

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 November 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)
Nov-16	P-Card	Meetings			332	34	366			
Nov-16	Expense Claim	Meetings				152	152			
Total			\$ -	\$ -	\$ 332	\$ 186	\$ 518	\$ -	\$ -	\$ -

Total for the Month \$ 518

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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>20/11/2016</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount: <u>\$366.07</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
20/10/2016	XXXXXXXXXX	RENAISSANCE EDMONTON A, RENAISSANCE HOTELS	156.06	CAD	156.06	.00	.00	Attended Senior Leadership Meeting
21/10/2016	XXXXXXXXXX	WESTIN (WESTIN HOTELS), WESTIN HOTELS	9.95	CAD	9.95	.47	.00	Interier charge - Hotel charge
26/10/2016	XXXXXXXXXX	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	10.00	CAD	10.00	.48	.00	Parking - attended Quality Summit Conference
26/10/2016	XXXXXXXXXX	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	166.06	CAD	166.06	7.91	.00	Hotel accomodtion - attended Quality Summit Conference
31/10/2016	XXXXXXXXXX	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14	.00	Parking - Edmonton - mtg with CEO

Signature		
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. 		
<u>Sheryl Hergott</u> <small>Name of Cardholder Designate</small>	<u>Exec. Assistant</u> <small>Cardholder Designate Position/Title</small>	<u>Nov 21, 2016</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder Designate</small>		
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. 		
<u>LUNDALL, EVAN</u> <small>Name of Cardholder</small>	<u>CENTRAL ZONE MEDICAL</u> <small>Cardholder Position/Title</small>	<u>21 Nov 2016</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Cardholder</small>		
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. 		
<u>RUTH HOLLAND RICHARDSON</u> <small>Name of Approver Designate</small>	<u>EXECUTIVE ASSISTANT</u> <small>Approver Designate Position/Title</small>	<u>2016 NOV 21</u> <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver Designate</small>		
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. 		
<u>DR. F. BELANGER</u> <small>Name of Approver</small>	<u>VP QUALITY & CHIEF MEDICAL OFFICER</u> <small>Approver Position/Title</small>	 <small>Date of Signature</small>
<u>[Signature]</u> <small>Signature of Approver</small>		
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 _____

Sheryl Hergott

From: Evan Lundall [REDACTED]
Sent: Friday, October 21, 2016 6:01 AM
To: Sheryl Hergott
Subject: Fwd: Your Oct 18, 2016 - Oct 19, 2016 stay at the Renaissance Edmonton Airport Hotel

Paid with P card
Evan

Begin forwarded message:

From: Thanks for staying! <efolio@renaissancehotels.com>
Subject: Your Oct 18, 2016 - Oct 19, 2016 stay at the Renaissance Edmonton Airport Hotel
Date: October 21, 2016 at 02:48:01 MDT
To: [REDACTED]
Reply-To: Thanks for staying! <efolio@renaissancehotels.com>

Thank you for choosing the Renaissance Edmonton Airport Hotel for your recent stay.

As requested, below is a billing summary or adjustment for your stay. If you have questions about your bill, please contact the hotel directly at (780) 488-7159.

Make another reservation on RenaissanceHotels.com:

<http://renaissancehotels.com>

Marriott Rewards members may receive this email automatically after every stay. Modify your email preferences:

<https://marriott.com/rewards/myAccount/editEmailPreferences.mi>

Summary of Your Stay

Hotel: Renaissance Edmonton Airport Hotel
4236 36th Street East
Edmonton International Airport, Alberta T9E 0V4
Canada
(780) 488-7159

Guest: LUNDALL/EVAN/L/DR

CAD

Attended
Senior Leaders
Meeting.

Dates of stay: Oct 18, 2016 - Oct 19, 2016

Room number: [REDACTED]
Guest number: [REDACTED]
Group number:
Marriott Rewards number: [REDACTED]

Date	Description	Reference	Charges	Credits
10/18/16	TELECOMM	BASEHSIA	0.00	
10/18/16	ROOM	406, 1	139.00	
10/18/16	DMF	406, 1	4.17	
10/18/16	GST	406, 1	7.16	
10/18/16	TRSM LEV	406, 1	5.73	
10/18/16	TELECOMM	FREEHSIA	0.00	
10/19/16	Payment - MasterCard [REDACTED]	ROOM C/O		156.06
Total balance			0.00 CAD	

Was that the best night's sleep you've ever had? How about a repeat performance at your place!
ShopRenaissance.com = <http://www.shopmarriott.com/redirect.aspx?p=0802004&t=rhr/&m=YEGBR>

Important Information

*** Do Not Reply to this Email**

This email is an auto-generated message. Replies to automated messages are not monitored. If you have any questions please contact the hotel directly at (780) 488-7159.

