

Official Administrator and Executive Expense Report

Name Sean Chilton

Title Chief Zone Officer, South Zone

Location Lethbridge

Expenses submitted during the month of December 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)
Dec-14	P-card	Meetings	361		168	312	842			
Dec-14	Expense Claim	Meetings			887		887			
Total			\$ 361	\$ -	\$ 1,055	\$ 312	\$ 1,729	\$ -	\$ -	\$ -

Total for the Month \$ 1,729

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 383
 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

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>CHILTON, SEAN</u>	<u>CHIEF ZONE OFFICER</u>	Billing Reporting Period: <u>20/12/2014</u>
Cardholder's Name	Cardholder's Position/Title	
<u>SOUTH ZONE</u>	<u>CHINOOK REGIONAL HOSPITAL</u>	Total Statement Amount: <u>\$841.49</u>
Cardholder's Dept	Cardholder's Site/Location	
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card # XXXXXXXXXX
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/11/2014	371766667	INTEGRA AIR INC. TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	361.33	CAD	361.33	17.21	.00	Flight (EMS Transition) Cancelled
20/11/2014	372072644	AIR CAN XXXXXXXXXX CANADA	582.88	CAD	582.88	.00	.00	Flight (EMS Transition) Cancelled
27/11/2014	372516168	AIR CAN XXXXXXXXXX CANADA	-582.88	CAD	-582.88	.00	.00	Credit for cancelled flight to Edm (EMS Transition)
09/12/2014	373761433	AEROPORT TAXI, LIMOUSIN, LIMOUSINES AND TAXICABS	24.15	CAD	24.15	1.15	.00	EIN Patient Family centered care - Airport to hotel
10/12/2014	374129352	NYC-TAXI, LIMOUSINES AND TAXICABS	48.33	USD	57.21	.00	.00	Taxi from La Guardia to Airport - EIN Conference
10/12/2014	374129353	HILTON TORONTO AIRPORT, HILTON HOTELS	168.20	CAD	168.20	.00	.00	EIN Conference - flight connections
14/12/2014	374296666	PARK & JET, AUTOMOBILE PARKING LOTS AND GARAGES	57.49	CAD	57.49	.00	.00	EIN Conference - New York
14/12/2014	374530757	NYC-TAXI, LIMOUSINES AND TAXICABS	65.33	USD	78.11	.00	.00	Taxi from Hilton to JFK - EIN Conference New York
15/12/2014	374676289	TOWN OF BASSANO, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	95.00	CAD	95.00	4.52	.00	Bassano - Internal Stakeholders Meeting

✓K

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 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.

CHILTON, SEAN

Name

CHIEF ZONE OFFICER

Cardholder Position/Title

January 12, 2015

Date of Signature

Signature of Cardholder

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 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.

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 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.

Brenda Hubbard

Name of Approver

Signature of Approver

V. Pichler / Central / Southern HB

Approver Position/Title

2015 Jan 14

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 (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

Address:

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

From: res@integraair.com
To: [Brenda Case](#)
Subject: Your Ticketless Itinerary - Integra AirCHILTON, SEAN
Date: Thursday, November 20, 2014 3:12:15 PM
Importance: High

Integra Air Travel Itinerary - Have a great flight

MASTERCARD

LETHBRIDGE

Document Number [REDACTED]
Confirmation [REDACTED]
Online Id [REDACTED]
Date Booked: 11/20/2014
Modified: 11/20/2014
Booked by: ONLINE
PO:

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	26Nov14	918	Lethbridge	06:45am	Executive Flt C 08:00am CONFIRMED

FARE: 299.00
FEES: 45.12
GST: 17.21

TOTAL: 361.33

Your (first) flight will be departing from: Lethbridge

****Fare Information****

- 1.) Integra Air flights may be cancelled or changed up to 2 hours prior to flight time. Applicable change/cancellation fees will apply. If changes or cancellations are made less than 2 hrs prior to flight all monies may be forfeit.
- 2.) Changes are subject to a \$50.00+tax fee and a difference in fare if applicable.
- 3.) Cancellations made on the same day of booking (within 24 hrs of original booking) are fully refundable to original form of payment.
- 4.) Cancellations made after the day of booking are subject to a \$50.00+tax fee applicable to fare type and the remaining will be placed into a credit file which is valid for 1 year after creation.
- 5.) To cancel a flight after hours please call 403 634 9093.
- 6.) Passengers not showing up for a flight will result in all fares, fees, and taxes being forfeited.

