

## 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 August 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)
Aug-16	P-Card	Meetings					-	100		
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100	\$ -	\$ -

**Total for the Month** \$ 100

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>20/08/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$100.00</u>
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
02/08/2016	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	AHS CVENT, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	100.00	CAD	100.00	4.76		Registration for Quality Summit Workshop - Oct 24/16

**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.

Sheryl Hergott  
Name of Cardholder Designate

[Signature]  
Signature of Cardholder Designate

Executive Assistant  
Cardholder Designate Position/Title

Aug 23, 2016  
Date of Signature

**Cardholder**

By signing this statement

- 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.

LUNDALL, EVAN  
Name of Cardholder

[Signature]  
Signature of Cardholder

CENTRAL ZONE MEDICAL  
Cardholder Position/Title

Aug 23, 2016  
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 (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.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

**Approver**

By signing this statement

- 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

[Signature]  
Signature of Approver

Acting VP Quality + CMO  
Approver Position/Title

Aug 25, 2016  
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 T5J 3E4

**Accounts Payable only:**

Reference # \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

## Sheryl Hergott

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**From:** Conference Planning  
**Sent:** Tuesday, August 02, 2016 10:05 AM  
**To:** Evan Lundall L.  
**Subject:** Payment Confirmation/Receipt for Quality Summit 2016

Your payment for the Quality Summit 2016 event has been successfully processed. Please save this email for your records.

### Transaction Information:

Item	Transaction Information	Quantity	Amount
Liberating Structures Workshops	CAD 100.00	1	CAD 100.00
<b>Transaction Total</b>			<b>CAD100.00</b>

Registration Confirmation Number: [REDACTED]

[View your registration](#)

If you have any questions about this transaction or email, please contact Conference Planning Committee directly at [conference.planning@albertahealthservices.ca](mailto:conference.planning@albertahealthservices.ca).

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