

Official Administrator and Executive Expense Report

Name Sean Chilton

Title Chief Zone Officer, South Zone

Location Lethbridge

Expenses submitted during the month of February 2015

						Travel	(1)								
Month-Year	Source Document	Purpose	Airfare	<u>)</u>	Meals	Accommod	lation	ther ravel	Total Travel		Professional evelopment (2)	Working Sessions Hosting ar Hospitalit (3)	nd	Other (4)	
Feb-15 F	P-Card	Meetings						400	400)					80
Total			\$	- \$		- \$	-	\$ 400	\$ 400) \$	-	\$	- \$		80

Total for

the Month \$ 480

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

P-Card details Online ® Cardholder Statement Report

575	iled receipts and supporting documents in the sam 's signatures required where indicated below	e order as it appears on this stat	ement
CHILTON, SEAN	CHIEF ZONE OFFICER		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
SOUTH ZONE	CHINOOK REGIONAL HOSPITAL		
Dardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$479.47
SEAN.CHILTON@ALBERTAH	EALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card f	# -

řransaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
20/01/2015	377907041	SHELL, FUEL DISPENSER, AUTOMATED	26.91	CAD	26,91	,00	MH MLA Mtg & Dr. Wardell Meeting
29/01/2015	378676706	SHELL, FUEL DISPENSER, AUTOMATED	43.22	CAD	43.22	.00	Long Range Planning Provincial Engagement Session - Red Deer
04.02/2015	379269714	TOWN OF BASSANO, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	80.00	CAD	80.00	3.81	Bassano External Stakeholder Service
04/02/2015	379486509	SHELL, FUEL DISPENSER, AUTOMATED	22.29	CAD	22.29	.00	DUMO Course in MH
11/02/2015	380043485	GAS KING #150, GAS / SERVICE STATIONS	40.07	CAD	40.07	1.91	Zone Exec Leaders Meeting in Calgar
11/02/2015	380256449	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00Zone Exec Leaders WG - Parking
12/02/2015	380256448	HERTZ CANADA, HERTZ CORPORATION	100.28	CAD	100.28	.00	.00Rental to Calgary RE Zone Leadership WG
19,02/2015	386955956	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	95.17	CAD	95,17	4.53	Brooks Rural Review - Rental Vehicle
19/02/2015	380955957	SHELL, FUEL DISPENSER, AUTOMATED	43.18	CAD	43.18	.00	Fuel for Rental - Brooks Rural Review



P-Card details Online ® Cardholder Statement Report

Alberta Health Services Accounts Payable

Edmonton, AB T5J 3E4

10th Floor, North Tower, 10030-107 Street

7th Street Plaza

	Signatures		
	Cardholder Designate (if Applicable)	amanda artis entre miss e street empresament districtions to be an in the second as a second and a second a second and a second a second and a secon	
	By signing this statement		
		nciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies cated 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		
	expenses being claimed are in compliance wit		
		re for valid business purposes for Alberta Health Services and that this claim has not been previously dealth Services or any other Organization. A personal cheque for any personal expenses inadvertently	
		have been incurred by using a cost effective method, otherwise rationale and supporting analysis is	
	provided. CHILTON, SEAN	CHIEF ZONE OFFICER	
	Nam -2 /2/K	Cardholder Position/Title	
	very facts		133
	Circuit and Constitution	March 4, 2015	
	Signature of Cardholder	Date of Signature	
	Approver Designate (if Applicable) By signing this statement		.0/
	 I attest that I have read and understand the "T 	Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm	
	expenses being claimed are in compliance wit	th such policy.	- Lavi
	 I attest the expenses enclosed in this claim ar 	re for valid business purposes for Alberta Health Services and that this claim has not been previously	
		n Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvert	ently
	 charged has been obtained. I attest that expenses submitted in this claim is provided. 	have been incurred by using a cost effective method, otherwise rationale and supporting analysis is	
	Name of Approver Designate	Approver Designate Position/Title	
	Signature of Approver Designate	Date of Signature	
	Approver By signing this statement		
		Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm	
	expenses being claimed are in compliance wi		
	claimed by the claimant or on their behalf from	re for valid business purposes for Alberta Health Services and that this claim has not been previously m Alberta Health Services or any other Organization, A personal cheque for personal expenses inadvert	tently
	charged has been obtained. Lattest that expenses submitted in this claim to	have been incurred by using a cost effective method, otherwise rationale and supporting analysis is	
	provided.	have been incurred by asing a cost elective method, otherwise rationals and supporting analysis is	
		unally fitted and are	411
	Drenda Nugary	VF+CHOO Central of wither 1425	
	Name of Approver	Approver Position/Title	1
	Durch Huland	2015 Nough 04	
	Signature of Approver	Date of Signature	
	Submit approved statement with attachinguis to A	Account, Payable	
-	Attach:	Address:	
	 Original (or scanned) itemized receipts with doc 	cumented business reasons including names of participants	