****Photo ID and Checking In****

- 7.) Check in time is 45 minutes prior to departure.
- 8.) Passengers arriving less than 15 minutes prior to scheduled departure time will be denied boarding.
- 9.) Photo ID is required for all passengers over 18 years of age. Proof of age will be required for all infants.

****Rules of Carriage****

Experience Innovation Network - Designing Care to return Care to the bedside.

Toronto overnights to New York
AEROPORT TAXI
& LIMOUSINE SERVICE
849 WESTPORT CRES
MISSISSAUGA, ON L5T1E7
905-624-2424
www.aerporttaxi.com

SALE

MID: 5665635
TID: 303
Batch # [REDACTED]
12/10/14
APPR CODE: [REDACTED]
MASTERCARD

REF [REDACTED]

00:47:49

AMOUNT \$21.00
TIP \$3.15
TOTAL \$24.15

APPROVED

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

LaGuardia to Hotel
CREDIT RECEIPT

HACK # [REDACTED]
MEDALLION [REDACTED]
12/10/14 15
TRIP # [REDACTED]
RATE # [REDACTED]
STAND. CITY RATE
Miles R1 : 10.28
FARE R1 : \$36.00
TOLLS :
Mid-Tu: \$5.33
STATE SRCHG: \$0.50
TIPS : \$6.50
GRAND TOTAL: \$48.33
CARDNUMBER : [REDACTED]
AUTHOR. : [REDACTED]

Contact TLC DIAL 3-1-1

*LaGuardia to airport
Hilton Chelsea
EIN Conference.*

10/12/2014

[Signature]

Corporate Mastercard.

CREDIT CARD \$18.35
CARD # [REDACTED]

Calgary New York: EIN
Park & Jet
GST # R 105011050

Dec 14 2014 18:47 pm [REDACTED]

TRANSACTION RECORD

Card Number [REDACTED]
Card Entry : SWIPE
Account : MASTERCARD
Trans Type : PURCHASE
Amount : \$57.49

Auth # [REDACTED]
Sequence # [REDACTED]
Terminal # [REDACTED]
Date : 14/12/14
Time : 22:47:06

***** TRANSACTION APPROVED *****

*** CUSTOMER COPY ***

Transaction [REDACTED]

Ticket # [REDACTED]

[Lane - 1]

In: 4:49 pm Dec09/14
Out: 10:48 pm Dec14/14

1 Amount Charged \$54.75

GST \$2.74

BALANCE DUE [REDACTED] \$57.49
CREDIT CARD [REDACTED] \$57.49
CARD # [REDACTED]

Motel to JFK

03.Off-Duty 12/14/2014 0
5:08

START SHIFT 12/14/2014 1
0:01

COPY

CREDIT RECEIPT

HACK # [REDACTED]
MED # [REDACTED] 3F59
12/14/14 11:23-11:51
RATE #: 2
JFK - MANHATTAN
Miles R2: 16.20
TRIP # [REDACTED]
FARE : \$52.00
TOLLS :
Mid-Tu: \$5.33
ST. SUR: \$0.50
TIPS : \$7.50
Total : \$65.33
MASTER [REDACTED]

*Dec 9th 2014
to
Dec 14th 2014
Park & Jet
EIN Conference
New York.*

*Calgary Airport
Party
[Signature]*

14/12/2014

*Hilton
Chelsea*

*to
JFK airport
EIN conference
New York*

[Signature]