*** Why Have I Received this Email?**

You have received this email because you requested during your stay to receive an electronic version of your bill by email.

*** Availability**

Electronic versions of your hotel bill, available by email from our over 2,300 participating properties in the Marriott family of hotels in the USA and Canada, are emailed to you within 72 hours of check-out. These email messages reflect changes made to your bill up to 11pm on your day of departure. Any adjustments after that time may not be shown.

If you have received this email in error, please notify us:

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



Dr. Evan Lundall
ALBERTA HEALTH SERVICES

Page Number : 1 Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 21-OCT-16 [REDACTED]
Depart Date : 22-OCT-16 [REDACTED]
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

Copy Invoice

Tax ID : 815461330RT0001
The Westin Edmonton 21-NOV-16 13:48 JACKKIA

Date	Reference	Description	Charges (CAD)	Credits (CAD)
21-OCT-16	[REDACTED]	Internet	9.48	
21-OCT-16	[REDACTED]	GST	0.47	
22-OCT-16	[REDACTED] C	[REDACTED]		-9.95
		** Total	9.95	-9.95
		*** Balance	0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at westin.com/newbalance

As a Starwood Preferred Guest you have earned at least 0 Starpoints for this visit [REDACTED]

Tell us about your stay. www.westin.com/reviews

Continued on the next page

Oct 21+22 - Attended AHS Fall Forum- Advisory Councils Prov. Meeting.

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



Dr. Evan Lundall
 ALBERTA HEALTH SERVICES

Page Number : 2 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : A
 Arrive Date : 21-OCT-16 16:21
 Depart Date : 22-OCT-16 13:14
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED] - [REDACTED]

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
10-21-2016	0.00	0.00	0.00	0.00	9.95	0.00	9.95	0.00
10-22-2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-9.95
	-----	-----	-----	-----	-----	-----	-----	-----
Total	0.00	0.00	0.00	0.00	9.95	0.00	9.95	-9.95

HOTEL ALMA



169 UNIVERSITY GATE NW
CALGARY, ALBERTA, CANADA T2N 1N4
1.877.498.3203 T 403.220.3203 F 403.284.4184
W HOTELALMA.CA

LUNDALL, EVAN
ALBERTA HEALTH SERVICES

Room Number: [REDACTED]
Daily Rate: 139.00
Room Type: SQN
No. of Guests: 1 / 0

[REDACTED] A

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
24-Oct-16	25-Oct-16	[REDACTED]	GROUPG	GROUP	[REDACTED]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
25-Oct-16	[REDACTED]	PARKING	PARKING	\$10.00
25-Oct-16	[REDACTED]	MASTERCARD	MASTERCARD	(\$10.00)

*Additional Parking Charge after 4:00 pm.
Attended "Quality Summit 2016".*

TOTAL DUE: _____ **\$0.00**

SIGNATURE _____

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
GST R#108102864

HOTEL ALMA



169 UNIVERSITY GATE NW
 CALGARY, ALBERTA, CANADA T2N 1N4
 1.877.498.3203 T 403.220.3203 F 403.284.4184
 W HOTELALMA.CA

LUNDALL, EVAN
 ALBERTA HEALTH SERVICES

Room Number: [REDACTED]
 Daily Rate: 139.00
 Room Type: SQN
 No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
24/10/16	25/10/16	[REDACTED]	GROUPG	GROUP	[REDACTED]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
24/10/16	[REDACTED]	PARKING	PARKING CHARGE	\$10.00
24/10/16	[REDACTED]	ROOM CHARGE	[REDACTED] LUNDALL, EVAN	\$139.00
24/10/16	[REDACTED]	ROOM FEE	ROOM FEE	\$4.17
24/10/16	[REDACTED]	GST	GST	\$7.16
24/10/16	[REDACTED]	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.73
25/10/16	[REDACTED]	MASTERCARD	MASTERCARD	(\$166.06)

Attended "Quality Summit 2016".

CREDIT DUE: _____ (\$0.00)

SIGNATURE _____

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
 GST R#108102864

meeting c CEO.

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

05:18 PM
OCT 31, 2016

Purchase Date/Time: 02:18pm Oct 31, 2016

Total Parking: \$22.86

Total GST: \$1.14

Total Due: \$24.00

Total Paid: \$24.00

Ticket #: 20160750

Card #: [Redacted]

Setting: Lot 256

Mach Name: Meter 1

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

Auth #: [Redacted]

GST #887315638RT0006

PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

Meeting with
C.E.O.
parking charges.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
LUNDALL, EVAN L	ZMD, Central Zone	Red Deer	\$ 151.50

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/24/2016	Attended Quaity Summit 2016		Mileage-Other	\$ 151.50				1			300

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	24-Nov-16