

Official Administrator and Executive Expense Report

Name Dr. Evan Lundall
Title ZMD, Central Zone
Location Red Deer

Expenses submitted during the month of April 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)
Apr-15	P-Card	Meetings			312	59	371			
Apr-15	Expense Claim	Meetings		21			21			
Total			\$ -	\$ 21	\$ 312	\$ 59	\$ 392	\$ -	\$ -	\$ -

Total for the Month \$ 392

Maximum daily single meal expense claimed in the month \$ 149
 Maximum daily base hotel rate claimed in the month \$ 21
 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:			
<ul style="list-style-type: none"> • 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	CENTRAL ZONE MEDICAL	Billing Reporting Period:	20/04/2015
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	AHS MICHENER BEND	Total Statement Amount:	\$371.05
Cardholder's Dept	Cardholder's Site/Location		
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/04/2015	385575509	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking - Attended ZMD Video conferencwe; Benchmarking Meeting
01/04/2015	385868377	DELTA EDMONTON CENTRE, DELTA HOTELS	197.73	CAD	197.73	.00		Hotel accommodation - Attyended PPEC mtg - 0700' Sr Leaders Mtg - 0830
08/04/2015	386225591	BEST WESTERN VILLAGE P, BEST WESTERN HOTELS	144.82	CAD	144.82	.00		Hotel accommodation - attended ZMD mtg - [REDACTED] Benchmarking Mtg - 0900 - Calgary
08/04/2015	386423851	AHS FMC PARKING I ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking - attended ZMD mtg and Benchmarking Mtg

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, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Sheryl Hergelet
Name of Cardholder Designate

Exec. Assistant
Cardholder Designate Position

[Signature]
Signature of Cardholder Designate

[Signature]
Date of Signature

Cardholder
By signing this statement

- 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 the 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.

LUNDALL, EVAN
Name of Cardholder

CENTRAL ZONE MEDICAL
Cardholder Position Title

[Signature]
Signature of Cardholder

20 April 2015
Date of Signature

Approver Designate (if Applicable)
By signing this statement

- 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 the 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

- 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 the 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. Verna Yiu
Name of Approver

VP Quality + CMO
Approver Position/Title

[Signature]
Signature of Approver

Apr 23/15
Date of Signature

Submit approved statement with attachments to Accounts Payable

Attach:

- 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: _____

HOTEL GUEST PARKING PASS

Included in Hotel Bill

DELTA
EDMONTON CENTRE

PLACE FACE UP ON DASH

CONDITIONS:

- a) Failure to display this pass properly or use of invalid pass may result in vehicle being tagged or towed away at owner's expense.
- b) Pass valid only until date cut shown below.
- c) Lock all valuables in trunk.
- d) We assume no responsibility whatsoever for damage to car or contents however caused.
- e) Car is accepted for parking only, for a daily fee.

DATE IN	MONTH	DATE	DATE OUT	MONTH	DATE
	03	31		04	01

ROOM # _____

LICENSE # _____

PASS IS VALID FOR 24 HOURS FROM TIME OF ISSUE

TIME OF ISSUE _____

GUEST SIGNATURE *[Signature]*

Edmonton

Attended: @ PPEC Mtg

@ Sr Leaders Mtg.

← noted on "Delta Hotel" Invoice.

*Parking: April/
Royal Alex
Hosp.*

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE EXPIRATION TIME

DATE ISSUED TIME ISSUED AMOUNT PAID

02/04/15 06:53 AM

01/04/15 06:53 AM \$14.25

AMOUNT PAID

CREDIT CARD NUMBER

\$14.25 77000000 06:53 AM

CC

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVORS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
NON TRANSFERABLE

Alberta Health Services



RECEIPT


DELTA
 EDMONTON CENTRE
SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5
 Tel: 780-429-3900 Fax: 780-421-3259

AB HEALTH SERVICES
 Dr Evan Lundall

Room: [REDACTED]
 Folio: [REDACTED]
 Cashier: [REDACTED]
 Arrival: 03-31-15
 Departure: 04-01-15

Date	Description	Additional Information	Charges	Credits
03-31-15	Room charge		149.00	
03-31-15	Room - GST		7.67	
03-31-15	Room - Tourism Levy		6.14	
03-31-15	Room - Destination Mkt. Fee		4.47	
03-31-15	Weekdays-Parking		29.00	
03-31-15	Parking - GST		1.45	

Total	197.73	0.00
Balance Due	197.73	CDN

GST Summary	
Registration No:	899111215
Room	7.67
F&B	0.00
Other	1.45
Total	9.12

Edmonton:
 Attended PPEC Mtg - 0700
 - 0830 - Sr Leaders Mtg.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



Evan L Dr Lundall

Arrival : 04-07-15
 Departure : 04-08-15
 Room No. :
 Folio No. :
 Conf. No. :
 Cashier No. :
 Page No. : 1 of 1

INFORMATION INVOICE

A/R Number :
 Group Code :
 Company Name :

Date	Description	Charges	Payments
04-07-15	*Accommodation	129.00	
04-07-15	DMF	3.87	
04-07-15	Room G.S.T.	6.45	
04-07-15	Alberta Tourism Levy	5.31	
04-07-15	DMF GST	0.19	
04-08-15	Mastercard		144.82
Total		144.82	144.82
Balance			0.00

GST Registration # 82550 2917 RT 0001

Alberta Tourism Levy 5.31
 Room G.S.T. 6.45

Guest Signature

I agree the room rate and additional charges are correctly stated.
 Thank you

BEST WESTERN VILLAGE PARK INN

"Each Best Western Hotel is independently owned and operated"
 1804 Crowchild Trail N.W. | Calgary, AB T2M 3Y7 | Tel: 403-289-0241 | Fax: 403-289-4645

Alberta Health
Services
FMC Loc 6

RECEIPT

ENTRY DATE/TIME:

08/04/15 07:11

PAY DATE/TIME:

08/04/15 15:27

PARK-DUR.: HRS:MIN

0:08:16

ALLOWED EXIT TO:

09.04.15 07:26

PAID: \$ 14.25

MASTER CARD

REF.

* Parking Rates *

* Are GST Exempt *

* Please Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* HealthServices *

* Have Questions *

* Or Concerns? *

* Call Us *

* 403-944-1014 *

Edmonton
Parking:

Attended @ Z MD Meeting

@ Benchmarking Workshop

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	20.80

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/31/2015	Travel to mtg next day at 0700		Meals Per Diem	20.80				2			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		21-May-15							