

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 October 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)
Oct-16	P-Card	Meetings			139	45	184			
Oct-16	Expense Claim	Meetings		24			24			
Total			\$ -	\$ 24	\$ 139	\$ 45	\$ 208	\$ -	\$ -	\$ -

Total for the Month \$ 208

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 124
 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 			
LUNDALL, EVAN	CENTRAL ZONE MEDICAL	Billing Reporting Period:	20/10/2016
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	AHS MICHENER BEND	Total Statement Amount:	\$184.22
Cardholder's Dept	Cardholder's Site/Location		
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #: [REDACTED]	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/09/2016	[REDACTED]	RADISSON HOTEL EDMONTO, RADISSON	139.22	CAD	139.22	.00	.00	Attended Foundation Leadership 2 day meeting

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/09/2016	[REDACTED]	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	45.00	CAD	45.00	2.14	.00	Met Deputy Minister to travel to Vegreville

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Sheryl Hergott</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Assistant</u> Cardholder Designate Position/Title</p> <p><u>Oct 25, 2016</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>LUNDALL, EVAN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CENTRAL ZONE MEDICAL</u> Cardholder Position/Title</p> <p><u>Oct 26, 2016</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>RUTH HOLLAND KILMARSON</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>EXECUTIVE ASSISTANT</u> Approver Designate Position/Title</p> <p><u>2016 00 26</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>DR. F. BELANGER</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>INTERIM VP QUALITY & CMO</u> Approver Position/Title</p> <p><u>Oct 28 2016</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference # _____	Reviewed by: _____	Date: _____



Evan Lundall

Room No. : [redacted]
Arrival : 09-29-16
Departure : 09-30-16
Page No. : 1 of 1
Folio No. : [redacted]
Conf. No. : [redacted]
Cashier No. : [redacted]

INVOICE

Membership No. : [redacted]
A/R Number : [redacted]
Group Code : [redacted]
Company Name : Alberta Health Services

09-30-16 10:23:33 AM MST

Date	Text		Charges	Credits
09-29-16	Room Charge		124.00	
09-29-16	Rooms GST		6.39	
09-29-16	Alberta Tourism Levy		5.11	
09-29-16	Destination Marketing Fee		3.72	
09-30-16	Mastercard [redacted]			139.22
Room GST	6.39	F&B GST 0.00	AB Levy 5.11	Other Tax 3.72
Net Amount	124.00	CAD		
Total			139.22	139.22
Balance				0.00

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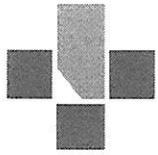
Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

*Attended: Foundation
Leadership Forum
2 day event.
— Edmonton.*

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4440 Gateway Boulevard
Edmonton, Alberta T6H 5C2
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Email: RHI_ESAL@radisson.com
GST # 84420 3075 RT0001



**Alberta Health
Services**

Memorandum

Date: October 25, 2016

To: Finance

From: Dr Evan Lundall, Central Zone Medical Director

Re: Parking Receipt - \$45.00 – Sept 29, 2016

On September 29, 2016, I drove to Edmonton to meet with the Deputy Minister of Health and travel with him to attend a RPAP meeting in Vegreville.

I travelled from Red Deer, - parked my vehicle at the ATB Place, North Tower, and then met up with the Deputy Minister and travelled with him to Vegreville in his vehicle.

My parking charge was \$45.00 – however, I have misplaced the parking receipt.

Thank you.

A handwritten signature in cursive script that reads "Lundall".

Dr Evan Lundall,

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	\$ 24.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/22/2016	Supper meeting with FMD - Wetaskiwin	AB - Other Zones	Meals Per Diem-Service Recipient	\$ 24.00			Dinner = \$24.00	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	14-Nov-16