Alberta Health Services

www.albertahealthservices.ca

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge
Expenses submitted during the month of June 2014

				Travel (1)							
Date	**Source Document**	**Purpose**	**Airfare**	**Meals**	**Accommodation**	**Other Travel**	**Total Travel**	**Professional Development (2)**	**Working Sessions Hosting and Hospitality (3)**	**Other (4)**
Jun-14	P-Card	Meetings		83		155	238			
Total			$ -	$ 83	$ -	$ 155	$ 238	$ -	$ -	$ -

Total for the Month $ 238

Maximum meal expense claimed in the month	$	72	4 people
Maximum daily 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Alberta Health Services

P-Card details Online ® Cardholder Statement 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

CHILTON, SEAN	CHIEF ZONE OFFICER	Billing Reporting Period:	20/06/2014
Cardholder's Name	Cardholder's Position/Title		
SOUTH ZONE	CHINOOK REGIONAL HOSPITAL	Total Statement Amount:	$237.72
Cardholder's Dept	Cardholder's Site/Location		
SEAN.CHILTON@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
23/05/2014	352999211	AIR LIMOUSINE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		ALP Exec Education Taxi Fare
23/05/2014	353086879	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		ALP Exec Education Taxi Fare
27/05/2014	353217389	UNIVERSITY OF CALGARY, COLLEGES, UNIVERSITIES, PROFESSIONAL	21.00	CAD	21.00	1.00		Symposium Influenza Immunization
02/06/2014	353885130	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36		Parking - Non Hospital Surgical Facility
10/06/2014	354774470	POPIELS, EATING PLACES, RESTAURANTS	82.72	CAD	82.72	3.94	.00	HAC Meeting

Alberta Health

P-Card details Online ®
Cardholder Statement Report

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.

Name of Cardholder Designate | Cardholder Designate Position/Title

Signature of Cardholder Designate | 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 claimed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or anybody on 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.

CHARRON, SEAN | SVP SOUTH ZONE

Name of Cardholder | Cardholder Position/Title

Signature of Cardholder | June 27, 2014

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 claimed 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 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.

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 claimed 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 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.

Name of Approver | Approver Position/Title

Signature of Approver | 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 (copies / electronic signatures if signatures are not on report)
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Returned refund and/or credit receipts
- Document Letter

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Cab fare
Edmonton International to University AB.
Action Learning Project Presentations - Exec Education.

AIRPORT TAXI SERVICE
[redacted]-101 ST T6E5C9
EDMONTON AB
22295683
GH:22956838

PURCHASE

05-23-2014 08:37:59
Acct # [redacted]
Exp Date
Name: SEAN CHILTON
[redacted]

Trace # 1854
Inv. # [redacted]
Auth # [redacted] RRN [redacted]

Purchase $55.00
Tip $8.25
Total $63.25

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

GST 54167 8501 RT0001
780-890-7070

ATS GROUP
[redacted] 101 STREET NW T6E5C9
EDMONTON AB
22946210

PURCHASE

05-23-2014 14:41:20
Acct # [redacted]
Exp Date
Name: SEAN CHILTON
A0000000041010 MasterCard

Trace # [redacted] Operator #57
Inv. # [redacted]
Auth # [redacted]

Purchase $55.00
Tip $8.25
Total $63.25

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Parking
Medicine Hat
Mtg re New Hospital
Surgical Facility

[redacted]

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE 03/06/14 10:38 AM

PAID $ 7.50 73210001 10:38 AM

Alberta Health Services

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NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

ISSUED 02/06/14 10:38 AM AMOUNT PAID $ 7.50

[redacted]

Alberta Health Services

Alberta Health

RECEIPT

From: UNIVERSITY OF CALGARY CON
To: Brenda Case
Subject: Transaction Receipt - Do Not Reply
Date: Tuesday, May 27, 2014 9:48:41 AM

UNIVERSITY OF CALGARY CON

TRANSACTION APPROVED - THANK YOU

PAYMENT DETAILS

TYPE PURCHASE

DATE 2014-05-27 11:48:30
ORDER ID [redacted]
AMOUNT(CAD) $21.00

CARDHOLDER Sean Chilton
CARD NUM [redacted]
ACCOUNT

REF NUM [redacted]
AUTH CODE

ITEM DETAILS

DESCRIPTION	PRODUCT CODE	QUANTITY	ITEM AMOUNT
Symposium on Influenza Immunization in the Healthcare Workplace (June 11, 2014 - 7:30 AM to 4:30 PM)	Reg. Fee	1	$21.00
		TOTAL(CAD)	**$21.00**

CUSTOMER DETAILS

CUST ID [redacted]
EMAIL brenda.case2@albertahealthservices.ca
NOTE

Please keep this email as your transaction receipt.
This receipt has been sent from an unmonitored email account.
Do not reply to this email.

POPIELS
8329 20TH AVE
COLEMAN, AB T0K0M0
4035635555

SALE

[redacted]

AMOUNT $71.93
TIP $10.79
TOTAL $82.72

APPROVED

HAC - Crowsnest Pass Council meeting re Governance
Dr. Barbara Lacey, Lorraine Neal, Cliff Elle, Sean Chilton
June 10th 2014

Popiel's Restaurant
8329 20th Ave
Coleman, AB
(403) 563-5555
GST#81249 7485 RT0001

113 LESLIE

Check: [redacted]
Table: [redacted]
06/10/2014 05:55PM

1	TEA -GREEN	3.00
2	COFFEE	5.00
1	POP	2.50
1	WINTER SAL	10.50
	+Chicken	5.00
1	CAESAR SLD SML	7.50
	+Chicken	5.00
1	GREEK SLD SML	6.00
	+Chicken	5.00
1	FRANK SLIDE SLD	12.00
	+Chicken	5.00
	Subtotal	68.50
	G.S.T.	3.43
Total Due		$71.93

SEE YOU AGAIN
Thank You

June 10th 2014

HAC meeting with
Crownest Pass Council.

Dr. Barbara Lacey, Lorraine Neal, Cliff Elle + Sean Chilton.