

## Official Administrator and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of June 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)
Jun-15	P-Card	Meetings				207	207			
Jun-15	Expense Claim	Meetings				809	809			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 1,016	\$ 1,016	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,016

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>20/06/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$207.49</u>
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/05/2015	390760237	NATIONAL CAR RENTAL, NATIONAL CAR RENTAL	92.62	CAD	92.62	.00	.00	Rental from GP Airport for Meeting with HR & Executive Assistant
20/05/2015	390760238	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	4.00	CAD	4.00	.19		Parking at QEII Hospital - Mtg with Quality Council
20/05/2015	390957808	PETROCAN, FUEL DISPENSER, AUTOMATED	3.53	CAD	3.53	.00		Fuel for Rental
22/05/2015	390957810	WILPARK CANADA INC., AUTOMOBILE PARKING LOTS AND GARAGES	8.00	CAD	8.00	.38		Parking at Lethbridge Airport - RE Grande Prairie Meeting
11/06/2015	393301986	SHELL, FUEL DISPENSER, AUTOMATED	32.41	CAD	32.41	.00		Fuel - Medicine Hat Mtg with UNA and Mtg with EMS
18/06/2015	394043536	ESSO, FUEL DISPENSER, AUTOMATED	42.93	CAD	42.93	.00		Fuel - MH - SZ CQI Full Team Meeting

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/05/2015	390957809	WILPARK CANADA INC., AUTOMOBILE PARKING LOTS AND GARAGES	24.00	CAD	24.00	1.14		Parking at Lethbridge Airport - Flight was eventually cancelled due to plane issues

✓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

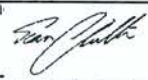
**Cardholder**

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  
Name

CHIEF ZONE OFFICER  
Cardholder Position/Title

  
Signature of Cardholder

June 25, 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

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Name of Approver

VP, C.H.O. Central & Southern AB  
Approver Position/Title

  
Signature of Approver

2015 June 26  
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



Public Expense Disclosure Department

**ATTENTION: Public Disclosure**

RE: Wilipark Parking  
Missing Receipt: \$24.00- 22-05-2015

I hereby attest that this expense was related to AHS business which occurred on May 12, 2015 in Lethbridge. The \$24.00 receipt was for parking at the Airport for a flight to Grande Prairie for a meeting with Human Resources. The flight was eventually cancelled due to technical issues with the plane. I am unable to find the receipt.

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

[Redacted]

Date: 2015 June 26

Sign: Brenda Huband



RA # [REDACTED]

Bill Ref# [REDACTED]

Renter Name SEAN CHILTON  
[REDACTED]

AB [REDACTED]

3ST/HST R103630562

ALBERTA HEALTH SERVICES  
Contract ID

Rental Location  
GRANDE PRAIRIE AIRPORT  
MELS U-DRIVE (1978) LTD,  
10601 AIRPORT DR  
GRANDE PRAIRIE

20-MAY-2015 08:35 AM

AB T8V

Phone [REDACTED]

Charges	No	Unit	Price/Unit	Amount
TIME & DISTANCE	1	Days	78.00	78.00 *
FREE MILES/KM - TIME & DISTANCE	200	M/Kms		0.00 *
CONCESSION RECOUP FEE 16.5 PCT			78.00	12.87 *
VEH LIC RECOUPMETN 1.75/DAY	1	Days	1.75	1.75 *

Return Location  
GRANDE PRAIRIE AIRPORT

20-MAY-2015 01:24 PM

Vehicle # [REDACTED]  
Model 500  
Class Driven CCAR  
Class Charge CCAR  
License# [REDACTED]  
State/Province ALBERTA  
M/Kms Driven 32  
M/Kms Out 9663  
M/Kms In 9695

Rate Info

Messages

\* Taxable Items  
Subject to Audit  
Your Emerald Club Number is [REDACTED]

Total Charges CAD 92.62

Payments  
Master Card AUTH: [REDACTED] 20-MAY-2015 200.00 Payment -92.62

Customer Service Number 1-800-468-3334

Emerald Club rental credits will be posted within 24 hours

Amount Due CAD 0.00

Rental Vehicle  
Grande Prairie  
HR MTS

PETRO-CANADA  
11925 101 AVE  
GRANDE PRAIRIE  
ALBERTA T8U 3X9  
78053272890

GST 846230787  
PC0930490:3899601  
TERMINAL: 023899653  
PAYPOINT: 023899601

2015-05-20 13:19

PUMP 03  
REGULAR

LITRES L 3.275  
PRICE/L \$ 1.079  
FUEL SALES \$ 3.53\*

TOTAL OWED \$ 3.53

TOTAL PAID  
CREDIT CARD \$ 3.53

\* GST INCL. \$ 0.17

MASTERCARD  
C  
PURCHASE  
C 0010010010 00 027

MASTERCARD  
[Redacted]

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

IMPORTANT  
RETAIN THIS COPY  
FOR YOUR RECORDS

SURVEY! EARN POINTS  
& CHANCE TO WIN GAS  
1-866-826-7779 OR  
PETRO-CANADA.CA/HERO

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

20/05/15 01:02 PM

AMOUNT PAID

\$ 4.00 [Redacted] 11:02 AM

Alberta Health Services  
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA  
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY  
OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS  
OR DAMAGE TO CAR OR CONTENTS.



