

AHS Board and Executive Expense Report

Name Dr. Evan Lundall
Title Zone Medical Director Central Zone
Location Red Deer

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings		19	120	7	146			
Dec-15	Direct Billing	Meetings	408				408			
Total			\$ 408	\$ 19	\$ 120	\$ 7	\$ 554	\$ -	\$ -	\$ -

Total for the Month \$ 554

Maximum daily single meal expense claimed in the month \$ 19
 Maximum daily base hotel rate claimed in the month \$ 110
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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:	12/12/2015
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount:	5265.96 \$146.07
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	F. eigh	Description
07/12/2015	412286602	CHILI S, EATING PLACES, RESTAURANTS	18.70	CAD	18.70	.86		Meal at Calgary Airport
07/12/2015	412286605	MARTIN HARVEY, LIMOUSINES AND TAXICABS	7.48	CAD	7.48	.36		Cab - Medicine Hat Airport to Hotel
08/12/2015	412286603	BEST WESTERN MEDICINE, BEST WESTERN HOTELS	119.88	CAD	119.88	.00		Hotel Room- Dr Lundall - attended RISC Meditech Demo
08/12/2015	412286604	BEST WESTERN MEDICINE, BEST WESTERN HOTELS	119.88	CAD	119.88	.00		Hotel accommodation - Carol Murray - CZ - attended RISC Meditech Demo & Planning

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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>Cheryl Hergott</u> <small>Name of Cardholder Designate</small>	<u>Executive Assistant</u> <small>Cardholder Designate Position/Title</small>
<u>[Signature]</u> <small>Signature of Cardholder Designate</small>	<u>Dec 22, 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>LUNDALL, EVAN</u> <small>Name of Cardholder</small>	<u>CENTRAL ZONE MEDICAL</u> <small>Cardholder Position/Title</small>
<u>[Signature]</u> <small>Signature of Cardholder</small>	<u>Jan 14, 2016</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>	<u>Exec Asst.</u> <small>Approver Designate Position/Title</small>
<u>[Signature]</u> <small>Signature of Approver Designate</small>	<u>Jan 15/2016</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. Francois Belanger</u> <small>Name of Approver</small>	<u>A/VP Quality + CMO</u> <small>Approver Position/Title</small>
<u>[Signature]</u> <small>Signature of Approver</small>	<u>Jan 19 2016</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 5th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Accounts Payable only:	
Reference # _____	Reviewed by _____
Date: _____	



BEST WESTERN PLUS SUN COUNTRY

722 REDCLIFF DRIVE SW
MEDICINE HAT, AB T1A 5E3

Phone: 403 527 3700

FAX: 403 526 8689

Account: [REDACTED]

Arrival: 12/07/15

Departure: 12/08/15

Room: [REDACTED]

Rate: 109.99

LUNDALL, EVAN

[REDACTED]
[REDACTED]

[REDACTED]

DATE	ITEM DESCRIPTION	COMMENT	DEBIT	CREDIT
12/07/15	1 ROOM CHARGE	[REDACTED] LUNDALL, EVAN	\$109.99	
12/07/15	2 GST (5%)	GST (5%)	\$5.50	
12/07/15	3 ATL (4%)	ATL (4%)	\$4.40	
12/08/15	4 MASTER CARD PAYMENT	MASTER CARD PAYMENT		(\$119.89)
			BALANCE DUE:	\$0.00

MARTIN HARVEY
111 HULL CRES NE T1C1C9
MEDICINE HAT AB
22737528
GH2273752801

PURCHASE

12/07-2015
Acct # [REDACTED]
Exp Date [REDACTED] Card Type MC
Name: EVAN LUNDALL
0000000041010 MasterCard

Trace [REDACTED]
Inv. # [REDACTED]
RRN 001006

Purchase \$6.50
Tip \$0.98
Total \$7.48

(00) APPROVED-THANK YOU

Retain this copy for your records

Customer copy
CAB medicine Hat

Cab-
Medicine Hat
airport to
Hotel.

CHILI'S TEXAS GRILL
2000 Airport Road NE
(403) 250-2072

Server [REDACTED] 12/07/2015
Table [REDACTED] 7:49 PM
Guests: 1 20314
Menu: Server
FRESH TEX CHIPOTLE BOWL 14.99
SHRIMP
Complete Subtotal 15.4
Subtotal 15.49
Tax 0.77
Total 16.26
Balance Due \$ 16.26

Thank You!
We Welcome Your Comments
Visit chilis.ca
GEM Survey Code 4011
GST.#821972338RT0001

Deby Calgary
CHILI'S
2000 AIRPORT RD NE
CALGARY AB
→ Medicine Hat

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/12/07
TIME 1598 19:50:44
CLERK ID 8020
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$16.26
TIP \$2.44
TOTAL \$18.70

MasterCard
A0000000041010
FE784F7D2960D972
0000008000-E800
834E66DFE4055E9A

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Supper - Calgary Airport - enroute
to Medicine Hat.

