <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. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor North Tower, 10030-107 Street Edmonton, AB T5J 3E4		
Accounts Payable only.	Reference #	Reviewed by	Date



BEST WESTERN Wainwright Inn & Suites

www.bestwesternwainwright.com

1209 - 27th Street

Wainwright, AB T9W 0A2

Telephone: (780)845-9934 Fax: (780)842-3672

Jan 20, 2015

11:02 am

Each Best Western® branded hotel is independently owned and operated.

Debit Card: Lundall

Folio # [REDACTED]
Room Number [REDACTED]
Rate: \$119.00
Pay Method [REDACTED]

Check-in Date: Monday, January 19, 2015
Check-out Date: Tuesday, January 20, 2015

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
1/19/2015	Room Charge	Auto Posted		308	\$119.00	
1/19/2015	Room GST	Auto Posted		308	\$5.95	
1/19/2015	Tourism Levy	Auto Posted		308	\$4.76	
1/20/2015	Master Card	CHECKE [REDACTED]		308		\$129.71

GST: 34067 3925 RT 0002

I agree that my liability for all charges is not waived

Tax Summary	
Room GST	\$5.95
Tourism Lev	\$4.76
Balance:	\$0.00

Signature _____

Attended @ Wainwright Medical Staff Meeting on Jan 20, 2015.

@ Had individual physician 1:1 mtgs as well.



2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-6121

Post It
Tax ID

Date: 02-11-15
Time: 12:43
Room:
Conf. No.:
Receipt No.: [REDACTED]

PAYMENT RECEIPT				
Date	Description	App. Code	Exp. date	Amount
02-11-15	Mastercard [REDACTED]	[REDACTED]	[REDACTED]	14.18CAD

*Parking - Attended ZEL
Mtg - Calgary*

Guest Signature

Cashier 26