Return, refund and/or credit receiptsDisputes letter

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"

where required



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

THANK YOU Questions? 1-800-661-1600





WELCOME Shell Canada 110 WT HILL BLVD S TIJ 4T4 LETHBRIDGE AI AB INV No. 2015/02/04 18:48 MasterCard AID A0000000041010 TVR 0000008000 TSI E800 AM Bronze PUMP No. LITRES PRICE/L TOTAL PU VERIFIED BY PIN IMPORTANT retain this copy for your records FUEL INCLUDES GST - FUEL \$1.06 No. 137400032RT TOTAL SALE \$22.29

GST - Fuel \$1.06
No. 137400032RT
TOTAL SALE \$22.29
STORE:
TRAN:
2015/02/U4 18:50:27
YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$100 Shell Gift Card
*Receipt Required

THANK YOU Questions? 1-800-661-1600 WELCOME Sesson

Sheli Canada

Sheli Canada

Sheli Canada

Sheli Canada

AB

Lethbridge

AB

PURCHASE

INV NO

2015/01/29 19:11

Mastercard
AID A000000000000

TVR 000000000000

Bronze

PUMP No.

LITRES

PRICE/L

TOTAL FUEL

OI APPROVAL NO.

VERTIED BY PIN

IMPORTANT retain this copy for your records

FUEL INCLUDES 681 - FUEL No. 137400032RT TOTAL SALE \$43.22

STORE: TRAN: 2015/04/29 19:14:4

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$100 Shell Gift Caru
*Receipt Required

THANK YOU Questions? 1-800-661-1600

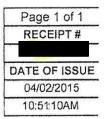


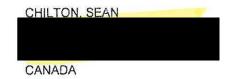


TOWN OF BASSANO

BOX 299 BASSANO AB TOJ 0B0 (403) 641-3788

OFFICIAL RECEIPT





ACCOUNT#	DESCRIPTION	NO	PREV BAL	PAYMENT	BALANCE	GST
	HALL - RENTAL REVENUE - 3	AN 29,245		80.00		
8.7						
						67
						SHIRC
al constant of the constant of						
1002-900000-0000000000000000000000000000						
MASTER CARD	80.00					Receipted By
		GST REG. #R	10812 4900	0.00		SS
		LEVY		0.00		Batch #
		TOTAL AMOU	NT RECEIVED	80.00		

TOWN OF BASSANC 502 2ND AVENUE BASSANO AB

CARD

CARD TYPE

MASTERCARD

DATE

2015/02/04 2423 10:50:40

RECEIPT NUMBER

PURCHASE

TOTAL

\$80.00

APPROVED

AUTH#



01-027

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

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



Eastside Gas King #150 213 N Mayor Magrath Dr Lethbridge, AB T1H 3P7

Feb-11-15

06:44 PM

Trans

TRANSACTION RECORD

Card: Card Number: Exp: AID:

A0000000041010

MASTERCARD

Card Entry: Trans Type:

AMOUNT:

CAD\$ 40.07

ACI/ISO: Auth #: Seq #: Terminal ID:

Date: Time: APPROVED 02/11/2015 18:44:40

CUSTOMER COPY

Eastside Gas King #150 213 N Mayor Magrath Dr Lethbridge, AB T1H 3P7 Tel (403) 320-6686 GST R101957306

SALE RECEIPT # Customer: Cash Sale Cashier: Wade (R3/T2/S3) 11-Feb-2015 at 06:44 PM

