

## 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 September 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)
Sep-16	Expense Claim	Meetings		13		23	36			
<b>Total</b>			\$ -	\$ 13	\$ -	\$ 23	\$ 36	\$ -	\$ -	\$ -

**Total for the Month**      \$            36

Maximum daily single meal expense claimed in the month      \$      13  
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.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	36.23								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/25/2016	Medical Disclosure Meeting with Family	AB - Other Zones	Meals Per Diem	13.00			Lunch = 1 * 13.00	1			
9/14/2016	attend Urgnet Care Centre Meeting		Mileage-Local-Home Zone	23.23				1			46
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	26-Sep-16								