

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 2017

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-17	Expense Claim	Meetings		24	200	560	784			
Total			\$ -	\$ 24	\$ 200	\$ 560	\$ 784	\$ -	\$ -	\$ -

Total for the Month \$ 784

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 179
 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	\$ 783.54									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/7/2017	Attended Wetaskiwin Hospital Medical Staff Meeting		Mileage-Local-Home Zone	\$ 105.04	Red Deer	Wetaskiwin Hospital	Attended Wetaskiwin Hospital Medical Staff Meeting; attendance = all Wetaskiwin Hospital physicians	1			208	
11/7/2017	Attended Wetaskiwin Medical Staff meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			Attended Wetaskiwin Medical Staff meeting - (all Wetaskiwin Hospital physicians in attendance)	1				
11/8/2017	Attended Physicians with Disruptive Behavior Symposium		Mileage-Other	\$ 126.25	Red Deer	Edmonton Airport	Attended Physicians with Disruptive Behavior Symposium - was on the Panel	1			250	
11/8/2017	Attended Physicians with Disruptive Behavior Symposium	AB - Local	Accommodations	\$ 200.00			Attended Physicians with Disruptive Behavior Symposium - was on the Panel	1				
11/25/2017	Attended Drumheller Medical Staff and Operational Leaders Facilitation Session		Mileage-Local-Home Zone	\$ 166.65	Red Deer	Drumheller Hospital	Attended Drumheller Medical Staff and Operational Leaders Facilitation Session; In attendance with Director, Central Zone Medical Affairs	1			330	
11/29/2017	Attended Quality, Safety and Outomes Improvement Executive Committee Meeting		Mileage-Other	\$ 161.60	Red Deer	Rocky View Hospital - Calgary	Attended Quality, Safety and Outomes Improvement Executive Committee Meeting; attendance; VP Quality/CMO ; ZEL Leads; EDs	1			320	
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		5-Dec-17								



RENAISSANCE[®]
HOTELS

RENAISSANCE EDMONTON AIRPORT

GUEST FOLIO

[REDACTED] LUNDALL/EVAN 179.00 11/09/17 15:47 [REDACTED]
 ROOM NAME RATE DEPART TIME ACCT# GROUP
 GQ TYPE 11/08/17 20:02
 39 XX
 ROOM XX
 CLERK XX
 ADDRESS AB 11111 PAYMENT [REDACTED] RWD#: [REDACTED]

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
11/08	ROOM	179.00		
11/08	DMF	5.37		
11/08	GST	9.22		
11/08	TRSM LEV	7.37		
11/09	CCARD-MC		200.96	
PAYMENT RECEIVED BY: MASTERCARD [REDACTED]				.00

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the credits column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X _____