

## Official Administrator and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of January 2015

### Travel (1)

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings	1,183			62	1,245			
<b>Total</b>			\$ 1,183	\$ -	\$ -	\$ 62	\$ 1,245	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,245

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

**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> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount	<u>\$1,245.00</u>
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<u>[REDACTED]</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
09/01/2015	376540124	AHS PARKING, HOSPITALS	5.00	CAD	5.00	.24		MH Chamber of Commerce Meeting
09/01/2015	376654266	SHELL, FUEL DISPENSER, AUTOMATED	33.19	CAD	33.19	.00		Site visit to MH - Fuel for Rental Vehicle
09/01/2015	376788437	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	591.40	CAD	591.40	29.16	.00	Senior Leaders Meeting - Edmonton
15/01/2015	377149462	SHELL, FUEL DISPENSER, AUTOMATED	24.01	CAD	24.01	.00		Fuel - Rental Vehicle - MH meeting with UNA & Zone Leadership
19/01/2015	377436303	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	591.40	CAD	591.40	28.16	.00	Clinical Pathways Mtg - Cancelled and have credit on file (attached)

**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

\_\_\_\_\_  
CHIEF ZONE OFFICER

Name

\_\_\_\_\_  
Cardholder Position/Title

  
\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
March 4, 2015

\_\_\_\_\_  
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 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

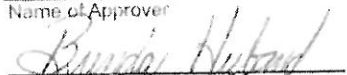
**Approver**

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\_\_\_\_\_  
Name of Approver

  
\_\_\_\_\_  
Approver Position/Title

  
\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
2015 March 04  
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

*Site Visit*

ALBERTA HEALTH SERVICES  
MEDICINE HAT REGIONAL HOSPITAL  
PARKING SERVICES  
666 5TH STREET SW

POF2 [REDACTED]  
Rcpt# [REDACTED]  
01/09/15 13:19 L# 3 A# 1 Txn# [REDACTED]  
01/09/15 11:14 In 01/09/15 13:19 Out  
Tk [REDACTED]  
MHRH \$ 5.00  
Total Fee \$ 5.00  
MASTER CARD \$ 5.00

Approval No. [REDACTED]  
Reference No. [REDACTED]  
Change Due \$ 0.00  
THANK YOU  
DRIVE SAFELY  
COMMENTS OR CONCERNS  
403.502.8548  
provincialparking@  
albertahealthservices.ca

*Site Visit  
to MHR  
Contact  
Vehicules  
Chamber  
mtg*

WELCOME  
Shell Canada  
110 WT HILL BLVD S  
T1J 4T4  
LETHBRIDGE  
403-380-3002

MASTERCARD  
PURCHASE C  
INV No. [REDACTED]  
2015/01/09 15:27  
MasterCard  
AID A0000000041010  
IVR 0000008000  
TST F800  
AM [REDACTED]

Bronze  
PUMP No. 03  
LITRES 41.030  
PRICE/L \$0.809  
TOTAL FUEL \$33.19  
01 APPROVED - THANK  
YOU 001  
APPROVAL No. [REDACTED]  
TERMINAL No. [REDACTED]

VERIFIED BY PIN  
IMPORTANT  
retain this copy for  
your records

FUEL INCLUDES  
GST - Fuel \$1.58  
No. 137400032RT  
TOTAL SALE \$33.19

STORE: [REDACTED]  
TRAN: [REDACTED]  
2015/01/09 15:29:37

YOUR OPINION COUNTS  
Tell us about your  
recent visit at  
[www.shell.ca/opinion](http://www.shell.ca/opinion)  
and you could win a  
\$100 Shell Gift Card  
\*Receipt Required

THANK YOU  
Questions?  
1-800-661-1600

**From:** [res@integraair.com](mailto:res@integraair.com)  
**To:** [Brenda Case](#)  
**Subject:** Your Ticketless Itinerary - Integra AirCHILTON, SEAN  
**Date:** Friday, January 09, 2015 12:08:36 PM  
**Importance:** High

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Integra Air Travel Itinerary - Have a great flight

MASTERCARD  
LETHBRIDGE

Document Number: [REDACTED]  
Confirmation Number: [REDACTED]  
Online Id: [REDACTED]  
Date Booked: 1/9/2015  
Modified: 1/9/2015  
Booked by: ONLINE  
PO:

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	27Jan15	918	Lethbridge	06:45am	Executive Flt C 08:00am CONFIRMED
In	27Jan15	829	Executive Flt C	06:05pm	Lethbridge 07:20pm CONFIRMED

FARE: 458.00  
FEES: 105.24  
GST: 28.16  
-----  
TOTAL: 591.40

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.

