

## Official Administrator and Executive Expense Report

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

Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings		63	335	75	473			
<b>Total</b>			\$ -	\$ 63	\$ 335	\$ 75	\$ 473	\$ -	\$ -	\$ -

**Total for the Month** \$ 473

Maximum daily single meal expense claimed in the month \$ 60 2 people  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
LUNDALL, EVAN	CENTRAL ZONE MEDICAL	Billing Reporting Period:	20/06/2015
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$472.49
MEDICAL AFFAIRS	AHS MICHENER BEND	Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
Cardholder's Dept	Cardholder's Site/Location		
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA			
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/05/2015	391689340	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.66		Parking - TIA Workshop - Royal Alex Hsp
29/05/2015	391689341	SORRENTINO S SOUTH SID, EATING PLACES, RESTAURANTS	59.78	CAD	59.78	2.86		Supper - Attended TIA Workshop - Royal Alex Hsp
29/05/2015	391993729	DELTA EDMONTON CENTRE, DELTA HOTELS	3.00	CAD	3.00	.00		Cocoa -
29/05/2015	391993730	DELTA EDMONTON CENTRE, DELTA HOTELS	197.73	CAD	197.73	.00		Hotel Accommodation - attended 3 meetings starting at 0730
11/06/2015	393471815	DELTA EDMONTON CENTRE, DELTA HOTELS	395.46	CAD	395.46	.00		Hotel Accommodation - 2 nites - 1st night - AHS Meetings; 2nd night credit rec'd - RPAP meeting
13/06/2015	393471816	DELTA EDMONTON CENTRE, DELTA HOTELS	-197.73	CAD	-197.73	.00		Hotel room paid for by RPAP

<b>Signature</b>		
<b>Cardholder Designate (if Applicable)</b>		
By signing this statement		
I hereby certify that I have reviewed and recorded 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.		
<u>Sheryl Hergott</u> <small>Name of Cardholder Designate</small>	<u>Exec. Assistant.</u> <small>Cardholder Designate Position/Title</small>	<u>June 19, 2015.</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder Designate</small>		
<b>Cardholder</b>		
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 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.		
<u>LUNDALL, EVAN</u> <small>Name of Cardholder</small>	<u>CENTRAL ZONE MEDICAL</u> <small>Cardholder Position/Title</small>	<u>19 June 2015</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder</small>		
<b>Approver Designate (if Applicable)</b>		
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 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.		
_____ <small>Name of Approver Designate</small>	_____ <small>Approver Designate Position/Title</small>	_____ <small>Date of Signature</small>
_____ <small>Signature of Approver Designate</small>		
<b>Approver</b>		
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 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.		
<u>Dr. Verna Hing</u> <small>Name of Approver</small>	<u>VP Quality + CMO</u> <small>Approver Position/Title</small>	<u>June 24, 2015</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver</small>		
<b>Submit approval of</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10010-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only</b>		
Reference # _____	Reviewed by: _____	Date: _____

HOTEL GUEST PARKING PASS



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 out 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
	05	20		05	29

ROOM # \_\_\_\_\_

LICENSE # \_\_\_\_\_

PASS IS VALID FOR 24 HOURS FROM TIME OF ISSUE

TIME OF ISSUE \_\_\_\_\_

GUEST SIGNATURE [Signature]

Jun 29, 2015

- Attended T.Z.A. Workshop - Royal Alex Hosp.

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE      EXPIRATION TIME

30/05/15 10:00 AM

AMOUNT PAID

\$14.25 77050000 10:00 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED      TIME ISSUED      AMOUNT PAID

29/05/15 10:00 AM \$14.25

CREDIT CARD NUMBER

CC

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA HEALTH SERVICES ENDEAVOURS 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





GST#R836975946  
 Sorrentino's South  
 4208 Calgary Trail  
 (780) 434 - 7607

Tbl [redacted] Chk [redacted] Gst 2  
 May29'15 04:52PM

1 FRIED CALAMARI	13.00
===Appy Line===	
1 CESARE	12.00
SHRIMP	3.50
1 CESARE	12.00
CHICKEN	3.00
1 COFFEE	3.00
1 POP	3.00
Subtotal	49.50
GST	2.48
Amount Due	51.98

Welcome To Summer!  
 Join Us Out On The Patio!  
 Summer Feature Menu Coming Soon  
 Book Your Reservation Today  
 Inquire at 780-434-7607  
 south@sorrentinos.com

Supper: Attended T.I.A.  
 Workshop:

Meal: (1) Dr Evan Lundall  
 (2) Ellen Pinkney  
 (Physicians' Concerns  
 Resolution Coordinator - C.2.)

