

# Official Administrator and Executive Expense Report

NameDr. Evan LundallTitleZone Medical Director, Central ZoneLocationRed DeerExpenses submitted during the month of March 2015

	Travel (1)														 
Source Month-Year Document Purpose	Air	fare	Me	eals	Accom	modation	Other Travel		Total Travel		Professional Development (2)		S Hos	Vorking essions sting and ospitality (3)	)ther (4)
Mar-15 P-Card Meetings						152				152					
Mar-15 Expense Claim Meetings				32				182		214					
Total	\$	-	\$	32	\$	152	\$	182	\$	366	\$	-	\$	-	\$
Total for															
the Month \$ 366															
Maximum daily single meal expense claimed in the month	\$	21													
Maximum daily base hotel rate claimed in the month	\$	135													
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:

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LUNDALL, EVAN	CENTRAL ZONE MEDICAL		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/03/2015
MEDICAL AFFAIRS	AHS MICHENER BEND		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$151.55
EVAN.LUNDALL@ALBERTAH	EALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	÷

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
12/03/2015	383455256	DRUMHELLER RAMADA, LODGING HOTELS, MOTELS, RESORTS	151.55	CAD	151.55	7.22	Hotel Accommodation - Drumheller Medica Facility Meeting

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<ul> <li>Original (or accessed) itemized receipts with documented builness reasons including names of participants where inquired</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> <li>Accounts Payable</li> <li>Copies of pre-aphroats for travel</li> <li>Copies of pre-aphroats for travel</li> <li>Personal charge payable to "Alberta Health Services"</li> <li>Return, returd and/or create receipts</li> <li>Disputies reasons for travel receipts</li> </ul>	
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Copies of pre-approvals for travel     10 th Flour, North Tower, 10030-     Personal chaque puyable to "Alberta Health Servicess"     Return, return and/or creative receipts     Disputes letter     Business rescores for travel require distance descriptions – british upper traveled to who expected to who expected to the second for	
Return, refund and/or creatit receipta     Disputes letter     Business rescors for travel require detailed deardofices – british upon toward to upon toward to upon	107 Straint
Disputes letter     Business respons for travel require datafast dependences portions upon to upon the upon of the	
<ul> <li>Business reasons for travel require datafed descriptions – include where traveled to, who attended (if meal), why travel was necessary and datafed explanation of reason.</li> </ul>	
Accounts Playable only:	
Reference # D; ta;	

RUN DATE: 03/20/2015

Proprietary and Confidential Powered by BMO Spend & Payment Solutions

PAGE NO: 2

# RAMADA DRUMHELLER

680 2ND STREET EAST DRUMHELLER AB TOJ OYO CA Phone: 403-823-2028 Fax: 403-823-2029 Emai : gm@ramadadrumheller.com Printed: 3/13/2015 12:13:12 AM

# Folio (Detailed)

RAMADA

Name: LUI Company:	NDALL, EVAN L DR			Confirmation Account NL	C20	
Address:						
Room: Rate Plan: Arrival: 3/1	.2/2015 (Thu)	Koom Type: Daily Rate: Departure:	3/13/2015 (Fri)	Nights GTD:	1	Guests: 1/0
Room Rate: 3/12/2015 (	Thu) - 3/12/2015 (T	hu) \$134	.99 + <b>\$16.</b> 56 Tax pe	er night.		
<b>Date</b> 3/12/2015	Code MC	Description MASTER CARD			<b>Amount</b> (\$151.55)	Balance (\$151.55)
3/12/2015		ROOM CHARGE			\$134.99	(\$16.56)
3/12/2015		TOURISM LEVY			\$5.40	(\$11.16)
3/12/2015		DMF			\$4.05	(\$7.11)
3/12/2015		GST ON DMF			\$0.20	(\$6.91)
3/12/2015		GST			\$6.75	(\$0,16)
3/12/2015		HOTEL TAX ON	DMF		\$0.16	\$0.00
	Total Color Balance Logica - Chan - Color - Chan					
Summary						
Summary Room	Tax	F&B	Other	СС	Cash	DB

By signing below, I agree to these terms and conditions.

# **Guest Signature:**

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.

