

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of April 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)
Apr-15	P-Card	Meetings				500	500		491	
Total			\$ -	\$ -	\$ -	\$ 500	\$ 500	\$ -	\$ 491	\$ -

Total for the Month \$ 991

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

CHILTON, SEAN Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/04/2015
SOUTH ZONE Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount:	\$990.67
SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/03/2015	384638106	HERITAGE INN TABER, LODGING HOTELS, MOTELS, RESORTS	491.10	CAD	491.10	.00	.00	SZ Foundation Forum in Taber
23/03/2015	384638105	ESSO, FUEL DISPENSER, AUTOMATED	32.49	CAD	32.49	.00		Fuel for Rental - Taber Boot Camp Day 1
24/03/2015	384778985	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	185.16	CAD	185.16	8.82		Rental - MH UNA meeting and HAC meeting
24/03/2015	384778986	SHELL, FUEL DISPENSER, AUTOMATED	43.04	CAD	43.04	.00		Fuel for Rental - Foundation Forum & MH HAC
08/04/2015	386424040	ESSO, FUEL DISPENSER, AUTOMATED	27.34	CAD	27.34	.00		Fuel - Rental - AC Benchmarking - FMC Calgary
08/04/2015	386424042	ESSO, FUEL DISPENSER, AUTOMATED	27.80	CAD	27.80	.00		Fuel for Rental - MHDL Meeting in Medicine Hat
08/04/2015	386424043	AHS FMC PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking - AC Benchmarking - Calgary
09/04/2015	386424041	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	102.46	CAD	102.46	4.88		Rental Vehicle - AC Benchmarking - FMC Calgary
15/04/2015	387189294	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	51.23	CAD	51.23	2.44		Rental - Standoff Blood Tribe Meeting
15/04/2015	387189295	SHELL, FUEL DISPENSER, AUTOMATED	15.80	CAD	15.80	.00		Fuel for Rental - Standoff Blood Tribe Meeting

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

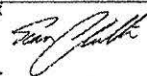
Signature of Cardholder Designate

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


Signature of Cardholder

CHIEF ZONE OFFICER
Cardholder Position/Title

April 24, 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
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 Huband, VP & CHOO
Central & Southern Alberta

Name of Appr

ion/Title

Date: 2015 April 30
Sign: Brenda Huband

Signature of

Date

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

From: [Stephanie Fisher-Dortman](#)
To: [Brenda Case](#)
Subject: FW: Heritage Inn - Taber\Guest Account Inquiry
Date: Monday, March 23, 2015 10:34:12 AM

From: Tom Gillespie
Sent: March 23, 2015 10:32 AM
To: Stephanie Fisher-Dortman
Subject: Heritage Inn - Taber\Guest Account Inquiry

Hi Stephanie,
Here's the final bill from Saturday. Please let me know if you need follow up from me on anything related to Saturday's meeting.

Tom

From: Heritage Inn Taber [<mailto:info.taber@heritageinn.net>]
Sent: March 23, 2015 10:26 AM
To: Tom Gillespie
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

Tom Gillespie Alberta Health Servi



Page # [REDACTED]
Res. # [REDACTED]
Checked in Sat Mar 21/15 - 10:42am
Checked out Mon Mar 23/15 - 10:25am
Nights 2
Room Rate 0.00
Room [REDACTED]

Date	Description	Reference	Charges	Credits
Feb26	Paid By Mastercard- Thank you	Deposit		200.50
Mar21	Meeting Room	Salon AB	250.00	
Mar21	GST	Salon AB	12.50	
Mar21	Banquets - Food	32 @ \$12	384.00	
Mar21	GST	32 @ \$12	19.20	
Mar21	Gratuuity	15% food and bev	57.60	
Mar21	GST	15% food and bev	2.88	
Mar21	GST	GST Exempt	-34.58	
Mar23	Paid By Mastercard- Thank you			491.10

Company Name: alberta health services

0.00 691.60 691.60

Thank you for staying with us. Please come again!
Phone 1-888-888-4374 for toll free reservations
Ask about our full catering services
GST #R102881810

Our G.S.T. # is R102881810

Charge Summary:

Paid By Mastercard- Thank -691.60
Meeting Room 250.00
GST 0.00

Taber - boot How
camp
meeting with
OA.