Rental Car Gas  
Medicine Hat - UNA  
WELCOME *mtg - Zone*  
Shell Canada *Leadership*

110 WT HILL BLVD S  
T1J 4T4  
LETHBRIDGE AB  
403-380-3002

MASTERCARD  
PURCHASE C

INV No. [REDACTED]  
2015/01/15 21:11  
MasterCard  
AID A0000000041010  
TVR 0000008000  
TSI 5800  
AM [REDACTED]

Bronze  
PUMP No. 03  
LITRES 30.430  
PRICE/L \$0.789  
TOTAL FUEL \$24.01  
01 APPROVED - THANK  
YOU 001

APPROVAL No. [REDACTED]  
TERMINAL No. [REDACTED]

[REDACTED] BY PIN

IMPORTANT  
retain this copy for  
your records

FUEL INCLUDES  
GST - Fuel \$1.14  
No. 137400032RT

TOTAL SALE \$24.01

STORE: [REDACTED]  
TRAN: [REDACTED]  
2015/01/15 21:13:38

YOUR OPINION COUNTS  
Tell us about your  
recent visit at  
[www.shell.ca/opinion](http://www.shell.ca/opinion)  
and you could win a  
\$100 Shell Gift Card  
\*Receipt Required

THANK YOU  
Questions?  
1-800-661-1600

**From:** [res@integraair.com](mailto:res@integraair.com)  
**To:** [Brenda Case](#)  
**Subject:** Your Ticketless Itinerary - Integra AirCHILTON, SEAN  
**Date:** Monday, January 19, 2015 11:20:31 AM  
**Importance:** High

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Integra Air Travel Itinerary - Have a great flight

MASTERCARD

LETHBRIDGE

Document Number: [REDACTED]  
Confirmation Number: [REDACTED]  
Online Id [REDACTED]  
Date Booked: 1/19/2015  
Modified: 1/19/2015  
Booked by: ONLINE  
PO:

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	12Feb15	918	Lethbridge	06:45am	Executive Flt C 08:00am CONFIRMED
In	12Feb15	829	Executive Flt C	06:05pm	Lethbridge 07:20pm CONFIRMED

FARE: 458.00  
FEES: 105.24  
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TOTAL: 591.40

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**From:** res@integraair.com  
**To:** Brenda Case  
**Subject:** INTEGRA AIR ITIN. For CHILTON, SEAN  
**Date:** Tuesday, February 10, 2015 3:23:50 PM  
**Importance:** High

**Passenger Itinerary for CHILTON, SEAN**

**Itinerary**  
www.integraair.com

Please print/retain this page for your records. Thank you for choosing Integra Air.

	<b>Customer Care</b> Toll Free 1-877-213-8359 Local 403-381-UFLY (8359)
<b>Booking Information</b> - Booking Reference/Locator#: [REDACTED] - Booked On: 02/10/2015 15:21	
<hr/> <b>Passenger</b> Name: CHILTON, SEAN Phone #: Form of Payment: MASTERCARD; Amnt: 591.40 + CHILTON, SEAN [REDACTED] C/F; Amnt: -591.40	
<hr/> <b>Flight Information</b> [REDACTED]	
<hr/> <b>Fare Summary</b>	
Fare	\$0.00
<b>Taxes, Fees and Charges</b>	
Nav Canada Surcharge	\$0.00
Security Fee	\$0.00
Other Charges	\$0.00
Subtotal	<b>\$0.00</b>
GST(100411966RG0001)	\$0.00
<b>Total - CAD</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$0.00</b>
<hr/> <b>Notes</b>	
<b>Terms and Condition</b>	
<b>**Fare Information**</b>	
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.	
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5.) To cancel a flight after hours please call 403 634 9093	
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<b>**Photo ID and Checking In**</b>	
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9.) Photo ID is required for all passengers over 18 years of age. Proof of age will be required for all infants.	
<b>**Rules of Carriage**</b>	

*→ Cancelled flight.*