

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 June 2016

| MMM-YY | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Jun-16 | P-Card | Meetings | | | | 24 | 24 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 24 | \$ 24 | \$ - | \$ - | \$ - |

Total for the Month \$ 24

Maximum daily single meal expense claimed in the month \$ -
 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.

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.

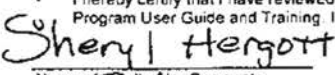
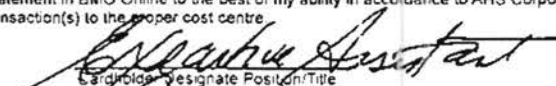

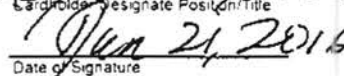
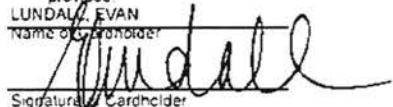

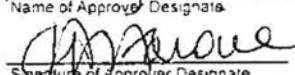
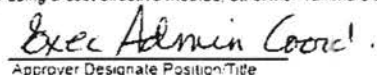
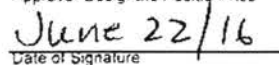
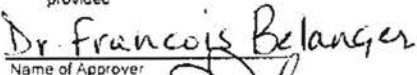


Instruction:

- 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

| | | | |
|---|--|-------------------------------|-------------------|
| <u>LUNDALL, EVAN</u> Cardholder's Name | <u>CENTRAL ZONE MEDICAL</u> Cardholder's Position/Title | Billing Reporting Period: | <u>20/06/2016</u> |
| <u>MEDICAL AFFAIRS</u> Cardholder's Dept | <u>AHS MICHENER BEND</u> Cardholder's Site/Location | Total Statement Amount: | <u>\$24.00</u> |
| <u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address | | Last 6 digits of the P-Card # | <u>██████████</u> |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|---|
| 01/06/2016 | 431216035 | MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES | 24.00 | CAD | 24.00 | 1.14 | .00 | Meeting regarding the "Provincial Rural Maternity Care Steering Committee" - update to Executive Sponsors |

| 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. | | |
|  Name of Cardholder Designate |  Cardholder Designate Position/Title |  Signature of Cardholder Designate |
|  Date of Signature | | |
| 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. | | |
| LUNDAL, EVAN Name of Cardholder | CENTRAL ZONE MEDICAL Cardholder Position/Title |  Signature of Cardholder |
|  Date of Signature | | |
| 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. | | |
| Audrey Maione Name of Approver Designate | Exec Admin Coord. Approver Designate Position/Title |  Signature of Approver Designate |
|  Approver Designate Position/Title | | |
|  Date of Signature | | |
| 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. | | |
| Dr. Francois Belanger Name of Approver | A/VP Quality + CMO Approver Position/Title |  Signature of Approver |
|  Approver Position/Title | | |
|  Date of Signature | | |
| 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 _____ |

Dr Yewi.
RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

P-card

License Plate Number
BTM4589

Expiration Date/Time
12:54 PM
JUN 01, 2016

Purchase Date/Time: 09:54am Jun 01, 2016
Total Parking: \$22.86
Total gst: \$1.14
Total Due: \$24.00
Total Paid: \$24.00
Setting: Lot 256
Mach Name: Meter 1

Rate: \$24 - 3 hours
Payment Type: Card

██████████ 330
██████████

██████████
██████████

Auth #: ██████████

GST #887315638RT0006

PARKING RECEIPT
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June 1, 2016

Prov. Rural Maternity Care
Steering Committee

Meet with Executive
Sponsors.