"We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Op /Privacy, Wyndham Hotel Group, LLC .22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

Trocher Med Staff Mtg Three Hills Med. Staff Mutg Sician - Drumheller Med Stap Mtg

Alberta tisalth

# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION	A: EMPLOY	EE DETAILS (I	or AHS Staff Of	ILY)			and a second		u de gan anna an
- IUC Care	IWA II DE EN	) and Employ e (E Noyee (E-People) over a dyour payro	I your ownroll has	ant minute	of the the Alexy &	Vew E-People payroll system E-People payroll system e II (E-People)		Expense Date Fro Trevel Period from Out-of-Province T	n: 22-Feb-15 To 15-Jan-10
Name: Dr. E	Evan Lundell					Position (Titie):	Central Zone Med		
Location			Dept		DOFA Love	i: (/ applicubio)	Union:	alite	Iss Phone
Employee #	(E-People):						The second second		
SECTION	E: FINANC	CODING & TOT	AL CLAIM		16.4 (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.) (19.)	n an			
CAPITAL	PROJECT C	ODING ONLY ->	Project Nur Expeciditure (		on			Tauk Number Expenditure Type	
	Total - Sec	tion B: Travel - I	Pg 2		Total - S	ection C&D: Other & Fore	ion Expenses -	Pa 3	
Pg Bal Unit	Location	Functional Centre (FC)	Total Expense	Bai Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total	TOTAL REIMBURSEMENT
2A 101	0015	71110106046	\$214.15				Copense	Expense	Total Section B \$214,15
28				<b> </b>				<u> </u>	Total Section C&D
20							<u> </u>		Less Cash Advance
2D						).			TOTAL CLAIM \$214.15
and the second	his section au	to fills from page 2A	\$214.15 , 26, 2C & 2D			er to enter Coding & \$ Amount These fields do not automatical		&D	
and the report of the second s	Employee Si	farehor our by ong our produces produce	Marc	W		Allen A Derguns with the heat of.	Date (Martin Semient	ICTU 23, 2 Approved	
ing hangtons Later carliners	Signatu Signatu	that for the second addresses ENC		Ver		THE VPQUE	Position #		De May 24/15
Latter in the second	ette om it Lis der re Albricket stillet.	er foto esci bacentos quages des foi d Associatos: Descente lagrado estas com	and the second sec	The Scott Ford Top	The states of the	an an ann an an an an an Alberta fhairte Iomraidh	to car a separat C go w	la e	
	y CTRINT ONLY				***		Position #		Phone # Ext
Laguages Rock	Signate	y into anno an was depena. FRE	- 2000 ki			Title			Date

Harm and Personal information of the form is control by AHS under the authority of ancion 20(a) of the Harm Information Act (HIA) and I-(2) of the Freedom of Information and Peolection of Protection of Protection

Planas aned completed chain form (with receipte and other required backup) to: Alberta Hanta Services (0030-107 St, Abrea Tower, 1988 Floer, Accounts Psymble, Eductories, All T&J 354

09704 pos(Ner/2014-06)

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

E	nter Finance Coding 101 0015	7111010	6046		Emp # (E-P	eople)							Pa	age 2A
If expenses \$ amount of	s incurred are for <b>multiple FC's</b> please use pages 2E on slip, <u>DO NOT</u> separate any taxes (eg. GST). See	3,2C,2D (a condary/E	fter pg3) as xpense cod	s there sho les are not	ould be one F required in ti	C per page his section	OR it as the	f <b>more lines</b> y are pre-det	are required ermined by th	for the same ne system.	FC use the	ese addition	al pages. E	nter tota!
SECTION	B: TRAVEL EXPENSES NOTE: If expense	es do not fa	Il into these ca	ategories suc	h as Hospitality,	Working Sess	sion, Re	location, Contin	uing Education, E	Business Insurar	nce go to SECT	TONC		
Select from dro	pdown (column Prov.) where expenses were incurred (Out of N An te lines are used for claim items that differ in Province, US and Out i	nenca = Inter of North Ame Prov, US,	ri) irica		F	550001200 <b>*</b> 800		If you	Effective Met select "No"	in this colum	n,		Dage	
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal).	or Out of N.Amer	What is travel	Cost Effective	Cost Meal (Allowance OR Receip				JIRED in the "Rationale is Required" set If amount being claimed is above the policy limit stated in Appendix "A" rationale is required				1	Mileage
аа-тттт-уу	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where expenses incurred?	related to?	Method Used? Yes/No	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel	Allowance	(km)
12-Mar-15	Medical Staff Meeting - Trochu, Three Hills, Drumheller	AB - Local	Meeting		D-\$20.75	\$20.75								360.00
13-Mar-15	Lunch - Meetings x 2 Physician and Operational Staff	AB - Local	Meeting		L-\$11.60	\$11.60								
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									<u> </u>					
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	r (* Cranadoliji Sasanini Kar													
	SUBTOTALS					\$32.35								Total Kms 360 00
	MILEAGE - Business Kilom			lumn			Enter	\$0.505 km, \$0			n Agreement ils to the left)	\$0.505		
Rates applicable \$0.505 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>												Ť	Mileage \$	\$181.80 \$32.35
N	ote: Total will auto fill into pg 1, Section E, if form con	pleted ele	ectronically	- Additiona	al pg 2's can l	be found af	ter Pa	ge 3		Au	to fills on pa			
Rationa (Any ana	le is Required for expenses that are not Cost I alysis supporting the method to assess cost e	ffective	iess shou	ld be atta	iched to the	e claim foi	<u>rm)</u>						<u></u>	