121 Sunridge RD
Lethbridge AB T1J-5J1

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104855408
03/23/2015 438329151
07:38:26 AM

PUMP# 4
REGLR 33.880L
PRICE/L 0.959
FUEL TOTAL \$ 32.49

GST1 in fuel \$ 1.55
CREDIT \$ 32.49

TYPE: PURCHASE
ACCOUNT: [REDACTED] \$32.49
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A0000000041010

01 Approved - Thank You 027

LOYALTY: NO
IMPORTANT - retain this copy for your
records

THANK YOU

Taber
Foundation Med
Forum HAC
WELCOME

Shell Canada
110 W HILL BLVD S
T1J 4T4
LETHBRIDGE AB

MASTERCARD
PURCHASE C
INV No. [REDACTED]
2015/03/24 17:13
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800
AM 80082XXXXX

Bronze
PUMP No. 06
LITRES 44.877
PRICE/L \$0.959
TOTAL FUEL \$43.04
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 \$2.05
No. 137400032RT

TOTAL SALE \$43.04

STORE: [REDACTED]
TRAN: [REDACTED]
2015/03/24 17:15:05

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



1106 - 3 AVENUE SOUTH
LETHBRIDGE, AB T1J0J6
Federal GST# :889365821

Rental Agreement #:
Bill Ref #:
Invoice Date:
Account #:



15/04/2015

BILL TO

SEAN MR CHILTON

RENTAL INFORMATION

Date/Time Out: 04/15/2015 09:00 Date/Time In: 04/15/2015 16:55
Renter: CHILTON, SEAN MR

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms	
				Out	In
GRAY		SONA	7K8WMW	17,219	17,425

VIN:5NPE24AF2FH054258

CLAIM INFORMATION

Claim# / PO# / RO# Insured
Date of Loss Type of Loss Type of Vehicle
Repair Shop

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	40.00	40.00
DW	1 DAY	8.00	8.00
Subtotal			48.00
VLF	1 DAY	0.79	0.79
GST	PCT	5.00	2.44
Total Charges (CAD)			51.23

PAYMENTS

Payment	Master Card	-51.23
Total Payments (CAD)		-51.23

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :
Tel#:(403) 216-3490
ALBARADMIN@ehi.com
Payment Due within days of invoice date
Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance Remit To : ENTERPRISE RENT-A-CAR 5821 - 6 STREET SE CALGARY, AB T2H1M4	Amount Due (CAD) 0
	Paid By: SEAN MR CHILTON
Account #	Rental Agreement
Amount 0	GPBR

121 Sunridge RD
Lethbridge ab T1J-5J1

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104855408
04/08/2015 438331637
06:08:16 AM

PUMP# 2
REGLR 29.753L
PRICE/L 0.919
FUEL TOTAL \$ 27.34

GST1 in fuel \$ 1.30
CREDIT \$ 27.34

TYPE: PURCHASE
ACCOUNT: NCARDFLEET \$27.34
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A000000041010
01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your records

THANK YOU

121 Sunridge RD
Lethbridge ab T1J-5J1

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104855408
04/08/2015 438331759
08:07:17 PM

PUMP# 2
REGLR 30.247L
PRICE/L 0.919
FUEL TOTAL \$ 27.80

GST1 in fuel \$ 1.32
CREDIT \$ 27.80

TYPE: PURCHASE
ACCOUNT: NCARDFLEET \$27.80
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A000000041010
01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your records

THANK YOU

Rental Car - Fuel.

April 8th 2015.

AC Benchmarking FMC Calgary
Grant Walker
Brenda Renner

April 7th - April 8th 2015.