TOWN OF BASSANO
BOX 299
BASSANO AB T0J 0B0
(403) 641-3788
OFFICIAL RECEIPT

DATE OF ISSUE
15/12/2014
1:18:33PM

SEAN CHILTON

ACCOUNT #	DESCRIPTION	PREV BAL	PAYMENT	BALANCE	GST
	DEC 12, 2014 - COMMUNITY HALL RENTAL		90.48		<input checked="" type="checkbox"/>
MASTER CARD	95.00				

GST REG. # R10812 4900	4.52
LEVY	0.00
TOTAL AMOUNT RECEIVED	95.00

Received By

TOWN OF BASSANO
502 2ND AVENUE
BASSANO AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2014/12/15
TIME 5443 13:16:54
RECEIPT NUMBER
[REDACTED]

PURCHASE
TOTAL

\$95.00

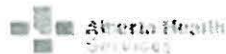
APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER WILL PAY
CARD ISSUER ABOVE AMOUNT
PURSUANT TO CARDHOLDER
AGREEMENT.

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: Dec. 10, 2014 To Dec. 12, 2014

Travel Period from: Dec. 9, 2014 To Dec. 12, 2014

Out-of-Province Travel Yes

Name: Sean Chilton

Position (Title):

SVP South Zone

Location:

Dept:

DOFA Level:

(if applicable)

Union:

Business Phone #:

Ext:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →

Project Number

Project Task Number

Expenditure Organization

Expenditure Type

Total - Section B: Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0014	71110000084	
2B				
2C				
2D				

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense
101	0014	71110000084	62312000	
				\$ 886.84

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B \$ 886.84

Total Section C&D

Less Cash Advance

TOTAL CLAIM \$ 886.84

SECTION F: AUTHORIZATION

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Travel, Hospitality and Working Session Expense Policy - Document # 1122

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature:

Date

19-Jan-15

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.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY):

Dr. Verna Yiu

DOFA Level

Position #

Phone #

I, by signing this form, attest that I am compliant to all the above statements.

Signature:

Title

VP Equality + CHIO

Date

Jan 27/15

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY):

DOFA Level

Position #

Phone #

Ext

I, by signing this form, attest that I am compliant to all the above statements.

Signature:

Title

Date

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION C: OTHER EXPENSES					Emp # (E-People) [REDACTED]		Page 3		
<p>• Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for travel, gas, etc., go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page				
		Bal Unit	Location	Functional Centre	Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column

SECTION D: FOREIGN CURRENCY				ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.						
Please click on the following link for the Bank of Canada exchange rate using the date of expense		Bank of Canada Currency Converter →		Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column						
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/ Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
11-Dec-14	EIN Conference - New York (Flight) accommodation	101	0014	71110000084	62312000	Yes	\$773.52	USD	1.1465	\$886.84 ✓

<p>Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)</p>										
--	--	--	--	--	--	--	--	--	--	--

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization



Hilton

NEW YORK FASHION DISTRICT

HILTON NEW YORK FASHION DISTRICT

152 West 26th Street | New York, New York | 10001

T: 212 858 5888 | F: 212 858 5889

E: FrontOffice.HNYFashion@hilton.com

NAME AND ADDRESS:
CHILTON, SEAN

Room: [REDACTED]
Arrival Date: 12/10/2014 4:41:00 PM
Departure Date: 12/13/2014 7:20:00 AM

Adult/Child: 1/0
Room Rate: 334.00

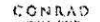
Rate Plan: [REDACTED]
HH # [REDACTED]
AL: [REDACTED]
Car: [REDACTED]

Confirmation Number: [REDACTED]