Description	Quantity Price	Amount
Reg(87) Pump-4	44.572L \$0.899/L	\$40.071
Sub Total	. North Co	40.07
Total	**********	40.07
GST (5.0%) incl	uded in \$40.07	1.91
Credit Card		40.07
Total Tendered		40.07

www.mykingcard.com



Calgary International Airport Parkade





03/04/2015 11:15 4033940309

HERTZ CANADA LIMITED AS AGENT FOR HERTZ CANADA VEHICLES PARTNERSHIP

HERTZ

RENTAL RECORD



FORM#

SEAN CHILTON

RENTAL: 02-10-15 1705 LETHBRIDGE D/T RETURN: 02-12-15 0800 LETHBRIDGE D/T

OWN/VE VIN#: CDP:	EH 1 <u>N4AL3AP5EN</u> 357862	PO#:		MODEL: 14 VEH CLASS: FT:	ALTIMA 4 DR YF	LIC:		a	
LDW P&P N/A PPO	DECLINED DECLINED DECLINED DECLINED - FUEL \$ 1.99 Litre TK	& SVC APPLIED CAP: 76.0	MILES ALLOWED:	32583 32078 505	INITIAL CHARGE DAYS \$ EXTRA KM DISCOUNT SUBTOTAL LESS SERVICE CHARGE	51.00/DAY 6 2 DAYS \$ /KM 10% DISCOUNTS	(¢)	\$ -	02.00 0.00 10.20 91.80
-		DAY EX DAY	MILES CHARGED:		VICR ENERGY SRG ACSRG GST 5.000% ON TAXABLE TOTAL AMOUNT D CHARGED ON MC	\$.41/DAY \$.88/ITEM \$ 1.00/DAY TT \$95.50	(G) (G) (G)	\$ \$ \$ \$ 1	0.82 0.88 2.00 4.78 00.28

RENTAL FORM OF PAYMENT: MC RETURN FORM OF PAYMENT: MC

AUTH :

I REPRESENT THAT I AM SPECIFICALLY AUTHORIZED TO RECEIVE THE BENEFITS EXTENDED TO EMPLOYEES/MEMBERS OF ALBERTA MOTOR ASSOCIATION

Save up to \$25 on your next rental by taking a brief survey: FOR EXPLANATION OF THE ABOVE CHARGES, PLEASE ASK A REPRESENTATIVE OR GO TO WWW.HERTZ.CA/CHARGEEXPLAINED

hertzsurvey.ca

or 1-800-408-4116

Enter access code: 08128

GST REGISTRANT NUMBER R102337847

RESERVATION INFORMATION
PREPARED BY: A0542 COMPLETED BY:
STATEMENT OF CHARGES - NOT VALID FOR HENTAL

Printed by: 02-04-15 1103 A0542 812824

THANK YOU FOR RENTING FROM HERTZ

CUSTOMER SERVICE: 1-800-654-4173

RENTAL LOCATION: 403-382-3470



From:

Sean Chilton

To:

Brenda Case

Subject: Date: Fwd: Enterprise Rental Agreement 9J5GPN Thursday, February 19, 2015 6:16:42 PM

Here you go

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com

Date: February 19, 2015 at 5:51:59 PM MST

To: seanchil@me.com

Subject: Enterprise Rental Agreeme

ENTERPRISE RENT A CAR, 1106 - 3 AVENUE SOUTH, LETHBRIDGE, AB T1J0J6 (403) 328-3517

RENTAL DEE# SUMMARY OF CHARGES

AGREEMENT REF#	_					
	Charge Description	Date	Quantity	Per	Rate	Total
RENTER	TIME & DISTANCE	18/02 - 19/02	2	DAY	\$36.53	\$73.06
CHILTON, SEAN	DW	18/02 - 19/02	2	DAY	\$8.00	\$16.00
DATE & TIME OUT 18/02/2015 08:00 AM	REFUELING CHARGE	18/02 - 19/02				\$0.00
DATE & TIME IN			Su	btotal:		\$89.06
19/02/2015 05:50 PM	Taxes & Surcharges			**************************************		
BILLING CYCLE	GST	18/02 - 19/02			5%	\$4.53
24-HOUR	VLF	18/02 - 19/02	2	DAY	\$0.79	\$1.58
VEH			Total Cl	narges:		\$95.17
#1 2015 KIA SORE LXAW VIN# 5XYKTCA67FG599356	Total Amount Due					\$0.00
LIC# KM DRIVEN 308	PAYMENT INFORMATE AMOUNT PAID	TION TYPE	_	CREDIT	CARD	NUMBER
	\$95.17	Mastercard	<u>.</u>			