

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 February 2016

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)
Feb-16	P-Card	Meetings			215	49	264			
Feb-16	Expense Claim	Meetings				283	283			
Total			\$ -	\$ -	\$ 215	\$ 332	\$ 547	\$ -	\$ -	\$ -

Total for the Month \$ 547

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 164
 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:			
<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> Cardholder's Name	<u>CENTRAL ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/02/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$263.58</u>
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> 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	Freight	Description
09/02/2016	418567599	WESTIN (WESTIN HOTELS), WESTIN HOTELS	214.58	CAD	214.58	.00	.00	Hotel - attended Physician as Stewards of Resources Conference
11/02/2016	418929706	RED ARROW EXPRESS LTD, BUS LINES	49.00	CAD	49.00	2.33		Took bus to attended Provincial IMIT Prioritization Mtg - Edmonton

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.		
<u>Sheryl Hergott</u> Name of Cardholder Designate <u>[Signature]</u> Signature of Cardholder Designate	<u>[Signature]</u> Cardholder Designate Position/Title <u>Feb 23, 2016</u> Date of Signature	
Cardholder By signing this statement I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (112?)" 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> Name of Cardholder <u>[Signature]</u> Signature of Cardholder	<u>CENTRAL ZONE MEDICAL</u> Cardholder Position/Title <u>23 FEB 2016</u> 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 (112?)" 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 Malone</u> Name of Approver Designate <u>[Signature]</u> Signature of Approver Designate	<u>Exec Admin Coord.</u> Approver Designate Position/Title <u>Feb 25/16</u> Date of Signature	
Approver By signing this statement I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (112?)" 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> Name of Approver <u>[Signature]</u> Signature of Approver	<u>A/VP Quality + CMO</u> Approver Position/Title <u>Feb 26 2016</u> 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 T6J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

Sheryl Hergott

From: Red Arrow Reservations <itinerary@redarrow.ca>
Sent: March 10, 2016 1:29 PM
To: Sheryl Hergott
Subject: Invoice



Invoice

Date: 2016-03-10

Bill To: You can reach us at

Website User

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2016-02-11	[REDACTED]	-	-	2016-02-18	2016-02-18	-	Website User

Travellers:

Lundall/Evan

Product	Details	Duration	Price Basis	Qty	Each	Billed
CALEDM 08:00 Assigned to: 02A	Departs Red Deer (REDHOL / Red Deer Radisson Hotel) 2016-02-18 at 09:45 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2016-02-18 at 11:50	2 hrs 5 mins	Adult	1	46.67	49.00

Payments Received:

Date	From	Reference	Amount
2016-02-11	Website User	[REDACTED]	49.00 CAD

Base Price: 46.67 CAD
 Discounts: 0.00 CAD
 Service Charges: 0.00 CAD
 GST: 2.33 CAD
 Invoice Total: 49.00 CAD
 Commission: 0.00 CAD
 Received: 49.00 CAD
 Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT
GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454



Evan Lundall

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : A
Arrive Date : 07-FEB-16 17:14
Depart Date : 08-FEB-16 12:00
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

Information Invoice

Tax ID : 815461330RT0001
The Westin Edmonton 08-FEB-16 03:20 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
07-FEB-16	[REDACTED]	Room Charge	164.00	
07-FEB-16	R	GST	8.45	
07-FEB-16	[REDACTED]	Destination Marketing Fee	4.92	
07-FEB-16	[REDACTED]	Tourism Levy	6.76	
07-FEB-16	[REDACTED]	Parking Self	29.00	
07-FEB-16	[REDACTED]	GST	1.45	
08-FEB-16	MC	Mastercard		-214.58
		** Total	214.58	-214.58
		*** Balance	-0.00	

Continued on the next page

Attended "Physicians as Stewards of Resources"
- Edmonton.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	282.80

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/3/2016	Attended PPEC meeting		Mileage	131.30	Red Deer	Calgary Airport - return		1			260
2/8/2016	attended "Physicians as Stewards of Resources" conference		Mileage	151.50	Red Deer	Edmonton		1			300

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	8-Mar-16