

Official Administrator and Executive Expense Report

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

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-15	P-Card	Meetings	1,347			494	1,841		201	
Total			\$ 1,347	\$ -	\$ -	\$ 494	\$ 1,841	\$ -	\$ 201	\$ -

Total for the Month \$ 2,042

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:			
<ul style="list-style-type: none"> • 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:	20/03/2015
Cardholder's Name	Cardholder's Position/Title		
SOUTH ZONE	CHINOOK REGIONAL HOSPITAL	Total Statement Amount:	\$2,041.41
Cardholder's Dept	Cardholder's Site/Location		
SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA		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
24/02/2015	381533478	SHELL, FUEL DISPENSER, AUTOMATED	28.37	CAD	28.37	.00		Fuel - MH Mtg with Mayor Clugston - EMS
25/02/2015	381724027	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	61.72	CAD	61.72	2.94		Medicine Hat Meeting with Mayor - EMS Update
26/02/2015	381724028	HERITAGE INN TABER, LODGING HOTELS, MOTELS, RESORTS	200.50	CAD	200.50	.00	.00	Deposit for Foundation Forum event - amount noted on final invoice
03/03/2015	382366247	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	52.00	CAD	52.00	2.48		Taber - SZELT Retreat
03/03/2015	382366248	SHELL, FUEL DISPENSER, AUTOMATED	29.75	CAD	29.75	.00		CNP Meeting with Dr. Garbutt
06/03/2015	382836845	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	61.72	CAD	61.72	2.94		Various meetings in Medicine Hat
06/03/2015	383234787	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	21.00	CAD	21.00	1.00		SCN Meeting Leduc
06/03/2015	383455438	METRO AIRPORT TAXI #74, LIMOUSINES AND TAXICABS	13.80	CAD	13.80	.66		SCN Meeting - Leduc to Airport
10/03/2015	383234786	ESSO, FUEL DISPENSER, AUTOMATED	41.30	CAD	41.30	.00		Fuel - CQI Mtg MH
11/03/2015	383455437	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	87.98	CAD	87.98	4.19		Medicine Hat - Various Meetings
13/03/2015	383741642	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	657.55	CAD	657.55	31.31	.00	Flight for Senior Leaders Meeting - April 1
16/03/2015	383741643	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	689.05	CAD	689.05	32.81	.00	Meeting with Minister - Warner
17/03/2015	383861853	CO OP TAXI LINE LTD, LIMOUSINES AND TAXICABS	70.50	CAD	70.50	3.36		Taxi - Meeting with Minister - Warner

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Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/03/2015	382648508	SHELL, FUEL DISPENSER, AUTOMATED	26.17	CAD	26.17	.00		Fuel - MHDL meeting - Pump receipt dispenser was broken and did not receive receipt

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 of Cardholder

Cardholder Position/Title



March 31, 2015

Signature of Cardholder

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

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

VP, CHOD Central & Southern AB

Name of Approver

Approver Position/Title



2015 April 02

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 (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
 - Disputes letter

Address:

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

①

Adrian
Hat - Mayer + Sandy
PRC
Gly Ph

WELCOME

Shell Canada
110 W. HILL BLVD S
T1J 4T4
LETHBRIDGE AB
403-380-2000

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2015/02/24 18:32
MasterCard
AID A0000000041010
TVR 0000008000
TSI F800
AM [REDACTED]

Bronze
PUMP No. 07
LITRES 33.030
PRICE/L \$0.859
TOTAL FUEL \$28.37
01 APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89225940

VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.35
No. 137400032RT

TOTAL SALE \$28.37

STORE: [REDACTED]
TRAN: [REDACTED]
2015/02/24 18:34:10

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

From: Sean Chilton
 To: Brenda Case
 Subject: Fwd: Enterprise Rental Agreement [REDACTED]
 Date: Wednesday, February 25, 2015 10:03:28 AM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
 Date: February 25, 2015 at 7:36:28 AM MST
 To: [REDACTED]
 Subject: Enterprise Rental Agreement [REDACTED]