SORRENTINO'S SOUTH SIDE  
 4208 CALGARY TRAIL S  
 EDMONTON, AB T6J 6Y8  
 TEL (780) 434-7607

TERM ID: 04081530 BATCH#: 362  
 EMPLOYEE ID: 38 SHIFT#: 002  
 CLERK NAME: 38

INV#: [redacted] Sale  
 MCARD [redacted] Chip  
 Application Label: MasterCard SEQ#: 0626079011308  
 AID: A0000000041010  
 TVR: 00 00 00 00 00  
 TSI: E8 00

Amount: \$ 51.98  
 Tip: \$ 7.80

Total: CAD\$ 59.78

APPROVED [redacted]  
 001/00

NO SIGNATURE REQUIRED

29-May -15 17:49:33

MERCHANT COPY



**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:  
Folio:  
Cashier:  
Arrival: 05-28-15  
Departure: 05-29-15

Date	Description	Additional Information	Charges	Credits
05-28-15	Room charge		149.00	
05-28-15	Room - GST		7.67	
05-28-15	Room - Tourism Levy		6.14	
05-28-15	Room - Destination Mkt. Fee		4.47	
05-28-15	Weekdays-Parking		29.00	
05-28-15	Parking - GST		1.45	
05-29-15	Mastercard			197.73
05-29-15	Cocoas - Breakfast			
05-29-15	Mastercard		TIP 3.00	
				3.00
<b>Total</b>			200.73	200.73
<b>Balance Due</b>			0.00	CDN

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

Attending 3 meetings in Edmonton starting at 0730.

0730-CMD Clinical Compensation  
1000-TIA-Workshop Royal Alex  
1515-Dr Mittelstadt-AMA Office

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.



**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: 06-09-15  
Departure: 06-11-15

Date	Description	Additional Information	Charges	Credits
06-09-15	Room charge		149.00	
06-09-15	Room - GST		7.67	
06-09-15	Room - Tourism Levy		6.14	
06-09-15	Room - Destination Mkt. Fee		4.47	
06-09-15	Weekdays-Parking		29.00	
06-09-15	Parking - GST		1.45	
06-11-15	Mastercard	[REDACTED]		395.46
Total			197.73	395.46
Balance Due			-197.73	CDN

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

Credit for night of Jun 10<sup>th</sup> attended  
RPAP meeting on Jun 11<sup>th</sup>. RPAP paying for  
Room charge.

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.


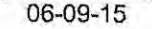
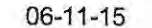


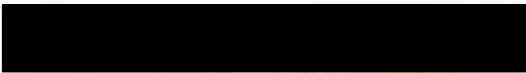
# DELTA

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:   
Folio:   
Cashier:   
Arrival: 06-09-15  
Departure: 06-11-15

Date	Description	Additional Information	Charges	Credits
06-09-15	Room charge		149.00	
06-09-15	Room - GST		7.67	
06-09-15	Room - Tourism Levy		6.14	
06-09-15	Room - Destination Mkt. Fee		4.47	
06-09-15	Weekdays-Parking		29.00	
06-09-15	Parking - GST		1.45	
06-10-15	Room charge		149.00	
06-10-15	Room - GST		7.67	
06-10-15	Room - Tourism Levy		6.14	
06-10-15	Room - Destination Mkt. Fee		4.47	
06-10-15	Weekdays-Parking		29.00	
06-10-15	Parking - GST		1.45	
06-11-15	Mastercard			395.46

Total	395.46	395.46
Balance Due	0.00	CDN

GST Summary	
Registration No:	89911215
Room	15.34
F&B	0.00
Other	2.90
<b>Total</b>	<b>18.24</b>

Attended: CPSA / AHS meeting - 0730  
Health Economics meeting - 0830

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.