Medicine Hat Diagnostic Lab Mtg
Medicine Hat

April 15th 2015
Stand off
Blood Tribe
Meeting
D. McLean
Dr Goodison
Sean Chik

WELCOME
Shell Canada
210 SCENIC DRIVE SOU
11J 4L3
Lethbridge AB
403-320-8990

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2015/04/15 16:43
MasterCard
AID A0000000041010
IVR 0000008000
TST F800
AM 80082XXXXXX

Bronze
PUMP No. 07
LITRES 17.195
PRICE/L \$0.919
TOTAL FUEL \$15.80
01 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 \$0.75
No. 137400032RT

TOTAL SALE \$15.80

STORE: [REDACTED]
TRAN: [REDACTED]
2015/04/15 16:45:21

YOUR OPINION COUNTS
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www.shell.ca/opinion
and you could win a
\$100 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

ALBERTA HEALTH
SERVICES
FMC Lot 1

RECEIPT CS

ENTRY DATE/TIME:

08/04/15 09:57

PAY DATE/TIME:

08/04/15 15:27

PARK-DUR.: HRS:MIN

0:06:30

ALLOWED EXIT TO:

09.04.15 09:12

PAID: \$ 15.25

MASTER CARD

X [REDACTED]

REF. [REDACTED]

* Parking Rates *

* Are GST Exempt *

* Please Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* HealthServices *

* Have Questions *

* Or Concerns? *

* Call Us *

* 403-944-1014 *

April 8th 2015
Parking for
AC Benchmarking
Workshop
Calgary FMC
Grant Walker
Brenda Renee
[Signature]

From: [Sean Chilton](#)
To: [Brenda Case](#)
Subject: Fwd: Enterprise Rental Agreement [REDACTED]
Date: Tuesday, March 24, 2015 5:30:29 PM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
Date: March 24, 2015 at 5:26:35 PM MDT
To: seanchil@me.com
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	21/03 - 24/03	3	DAY	\$49.99	\$149.97	
CHILTON, SEAN		DW	21/03 - 24/03	3	DAY	\$8.00	\$24.00	
ADDITIONAL DRIVER		REFUELING CHARGE	21/03 - 24/03				\$0.00	
AHS EMPLOYEES		Subtotal:					\$173.97	
DATE & TIME OUT		Taxes & Surcharges						
20/03/2015 09:00 AM		GST	21/03 - 24/03			5%	\$8.82	
DATE & TIME IN		VLF	21/03 - 24/03	3	DAY	\$0.79	\$2.37	
24/03/2015 12:00 PM		Total Charges:					\$185.16	
BILLING CYCLE		Total Amount Due					\$0.00	
24-HOUR								
VEH		PAYMENT INFORMATION						
#1 2015 CHEV MALI 1LT4		AMOUNT PAID	TYPE	CREDIT CARD NUMBER				
VIN# 1G11C5SLXFF128535		\$185.16	Mastercard	[REDACTED]				
LIC# K84556				PENDING				
KM DRIVEN 1076								

From: Sean Chilton
To: Brenda Case
Subject: Fwd: Enterprise Rental Agreement [REDACTED]
Date: Thursday, April 09, 2015 8:05:49 AM

Sent from my iPhone

Begin forwarded message:

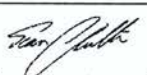
From: Customerservice@enterprise.com
Date: April 9, 2015 at 7:35:16 AM MDT
To: seanchil@me.com
Subject: Enterprise Rental Agreement [REDACTED]

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	07/04 - 08/04	2	DAY	\$40.00	\$80.00	
CHILTON, SEAN MR		DW	07/04 - 08/04	2	DAY	\$8.00	\$16.00	
ADDITIONAL DRIVER		REFUELING CHARGE	07/04 - 08/04				\$0.00	
WALKER, GRANT								
Subtotal:							\$96.00	
DATE & TIME OUT		Taxes & Surcharges						
07/04/2015 08:04 AM		GST	07/04 - 08/04			5%	\$4.88	
DATE & TIME IN		VLF	07/04 - 08/04	2	DAY	\$0.79	\$1.58	
08/04/2015 06:00 PM								
BILLING CYCLE		Total Charges:						\$102.46
24-HOUR								
Total Amount Due							\$0.00	
VEH		PAYMENT INFORMATION						
#1 2014 NISN SENT 4DS		AMOUNT PAID	TYPE	CREDIT CARD NUMBER				
VIN# 3N1AB7AP7EL641226		\$102.46	Mastercard	[REDACTED]				
LIC# K57236								
KM DRIVEN 811								

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