

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 March 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)
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:

- 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:	20/03/2015
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	\$151.55
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions

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

<p>Signatures</p> <p>Cardholder Designate (if Applicable) By signing this statement</p> <p>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.</p> <p><u>Sheryl Hergott</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> <p><u>Exec. Assistant</u> Cardholder Designate Position/Title</p> <p><u>Mar 23, 2015</u> Date of Signature</p>				
<p>Cardholder By signing this statement</p> <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. <p><u>LUNDALI, 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>March 23, 2015</u> Date of Signature</p>				
<p>Approver Designate (if Applicable) By signing this statement</p> <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. <p>_____ Name of Approver Designate</p> <p>_____ Approver Designate Position/Title</p> <p>_____ Signature of Approver Designate</p> <p>_____ Date of Signature</p>				
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<p>Submit approved statement with attachments to Accounts Payable:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <p>Attach:</p> <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 traveled to, who attended (if meal), why travel was necessary and detailed explanation of reason. </td> <td style="width: 40%; padding: 5px;"> <p>Address:</p> <p>Alberta Health Services Accounts Payable 711 Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> </td> </tr> </table>		<p>Attach:</p> <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 traveled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 711 Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
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<p>Accounts Payable only:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Reference # _____</td> <td style="width: 33%; padding: 5px;">Reviewed by: _____</td> <td style="width: 33%; padding: 5px;">Date: _____</td> </tr> </table>		Reference # _____	Reviewed by: _____	Date: _____
Reference # _____	Reviewed by: _____	Date: _____		

RAMADA

RAMADA DRUMHELLER

680 2ND STREET EAST
DRUMHELLER AB T0J 0Y0 CA

Phone: 403-823-2028

Fax: 403-823-2029

Email: gm@ramadadrumheller.com

Printed: 3/13/2015 12:13:12 AM

Folio (Detailed)

Name: LUNDALL, EVAN L DR
Company: [REDACTED]
Address: [REDACTED]
Room: [REDACTED] Room Type: [REDACTED] Nights: 1 Guests: 1/0
Rate Plan: [REDACTED] Daily Rate: [REDACTED] GTD: [REDACTED]
Arrival: 3/12/2015 (Thu) Departure: 3/13/2015 (Fri)
Confirmation Number: [REDACTED]
Account Number: [REDACTED]

Room Rate:
3/12/2015 (Thu) - 3/12/2015 (Thu) \$134.99 + \$16.56 Tax per night.

Date	Code	Description	Amount	Balance
3/12/2015	MC	MASTER CARD	(\$151.55)	(\$151.55)
3/12/2015	[REDACTED]	ROOM CHARGE	\$134.99	(\$16.56)
3/12/2015	[REDACTED]	TOURISM LEVY	\$5.40	(\$11.16)
3/12/2015	[REDACTED]	DMF	\$4.05	(\$7.11)
3/12/2015	[REDACTED]	GST ON DMF	\$0.20	(\$6.91)
3/12/2015	[REDACTED]	GST	\$6.75	(\$0.16)
3/12/2015	[REDACTED]	HOTEL TAX ON DMF	\$0.16	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$134.99	\$16.56	\$0.00	\$0.00	(\$151.55)	\$0.00	\$0.00

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 Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

Mar 12 - Trochu Med Staff mtg
- Three Hills Med. Staff mtg
- Drumheller Med Staff mtg.

MAR 13 -
2 Physician
mtgs.

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: 22-Feb-15 To 20-Mar-15
 Travel Period from: 22-Feb-15 To 15-Jan-00
 Out-of-Province Travel

Name: Dr. Evan Lundell Position (Title): Central Zone Medical Director
 Location: [Redacted] Dept: [Redacted] DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Phone: [Redacted]

Employee # (E-People): [Redacted]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	0015	71110106046	\$214.15						\$214.15		
2B												
2C												
2D												
				\$214.15								

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

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

SECTION F: AUTHORIZATION

I certify that I have read and understand the Alberta Health Services Travel, Hospitality and Working Session Expense Policy and the expenses being claimed are allowable under the policy and primary responsibility of the policy.

I certify that the expenses claimed in this claim are for the purpose of the Alberta Health Services Travel, Hospitality and Working Session Expense Policy and that the expenses have not been previously claimed by me or my organization for the same purpose.

I certify that the expenses claimed in this claim are for the purpose of the Alberta Health Services Travel, Hospitality and Working Session Expense Policy and that the expenses have not been previously claimed by me or my organization for the same purpose.

Employee Signature: *[Signature]* Date: March 23, 2015

Approved By (PRINT ONLY): Dr. Verna Yung DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted]

Signature: *[Signature]* Title: VPE Quality + C&O Date: Mar 24/15

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

Signature: _____ Title: _____ Date: _____

Health and Personal Information: This form is collected by AHS under the authority of section 20(a) of the Health Information Act (HIA) and sections 32(a) and 3-4(2) of the Freedom of Information and Protection of Privacy (FOIP) 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 T5J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0015 71110106046	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'l) 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 <small>(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</small>	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							
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									
SUBTOTALS						\$32.35									Total Kms 360.00

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 \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement	Enter \$0.605 km, \$0.47 km OR rate per Union Agreement \$0.505 <i>(see Mileage details to the left)</i>
	Mileage \$ \$181.80
	Travel \$ Subtotal \$32.35
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Auto fills on page 1 - TOTAL TRAVEL \$ \$214.15

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)