12/14/2014

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/10/2014	GUEST ROOM	RLUG	[REDACTED]	\$334.00		
12/10/2014	RM - NY STATE TAX	RLUG	[REDACTED]	\$29.64		
12/10/2014	RM - NY CITY	RLUG	[REDACTED]	\$19.62		
	OCCUPANCY TAX					
12/10/2014	RM - JAVITZ CENTER	RLUG	[REDACTED]	\$1.50		
	STATE TAX					
12/10/2014	RM - NYC OCCUPANCY	RLUG	[REDACTED]	\$2.00		
	TAX					
12/11/2014	GUEST ROOM	RLUG	[REDACTED]	\$334.00		
12/11/2014	RM - NY STATE TAX	RLUG	[REDACTED]	\$29.64		
12/11/2014	RM - NY CITY	RLUG	[REDACTED]	\$19.62		
	OCCUPANCY TAX					
12/11/2014	RM - JAVITZ CENTER	RLUG	[REDACTED]	\$1.50		
	STATE TAX					
12/11/2014	RM - NYC OCCUPANCY	RLUG	[REDACTED]	\$2.00		
	TAX					
12/12/2014	GUEST ROOM	SHASSIM	[REDACTED]	\$334.00		
12/12/2014	RM - NY STATE TAX	SHASSIM	[REDACTED]	\$29.64		
12/12/2014	RM - NY CITY	SHASSIM	[REDACTED]	\$19.62		
	OCCUPANCY TAX					
12/12/2014	RM - JAVITZ CENTER	SHASSIM	[REDACTED]	\$1.50		
	STATE TAX					
12/12/2014	RM - NYC OCCUPANCY	SHASSIM	[REDACTED]	\$2.00		
	TAX					
12/13/2014	AX *2002	Zestevez05	[REDACTED]		(\$1,235.03)	

\$386-76
10th Dec 2014
[Signature]
11th Dec 2014
[Signature]
\$386-76



ACCOUNT NO. [REDACTED]

DATE OF CHARGE
12/13/2014

FOLIO NO./CHECK NO. [REDACTED]

CARD MEMBER NAME
CHILTON, SEAN

AUTHORIZATION [REDACTED] INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

Thank you for staying with us and we look forward
to any feedback you may have.
Please contact us directly at 917.606.1355.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT



AMERICAS • EUROPE • MIDDLE EAST • AFRICA • ASIA • AUSTRALASIA



NEW YORK FASHION DISTRICT

HILTON NEW YORK FASHION DISTRICT
152 West 26th Street | New York, New York | 10001
T: 212 858 5888 | F: 212 858 5889
E: FrontOffice.HNYFashion@hilton.com

NAME AND ADDRESS:
CHILTON, SEAN

Room: [REDACTED]
Arrival Date: 12/10/2014 4:41:00 PM
Departure Date: 12/13/2014 7:20:00 AM

Adult/Child: 1/0
Room Rate: 334.00

Rate Plan:
HH #
AL:
Car:

Confirmation Number: [REDACTED]

12/14/2014

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/14/2014	[REDACTED]	[REDACTED]	[REDACTED]	\$74.75		\$0.00

EXPENSE REPORT SUMMARY

	12/10/2014	12/11/2014	12/12/2014	STAY TOTAL
ROOM AND TAX	\$386.76	\$386.76	\$386.76	\$1,160.28
DAILY TOTAL	\$386.76	\$386.76	\$386.76	\$1,160.28

Two nights at \$386.76 (USD)
= \$773.52 (USD)

Sanjiv

Experience Innovation Network - New York.
Designing Care to ~~Begin~~ Care to the Bedside.
December 10th + 11th 2014

Sanjiv

ACCOUNT NO. [REDACTED]

DATE OF CHARGE
12/13/2014

FOLIO NO./CHECK NO. [REDACTED]

CARD MEMBER NAME
CHILTON, SEAN

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

AUTHORIZATION [REDACTED]

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

Thank you for staying with us and we look forward
to any feedback you may have.
Please contact us directly at 917.606.1355.

CARD MEMBER'S SIGNATURE

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.



AMERICAS • EUROPE • MIDDLE EAST • AFRICA • ASIA • AUSTRALASIA