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

RENTAL AGREEMENT	REF#	SUMMARY OF CHARGES				
		Charge Description	Date	Quantity	Per	Rate Total
[REDACTED]	[REDACTED]	TIME & DISTANCE	24/02 - 25/02	1	DAY	\$49.99 \$49.99
RENTER						
CHILTON, SEAN		DW	24/02 - 25/02	1	DAY	\$8.00 \$8.00
DATE & TIME OUT						
24/02/2015 08:00 AM		REFUELING CHARGE	24/02 - 25/02			\$0.00
DATE & TIME IN						
25/02/2015 07:35 AM		Subtotal:				\$57.99
BILLING CYCLE		Taxes & Surcharges				
24-HOUR		GST	24/02 - 25/02			5% \$2.94
VEH		VLF	24/02 - 25/02	1	DAY	\$0.79 \$0.79
#1 2015 CHRY TC TOUR		Total Charges:				\$61.72
LIC# [REDACTED]		Total Amount Due				\$0.00
KM DRIVEN 357		PAYMENT INFORMATION				
		AMOUNT PAID	TYPE	CREDIT CARD NUMBER		
		\$61.72	Mastercard	[REDACTED]		
				PENDING		

Brenda Case

Subject: FW: Heritage Inn - Taber\Guest Account Inquiry

From: Heritage Inn Taber [mailto:info.taber@heritageinn.net]

Sent: March 23, 2015 10:26 AM

To: [Redacted]

Cc: [Redacted]

Subject: Heritage Inn - Taber\Guest Account Inquiry

Heritage Inn - Taber

4830 46 Ave

Taber, AB

T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733

[Redacted] Alberta Health Servi

Page # 1

[Redacted]

Res. # [Redacted]

Checked in Sat Mar 21/15 - 10:42am

Checked out Mon Mar 23/15 - 10:25am

Nights [Redacted]

Room Rate 0.00

Room [Redacted]

Date	Description	Reference	Charges	Credits
Feb26	Paid By Mastercard- Thank you	Deposit		200.50

[Redacted]

From: Sean Chilton
 To: Brenda Case
 Subject: Fwd: Enterprise Rental Agreement [REDACTED]
 Date: Tuesday, March 03, 2015 6:56:19 PM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
 Date: March 3, 2015 at 5:45:26 PM MST
 To: [REDACTED]
 Subject: Enterprise Rental Agreement [REDACTED]

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

RENTAL AGREEMENT	REF#	SUMMARY OF CHARGES				
		Charge Description	Date	Quantity	Per	Rate Total
[REDACTED]	[REDACTED]	TIME & DISTANCE	03/03 - 03/03	1	DAY	\$40.73 \$40.73
RENTER						
CHILTON, SEAN		DW	03/03 - 03/03	1	DAY	\$8.00 \$8.00
DATE & TIME OUT						
03/03/2015 11:34 AM		REFUELING CHARGE	03/03 - 03/03			\$0.00
DATE & TIME IN						
03/03/2015 05:00 PM		Subtotal:				\$48.73
BILLING CYCLE		Taxes & Surcharges				
24-HOUR		GST	03/03 - 03/03			5% \$2.48
VEH		VLF	03/03 - 03/03	1	DAY	\$0.79 \$0.79
#1 2014 NISN MAXI 4DSV		Total Charges:				\$52.00
VIN# [REDACTED]		Total Amount Due				\$0.00
LIC# [REDACTED]		PAYMENT INFORMATION				
KM DRIVEN 282		AMOUNT PAID	TYPE	CREDIT CARD NUMBER		
		\$52.00	Mastercard	[REDACTED]		
				PENDING		

Cannest Pass
Mfg. Dr. Crossbait

5

WELCOME

Shell Canada
210 SCENIC DRIVE SOU
T1J 4L3
Lethbridge AB
403-220-8800

PURCHASE C

INV No. [REDACTED]
2015/03/03 16:43
MasterCard
AID A0000000041010
TVR 0000008000
TSI F800
AM [REDACTED]

Bronze
PUMP No. 07
LITRES 31.352
PRICE/L \$0.949
TOTAL FUEL \$29.75
OI APPROVED - THANK
YOU 001

APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89114030
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.42
No. 137400032RT

TOTAL SALE \$29.75

STORE [REDACTED]
TRAN [REDACTED]
2015/03/03 16:46:02

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

From: Sean Chilton
To: Brenda Case
Subject: Fwd: Enterprise Rental Agreement [REDACTED]
Date: Friday, March 06, 2015 7:51:17 AM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
Date: March 6, 2015 at 7:33:46 AM MST
To: [REDACTED]
Subject: Enterprise Rental Agreement [REDACTED]

