

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of May 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)
May-15	P-Card	Meetings				159	159			
Total			\$ -	\$ -	\$ -	\$ 159	\$ 159	\$ -	\$ -	\$ -

Total for the Month \$ 159

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 			
<u>CHILTON, SEAN</u>	<u>CHIEF ZONE OFFICER</u>	Billing Reporting Period:	<u>20/05/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>SOUTH ZONE</u>	<u>CHINOOK REGIONAL HOSPITAL</u>	Total Statement Amount:	<u>\$158.60</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	Freigh	Description
21/04/2015	387732154	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	51.23	CAD	51.23	2.44		Meeting with Blood Tribe, Standoff
21/04/2015	387732155	SHELL, FUEL DISPENSER, AUTOMATED	21.83	CAD	21.83	.00		Fuel - Medicine Hat - HR Update, SPOC, Health Foundation Meetings
28/04/2015	388721520	SHELL, GAS / SERVICE STATIONS	40.14	CAD	40.14	.00		Fuel - Benchmarking / Clinical Pathways Meeting
07/05/2015	389716980	PETROCAN, FUEL DISPENSER, AUTOMATED	45.40	CAD	45.40	.00		Fuel - Calgary - Mtg with Blood Tribe

✓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

CHIEF ZONE OFFICER

Name

Cardholder Position/Title

Signature of Cardholder

June 2, 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 Hubbard

Name of Approver

VP-CHOO Central & Southern AB

Approver Position/Title

Signature of Approver

2015 June 05

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

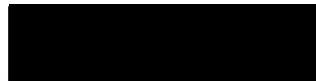
Address:

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



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	K91305	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	GPBR
		0	

GPBR

Calgary
May 7/15

PETRO-CANADA
1320 16 AVE NW
CALGARY
ALBERTA T2M 0L1
40328235510

GST 872104666
PC0887247:0269501
TERMINAL: 020269552
PAYPOINT: 020269501

2015-05-07 20:55

PUMP 02
REGULAR
LITRES L 45.444
PRICE/L \$ 0.999
FUEL SALES \$ 45.40*

TOTAL OWED \$ 45.40

TOTAL PAID
CREDIT CARD \$ 45.40

* GST INCL. \$ 2.16

MASTERCARD
AUTH PURCHASE
C 0010010010 00 027

MASTERCARD
A0000000041010
0000008000
E800
INVOICE

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

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SURVEY? EARN POINTS
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1-866-826-7779 OR
PETRO-CANADA.CA/HERO

Medicine Hat - Bench-marking
Calgary - clinical pathways mtg
SHELL CANADA PRODUCTS
704 REDCLIFF DRIVE
MEDICINE HAT, AB T1A 5E3
(403) 527-5111

Tax Description	Qty	Amount
F Bronze No2		
40.195 L @ \$0.999/ L		\$40.14
Sub Total		\$40.14
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		\$40.14
MASTERCARD:		\$40.14
Change		\$0.00

01 APPROVED - THANK YOU 001

MASTERCARD
PURCHASE
INV No
APPROV
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800

VERIFIED BY PIN

IMPORTANT
retain this copy for your records

Fuel Includes GST 5.0% \$1.91
Fuel Includes PST 0.0% \$0.00
GST - Fuel - AB No. 137400032RT

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www.shell.ca/opinion
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*Receipt Required

THANK YOU
Questions? 1-800-661-1600
REG: 1 CSH: 111, Shell TRAN: 2468133
2015/04/28 15:28:57 ST: C00507

Medicine Hat

WELCOME

Shell Canada
210 SCENIC DRIVE SOUTH
T1J 4L3
Lethbridge AB
403-320-8000

MASTERCARD
PURCHASE C

INV No.
2015/04
MasterCard
AID A0000000041010
TVR 0000008000
TSI E800
AM 80082XXXXXX

Bronze
PUMP No. 01
LITRES 22.765
PRICE/L \$0.959
TOTAL FUEL \$21.83
01 APPROVED - THANK YOU 001

APPROVAL No.
TERMINAL No.
89114030
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.04
No. 137400032RT

TOTAL SALE \$21.83

STORE:
TRAN:
2015/04/21 08:11:41

YOUR OPINION COUNTS
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\$100 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
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