

Official Administrator and Executive Expense Report

Name Dr. Evan Lundall
Title ZMD, Central Zone
Location Red Deer
 Expenses submitted during the month of August 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) |
| Aug-15 | P-Card | Meetings | | 15 | | | 15 | | | |
| Total | | | \$ - | \$ 15 | \$ - | \$ - | \$ 15 | \$ - | \$ - | \$ - |

Total for the Month \$ 15

Maximum daily single meal expense claimed in the month \$ 15 2 people
 Maximum daily base hotel rate claimed in the month \$ -
 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.

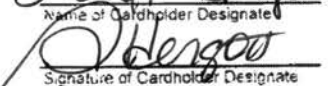
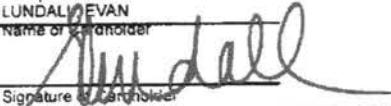
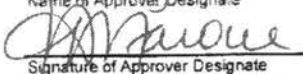

4) Other

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 | | | |
| <u>LUNDALL, EVAN</u> | <u>CENTRAL ZONE MEDICAL</u> | Billing Reporting Period: | <u>20/08/2015</u> |
| Cardholder's Name | Cardholder's Position/Title | | |
| <u>MEDICAL AFFAIRS</u> | <u>AHS MICHENER BEND</u> | Total Statement Amount: | <u>\$14.79</u> |
| Cardholder's Dept | Cardholder's Site/Location | | |
| <u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> | | Last 6 digits of the P-Card # | <u>██████████</u> |
| Cardholder's e-mail address | | | |

| Transactions without Receipts or supporting documentation | | | | | | | | |
|-----------------------------------------------------------|-----------|------------------------------------------|-----------------------|----------|--------------|-----|---------|-----------------------------------------------|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 27/07/2015 | 397821721 | SUBWAY # ██████ 5. FAST-FOOD RESTAURANTS | 14.79 | CAD | 14.79 | .70 | 00 | Travelled to Coronation - mtg with Physicians |

| Signatures | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Cardholder Designate (if Applicable) By signing this statement: <ul style="list-style-type: none"> • 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. | | |
| <u>Sheryl Hergott</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small> | <u>E.A.</u> <small>Cardholder Designate Position/Title</small> <u>26 Aug 2015</u> <small>Date of Signature</small> | |
| Cardholder By signing this statement: <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. | | |
| <u>LUNDAL, EVAN</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small> | <u>CENTRAL ZONE MEDICAL</u> <small>Cardholder Position/Title</small> <u>26 Aug 2015</u> <small>Date of Signature</small> | |
| Approver Designate (if Applicable) By signing this statement: <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. | | |
| <u>Audrey Maione</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small> | <u>Exec Asst</u> <small>Approver Designate Position/Title</small> <u>Aug. 26/15</u> <small>Date of Signature</small> | |
| Approver By signing this statement: <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. | | |
| <u>Dr. Verna Yiu</u> <small>Name of Approver</small>  <small>Signature of Approver</small> | <u>VP Quality + CMO</u> <small>Approver Position/Title</small> <u>Sept 1, 2015</u> <small>Date of Signature</small> | |
| Submit approved statement with attachments to Accounts Payable: | | |
| Attach: <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 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 _____ |

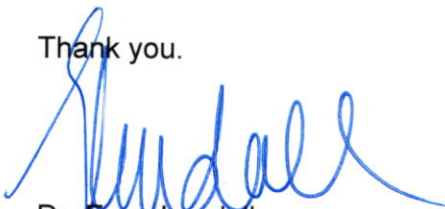
Date: August 25, 2015
To: Public Disclosure
From: Dr Evan Lundall, Central Zone Medical Director
RE: Meal Expense – July 27, 2015

I participated in a two separate physician meetings in Coronation on July 27th.
Coronation is 180 kms – one way from Red Deer.

First meeting – 3:00 pm – with Dr N. O’Riordan and Marlene Young, Director MA
Second Meeting – 5:00 pm – with Dr L. McKenzie and Marlene Young, Director MA

I stopped at the Stettler Subway to purchase a subway sandwich for Marlene and myself.
Total cost: \$14.79.

Thank you.



Dr. Evan Lundall
Central Zone Medical Director