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

RENTAL AGREEMENT	REF#	SUMMARY OF CHARGES				
		Charge Description	Date	Quantity	Per	Rate Total
RENTER		TIME & DISTANCE	04/03 - 05/03	1	DAY	\$49.99 \$49.99
CHILTON, SEAN		DW	04/03 - 05/03	1	DAY	\$8.00 \$8.00
ADDITIONAL DRIVER		ADDITIONAL DRIVER FEE	04/03 - 05/03			\$0.00 \$0.00
ZIEBER, COLIN		REFUELING CHARGE	04/03 - 05/03			\$0.00
DATE & TIME OUT						
04/03/2015 03:50 PM						
DATE & TIME IN						
05/03/2015 04:00 PM						
BILLING CYCLE						
24-HOUR						
		Subtotal:				\$57.99
		Taxes & Surcharges				
		GST	04/03 - 05/03			5% \$2.94
		VLF	04/03 - 05/03	1	DAY	\$0.79 \$0.79
		Total Charges:				\$61.72
VEH		Total Amount Due				
#1 2014 CHEV MALI 1LT4		\$0.00				
VIN# [REDACTED]						
LIC# [REDACTED]						
KM DRIVEN 789						
		AMOUNT PAID		TYPE		CREDIT CARD NUMBER
		\$61.72		Mastercard		[REDACTED]
		PENDING				

7
SCN
hedac
AIRPORT TAXI SERVICE
4608 101 ST. (780)3907170
EDMONTON, AB
T6E-5G5

Term ID: 05614623

Purchase

MasterCard Entry Method: C

Invoice #

Amount: \$ 18.00
Tip: \$ 3.00
Total: \$ 21.00

2015/03/06 08:07:49

Seq #:

Appr Code:

Resp Code: 01/027

MasterCard
A0000000041010
A3 C4 77 F6 UC 10 00 F9
00 00 00 00 00
E8 00
02 C8 62 19 F5 AE 04 95

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

GST

9
- Medicine Hat
CQT mtg.

121 Sunridge RD
Lethbridge ab T1J-5J1

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN: [REDACTED]
03/10/2015 438327345
08:59:32 PM

PUMP# 7
REGLR 46.462L
PRICE/L 0.889
FUEL TOTAL \$ 41.30

GST1 in fuel \$ 1.97
CREDIT \$ 41.30

TYPE: PURCHASE
ACCOUNT: NCARDFLEET \$41.30

AUTH: [REDACTED] INVOICE: [REDACTED]

CARD NUMBER: [REDACTED]

VERIFIED BY P.M. [REDACTED]

A- MasterCard

B- A0000000041010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

THANK YOU

8
SCN
hedac

METRO AIRPORT TAXI#747
1420 69ST SW T6X1L4
EDMONTON AB
22414847
GH2241484701

**** PURCHASE ****

03-06-2015 17:01:59

Acct # [REDACTED] C

Exp Date [REDACTED] type MC

Name: SEAN CHILTON

A0000000041010 MasterCard

Trace # [REDACTED]

Inv. # [REDACTED]

Auth # [REDACTED]

Purchase \$12.00

Tip \$1.80

Total \$13.80

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

GST#844841681

From: Sean Chilton
 To: Brenda Case
 Subject: Fwd: Enterprise Rental Agreement [REDACTED]
 Date: Wednesday, March 11, 2015 9:37:02 AM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
 Date: March 11, 2015 at 7:42:41 AM MDT
 To: [REDACTED]
 Subject: Enterprise Rental Agreement [REDACTED]

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

RENTAL AGREEMENT	REF#	SUMMARY OF CHARGES					
		Charge Description	Date	Quantity	Per	Rate	Total
RENTER		TIME & DISTANCE	10/03 - 11/03	1	DAY	\$75.00	\$75.00
CHILTON, SEAN		DW	10/03 - 11/03	1	DAY	\$8.00	\$8.00
DATE & TIME OUT		REFUELING CHARGE	10/03 - 11/03				\$0.00
10/03/2015 08:00 AM		Subtotal:					\$83.00
DATE & TIME IN		Taxes & Surcharges					
11/03/2015 07:41 AM		GST	10/03 - 11/03			5%	\$4.19
BILLING CYCLE		VLF	10/03 - 11/03	1	DAY	\$0.79	\$0.79
24-HOUR		Total Charges:					\$87.98
VEH		Total Amount Due					
#1 2015 CHRY TC TOUR							\$0.00
VIN: [REDACTED]		PAYMENT INFORMATION					
LIC# [REDACTED]		AMOUNT PAID	TYPE		CREDIT CARD NUMBER		
KM DRIVEN 166		\$87.98	Mastercard		[REDACTED]		
					PENDING		



