

Official Administrator and Executive Expense Report

Name Dr. Evan Lundall Title ZMD, Central Zone

Location Red Deer

Expenses submitted during the month of July 2015

						Travel (1	.)					
Month-Yea	Source r Document	Purpose	Airfar	e l	Meals	Accommoda	ition	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-15 Jul-15	P-Card Expense Claim	Meetings Meetings			12	2	156	25	181 12			
Total			\$	- \$	12	\$	156	\$ 25	\$ 193	\$ -	\$ -	\$ -

Total for the Month \$

h \$ 193

Maximum daily single meal expense claimed in the month \$ 12 Maximum daily base hotel rate claimed in the month \$ 139 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



RUN DATE: 07/21/2015

 Cardholder AND Approver 	's signatures required where indicated below		
LUNDALL, EVAN	CENTRAL ZONE MEDICAL		
Cardholder's Name	Cardholder's Position/Title	Biting Reporting Period	20/07/2015
MEDICAL AFFAIRS	AHS MICHENER BEND		
Cardholder's Dept	Cardholder's Site Location	lotal Statement Amount	\$181.06
EVAN LUNDALL@ALBERTAHE	EALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card I	4

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Fleigh	Description
08/07/2015	395955366	ADV PARKING00600007A AUTOMOBILE PARKING LOTS AND GARAGES	9 00	CAD	9 00	43	te	Parking - Mtg - Edmonton
08/07/2015	295955367	MPARK0002025GU AUTOMOBILE PARKING LOTS AND GARAGES	16 00	CAD	16.00	76	Of	Parking - Meeting - Edmonton
08/07/2015	396320305	DELTA EDMONTON CENTRE, DELTA HOTELS	155 06	GAD	156 06	.00		Meetings x2 - Edmonton + Imig - Tofieli



RUN DATE: 07/21/2015

P-Card details Online ® Cardholder Statement Report

Signatures		
Cardholder Designate (if Applicable) By signing this statement I heraby certify that I have reviewed and re Program User Guide and Traming I have a	concided this statement in BMC Online to the best of my ab	dity in accordance to AHS Corporate Policies
Shery Hergott Name of Controlder Designation	Cardysian Casylate Possion T.	tant
Signature of Cardholate Designate	Date of Signature	2013
and the continuous of		
charged is attached	are for valid business purposes for Alberta Health Services Health Services or any other Organization, A personal cher	que for any personal expenses inadvertently
provided. LUNDALL, EVAN Name C Carnolder:	have been incurred by using a cost effective method, othe CENTRAL ZONE MEDICAL	rwise attende and supporting analysis is
Signatula of Caroholder	Cardholder Position Title Z 2 1004 20 15 Data of Signature	
Approver Designate (if Applicable) By signing this statement I attest that I have read and understand the " expenses being claimed are in compliance w	Travel, Hospitality and Working Session Expense Policy (1 ith such policy	122)" of A being Health Services and confirm
 I attest the expenses enclosed in this claim a claimed by the claimant or on their behalf from changed has been obtained. 	re for valid business purposes for Alberia Health Services and Alberta Health Services or any other Organization. A personave been incurred by using a cost effective method, other Approver Designate Position. This	ional the que for personal expenses inadvertently
Signature of Approver Designate	use france 23/	15
Approver By signing this statement		and the state of t
I attest the expenses enclosed in this claim and daimed by the claiment or on their behalf from charmed has been obtained.	ravel, Hospitality and Working Session Expense Policy (11) h such policy a for valid business purposes for Alberta Health Services are Alberta Health Services or any other Organization, A personance been incurred by using a cost effective method, or new	nd that this claim has not been previously onal checiue for personal expenses inadvertently
Dr. Verna Name of Approver	Approver Poemor Tribe Guly 27/15	CMO
Submit approved statement with abuchments to At	Date of Sign flure	
Attach:	nented business remains including names of participants	Additiess: Albeita Health Services
Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Servit Return, refund and/or credit receipts Disputes letter		Accounts Payable I'th Street Plaza 10th Place, North Tower 10030-107 Street Edmankin, AB T5J 3E4
Business reasons for travel require detailed descrimeal), why travel was necessary and detailed explanation.	ptions – include where traveiled to, who aftended (if anation of reason	
Actor and Payable only;		
Reference #:	Reviewed by	Date

Page: 1 of 1



EDMONTON CENTRE

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

GOVT CDA

Dr Evan Lundall

Other

Total

0.00

7.16

Room: Folio:

Cashier: Arrival:

Departure:

V/-V/-1J

07-08-15

Date	Description	Additional Information	Charges	Credits
07-07-15	Room Charge	The state of the s	139.00	
07-07-15	Room - GST		7.16	
07-07-15	Room - Tourism Levy		5.73	
07-07-15	Room - Destination Mkt. Fee		4.17	
07-08-15	Mastercard)	156.06
		Total	156.06	156.06
GST Summary		Balance Due	0.00 CD	N
	on No: 899111215			
Room	7.16			
F&B	0.00			

1) Attended ZIMO/CPSA Mtg-0730-0900 a) COEC-0900-11:00 3) Dive to Tofield-Medical Stapints - 1300.

Guest Signature:

ADV PARKING00600007A 10231 - 103 STREET EDMONTON, AB T5J4C9 7809095466

SALE

MID: REF#: TID: Batc 07:05:48 07/08/15 APPR CODE MASTERCARD ** /** Parking-July 8, 2015

AMOUNT

\$9.00

APPROVED

MasterCard AID: A0000000041010 TVR: 40 00 00 80 00 TSt E8 00

> THANK YOU PLEASE COME AGAIN

CUSTOMER COPY

IMPARK LOT 256 40 IN AND OUT PRIVILEGES

License Plate Number

Expiration Date/Time

Purchase Date/Time: 07:13am Jul 08, 2015
Total Parking: \$15.24
Total gst: \$0.76
Total Due: \$16.00
Total Paid: \$6.00
Payment Ty

Rate: \$16 - 2 Hours Payment Type: Card

Ticket #: S/N #: 500012451104 Setting: Lot 256 Mach Name: Moter 1

Card **HasterCard**

GST #887315638RT0001

Parking Dis

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LUNDALL, EVAN L	ZMD, Central		
EVAN L	Zone	Red Deer	11.60

•		Expense Location	Expense Type		From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/8/2015	Medical		Meals Per	11.60				1			
	Staff		Diem								
	Meeting -										
	Tofield										
Approver(s) for the claim		Approval Sta	tus	Approval							
				Date							
YIU, VERNA			Approve	30-Jul-15							