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Dr Evan Lundall	Reporting Period for the Month of : Dec-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
7-Dec-2015	Direct Billing	Airline Ticket	Travel Red Deer-Calgary-Medicine Hat-Calgary-Edmonton	Marlin Travel	407.94
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 407.94

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

November 26, 2015

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INVOICE

For

DR EVAN L LUNDALL

Monday, December 7, 2015

 Air

AIR CANADA

From: RED DEER

To: CALGARY AB

Stops: 0 Arrival: 07Dec15

AIR CANADA E

SEAT 3B

AIR CANADA CON

TICKET NUMBER

Flight: 7203 G CLASS
04:00 PM Equipment: BEH
04:44 PM

Mile(s) Flown: 65

 Air

AIR CANADA

From: CALGARY AB

To: MEDICINE HAT

Stops: 0 Arrival: 07Dec15

AIR CANADA E

SEAT 5B

AIR CANADA CO

TICKET NUMBER

Flight: 7233 G CLASS
07:35 PM Equipment: BEH
08:30 PM

Mile(s) Flown: 164

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: November 26, 2015
Page: 2/4
Our Reference: [REDACTED]

INVOICE

Tuesday, December 8, 2015

 **Air**

AIR CANADA
From: MEDICINE HAT
To: CALGARY AB
Stops: 0 **Arrival:** 08Dec15
AIR CANADA E
SEAT 7B

Flight: 7234 G CLASS
04:20 PM **Equipment:** BEH
05:25 PM

Mile(s) Flown: 164

 **Air**

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 08Dec15
AIR CANADA E
SEAT 10C - LUNDALL/EVAN L DR

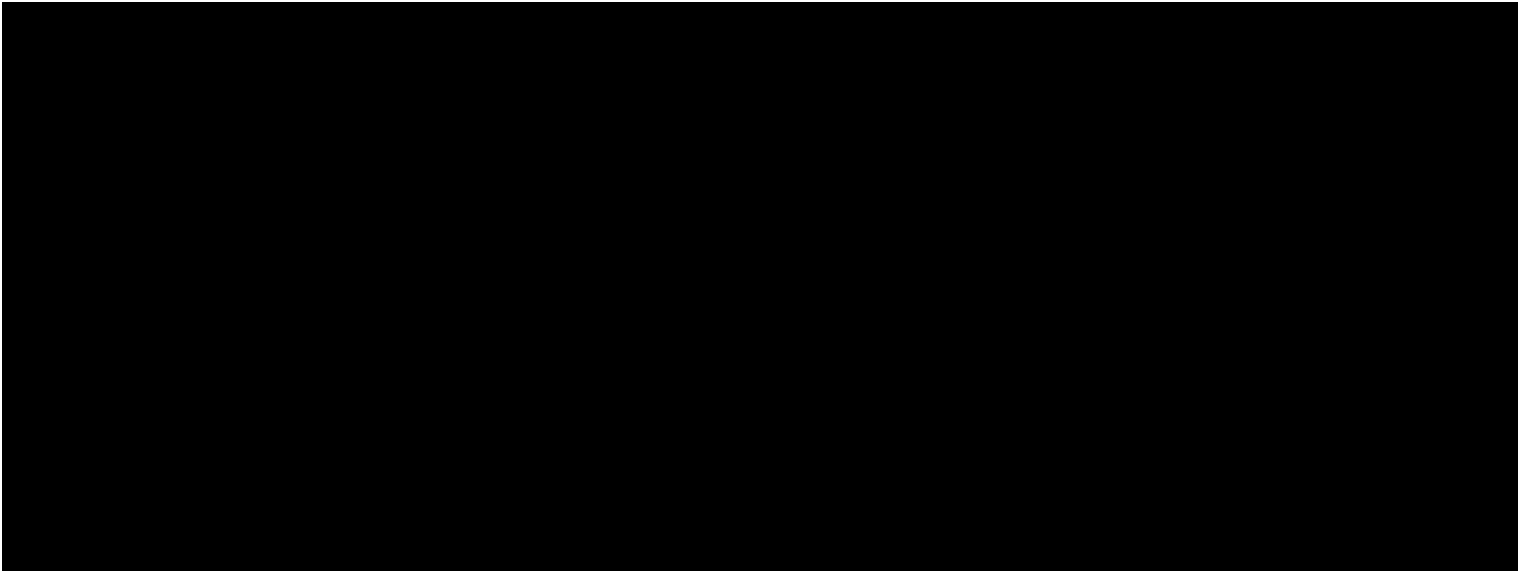
Flight: 8170 G CLASS
07:20 PM **Equipment:** DH4
08:12 PM

Mile(s) Flown: 163

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: November 26, 2015
Page: 3/4
Our Reference: [REDACTED]

INVOICE



Cost:	
AIR CANADA WE [REDACTED]	382.98
	Tax: 24.96
	Ticket Total: 407.94

Total:	
	Grand Total: 407.94
	Less Credit Card Payments: 407.94
	Credit / Balance Due To This Invoice: 0.00
	Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0