From: res@integraair.com
To: [Brenda Case](#)
Subject: Your Ticketless Itinerary - Integra AirCHILTON, SEAN
Date: Friday, March 13, 2015 10:47:32 AM
Importance: High

Integra Air Travel Itinerary - Have a great flight

MASTERCARD
LETHBRIDGE

Document Number [REDACTED]
Confirmation Number: [REDACTED]
Online Id: [REDACTED]
Date Booked: 3/13/2015
Modified: 3/13/2015
Booked by: ONLINE
PO: [REDACTED]

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	01Apr15	918	Lethbridge	06:45am	Executive Flt C 08:00am CONFIRMED
In	01Apr15	829	Executive Flt C	06:05pm	Lethbridge 07:20pm CONFIRMED

FARE: 543.00
FEES: 83.24
GST: 31.31

TOTAL: 657.55

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.

From: res@integraair.com
To: [Brenda Case](#)
Subject: Your Ticketless Itinerary - Integra AirCHILTON, SEAN
Date: Monday, March 16, 2015 12:39:38 PM
Importance: High

Integra Air Travel Itinerary - Have a great flight

MASTERCARD

Document Number: [REDACTED]

Confirmation Number: [REDACTED]

Online Id: [REDACTED]

Date Booked: 3/16/2015

Modified: 3/16/2015

Booked by: ONLINE

PO:

LETHBRIDGE

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	17Mar15	918	Lethbridge	06:45am	Executive Flt C 08:00am CONFIRMED
In	17Mar15	829	Executive Flt C	06:05pm	Lethbridge 07:20pm CONFIRMED

FARE: 588.00

FEES: 68.24

GST: 32.81

TOTAL: 689.05

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.
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- 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.

Co-op Taxi Line
(780)425-2525
www.co-optaxi.com

Terminal [REDACTED]
Driver [REDACTED]
15/03/17 17:46:43

MASTERCARD
Card : [REDACTED]
MasterCard
CHIP CARD
AID : A0000000041010
TVR : 0000008000
Ref # [REDACTED]
Auth # [REDACTED]

PURCHASE
FARE : \$ 63.00
TIP : \$ 7.50

TOTAL : \$ 70.50

APPROVED - THANK YOU
(01-027)

IMPORTANT: Retain a
copy for your records

Customer Copy



Public Expense Disclosure Department



ATTENTION: Public Disclosure

RE: Shell Fuel
Missing Receipt: \$26.17 - 05-03-2015

I hereby attest that this expense was related to AHS business which occurred on March 5, 2015 in Medicine Hat. The \$26.17 receipt was for fuel for a rental vehicle that was used for travel from Lethbridge to Medicine Hat for a MHDL meeting. The pump receipt dispenser was broken and did not issue a receipt for this purchase.

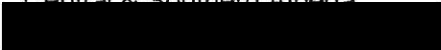
I declare that the above statement is true and accurate and I trust this information will suffice.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Chilton".

Sean Chilton
Chief Zone Officer, South
Alberta Health Services

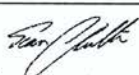
Brenda Huband, VP & CHOO
Central & Southern Alberta



Date: 2015 April 20 9 02
Sign: Brenda Huband

Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre- approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request			
Describe the purpose of the working session Leaders from foundations across the zone and AHS zone leadership will discuss priority needs, both short and long term. Continuing to build relationships with foundations contributes to budget sustainability.			
Name of Event South Zone Foundations Forum		Date of Request (yyyy-Mon-dd) 2015-Mar-01	
Event Lead (Name, Position, Department) Sean Chilton, Chief Zone Officer, South Zone			
Location of Venue Heritage Inn, Taber			
Event Date(s) March 21 2015			
Number of Attendees	35		
Guest Speaker(s)/Facilitators	Title/Role	Organization	
N/A			
Proposed Budget	Venue cost \$ 250.00		
	Meals \$ 450.00		
	Non - Alcoholic Beverages		
	Other Specify nature of expense		
	GST (if applicable)		
Total planned event budget \$ \$ 700.00			
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 000000000000	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Sean Chilton	Position Title Chief Zone Officer	DOFA Level [REDACTED]
	Signature 		Date March 6, 2015