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

20/05/15 11:02 AM \$ 4.00

CREDIT CARD NUMBER

[Redacted]



Alberta Health Services

RECEIPT

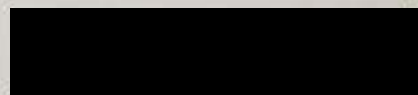
QEI Parking

Airport Parking

GST #106989023

Space # : 84

Transaction #:

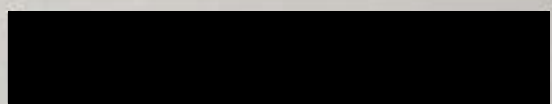


Date : MAY/20/15

Time : 04:55 AM

Paid : \$8.00

Card :



Parking Expires At:

**MAY/21/15**

**04:55 AM**

Please Retain Ticket.

Lock your vehicle and

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

THIS IS YOUR RECEIPT

Medicine Hat  
CQE meeting  
Fleet fill  
Sen + Venech  
121 Sunridge RD  
Lethbridge ab T1J-5J1

**ESSO EXPRESS PAY**

22196 SUNRIDGE MAC'S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE, AB T1J  
URN:R104855408  
06/18/2015 438344447  
07:37:15 AM

PUMP# 3  
REGLR 38.024L  
PRICE/L 1.129  
FUEL TOTAL \$ 42.93

GST1 in fuel \$ 2.04  
CREDIT \$ 42.93

TYPE: PURCHASE

A- MasterCard

B- A0000000041010

01 Approved - Thank You 027

LOYALTY: NO

IMPORTANT - retain this copy for your records

THANK YOU

Medicine Hat  
Prov WHS mts with  
union  
WELCOME Fleet fill  
Sen E  
Shell Canada  
110 W HILL BLVD S  
T1J 4T4  
LETHBRIDGE AB

INV No. 2259498864  
2015/06/11 16:03  
MasterCard

Bronze  
PUMP No. 06  
LITRES 31.500  
PRICE/L \$1.029  
TOTAL FUEL \$32.41  
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 \$1.54  
No. 137400032RT

TOTAL SALE \$32.41

STORE: C22594  
TRAN: 633852  
2015/06/11 16:05:22

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



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system  
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system  
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 27-04-15 To 30-May-15  
 Travel Period from: 27-04-15 To 30-05-15 (if applicable)  
 Out-of-Province Travel

Name: Sean Chilton Position (Title): SVP South Zone  
 Location: Dept: Chief Zone Officer, Sout DOFA Level: (if applicable) Union Business Phone #: Ext:  
 Employee # (E-People):

**SECTION E: FINANCE CODING & TOTAL CLAIM**

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0014	71110000084	\$809.01						\$809.01		
2B												
2C												
2D												
				\$809.01								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D  
 \*\*User to enter Coding & \$ Amounts  
 NOTE: These fields do not automatically fill for Section C & D

**SECTION F: AUTHORIZATION**

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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Employee Signature: *Sean Chilton* Date: 21-May-14  
 Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext  
 Signature: Title Date

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.  
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext  
 Signature: Title Date

Brenda Huband, VP & CHOO  
 Central & Southern Alberta  
 DOFA # - Position #  
 Date: 2015 June 17  
 Sign: *Brenda Huband*

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

**EXPENSE CLAIM DETAILS**

<b>Enter Finance Coding</b> <u>101</u> <u>0014</u> <u>71110000084</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">██████████</span>	Page <b>2A</b>
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*If expenses incurred are for **multiple FC's** please use pages 2B,2C,2D (after pg3) as there should be one FC per page **OR** if **more lines** are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

**SECTION B: TRAVEL EXPENSES**      **NOTE:** If expenses **do not** fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column **Prov**) where expenses were incurred (Out of N.America = Inter!)  
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "**Cost Effective Method Used**" Column is **REQUIRED**.  
 If you select "**No**" in this column,  
**Further Explanation is REQUIRED** in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just " <b>Meeting</b> " will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
27-04-15	Lethbridge to Calgary (return) ACPSC meeting	AB	Meeting	Yes											416.00
27-04-15	Lethbridge to Taber (return) Mtg of Council - Delegation by AHS (Coaldale)	AB	Meeting	Yes											102.00
28-04-15	Lethbridge to Medicine Hat (return) Benchmarking Meeting	AB	Meeting	Yes											334.00
7-May-15	Lethbridge to Calgary (return) Meeting with Blood Tribe	AB	Meeting	Yes											416.00
14-May-15	Lethbridge to Medicine Hat (return) Meditech Site Visit with Penny Rae	AB	Meeting	Yes											334.00
<b>SUBTOTALS</b>														<b>Total Kms</b>	1602.00

**MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle**  
 → details of travel location to & from must be included above under the purpose of travel column  
 Rates applicable **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter <b>\$0.505 km, \$0.47 km OR</b> rate per Union Agreement <i>(see Mileage details to the left)</i>	<b>\$0.505</b>
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<b>Mileage \$</b>	<b>\$809.01</b>
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**Note:** Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

<b>Travel \$ Subtotal</b>	
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<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	<b>\$809.01</b>
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**Rationale is Required for expenses that are not Cost Effective**  
**(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)**