

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of July 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)
Jul-15	P-Card	Meetings				170	170			
Jul-15	Direct Billing	Meetings	6				6			
Total			\$ 6	\$ -	\$ -	\$ 170	\$ 176	\$ -	\$ -	\$ -

Total for the Month \$ 176

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>20/07/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount: <u>\$169.75</u>
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> 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
10/07/2015	396320329	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	79.58	CAD	79.58	3.79		Rental - Standoff Suboxone Clinic Meeting
13/07/2015	396668388	ESSO, FUEL DISPENSER, AUTOMATED	25.00	CAD	25.00	.00		Fuel for MH performance appraisal Mtgs.
14/07/2015	396668387	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	51.22	CAD	51.22	2.44		Rental - Medicine Hat - Performance Appraisal Mtgs.

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/07/2015	396430369	ESSO, FUEL DISPENSER, AUTOMATED	13.95	CAD	13.95	.00		Fuel to Standoff (RE Suboxone Clinic Mtg) return

✓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

Sean Chilton

CHIEF ZONE OFFICER

Cardholder Position/Title

July 24, 2015

Date of Signature

Signature of Cardholder

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

Brenda Hubbard

Signature of Approver

2015 July 29

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

From: Sean Chilton
To: Brenda Case
Cc: Stephanie Fisher-Dortman
Subject: Fwd: Enterprise Rental Agreement
Date: Friday, July 10, 2015 9:01:05 AM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
Date: July 10, 2015 at 8:39:00 AM MDT
To:
Subject: Enterprise Rental Agreement

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	09/07 - 10/07	1	DAY	\$75.00 \$75.00
CHILTON, SEAN		REFUELING CHARGE	09/07 - 10/07			\$0.00
DATE & TIME OUT						Subtotal:
09/07/2015 03:32 PM						\$75.00
DATE & TIME IN						Taxes & Surcharges
10/07/2015 08:32 AM		GST	09/07 - 10/07			5% \$3.79
BILLING CYCLE		VLF	09/07 - 10/07	1	DAY	\$0.79 \$0.79
24-HOUR						Total Charges:
						\$79.58
VEH						Total Amount Due
#1 2015 CHRY TC TOUR						\$0.00
VIN# 2C4RC1BG3FR696964		PAYMENT INFORMATION				
LIC#		AMOUNT PAID	TYPE	CREDIT CARD NUMBER		
KM DRIVEN 142		\$79.58	Mastercard	PENDING		

Medicine Hat
PA's
121 Sunridge RD
Lethbridge ab T1J-5J1
Fleet
Vehicle

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104055408
07/13/2015 438349910
08:23:07 PM

PUMP# 3
REGLR 24.298L
PRICE/L 1.029
FUEL TOTAL \$ 25.00

GST1 in fuel \$ 1.19
CREDIT \$ 25.00

TYPE: PURCHASE
ACCOU: [REDACTED] \$25.00
AUTH: [REDACTED]
CARD NUM: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- 8000000041010

01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your records

THANK YOU

From: Sean Chilton
To: Stephanie Fisher-Dortman; Brenda Case
Subject: Fwd: Enterprise Rental Agreement [REDACTED]
Date: Tuesday, July 14, 2015 7:49:17 AM

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
Date: July 14, 2015 at 7:19:43 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
[REDACTED]	[REDACTED]	TIME & DISTANCE	13/07 - 14/07	1	DAY	\$47.99	\$47.99
RENTER							
CHILTON, SEAN		REFUELING CHARGE	13/07 - 14/07				\$0.00
DATE & TIME OUT		Subtotal:					\$47.99
13/07/2015 08:00 AM		Taxes & Surcharges					
DATE & TIME IN		GST	13/07 - 14/07			5%	\$2.44
14/07/2015 07:18 AM		VLF	13/07 - 14/07	1	DAY	\$0.79	\$0.79
BILLING CYCLE		Total Charges:					\$51.22
24-HOUR							
VEH		Total Amount Due					\$0.00
#1 2015 HYUN SONA GL4C		PAYMENT INFORMATION					
VIN# 5NPE24AF2FH054258		AMOUNT PAID	TYPE	CREDIT CARD NUMBER			
LIC# [REDACTED]		\$51.22	Mastercard	[REDACTED]			
KM DRIVEN 349				PENDING			



Public Expense Disclosure Department



ATTENTION: Public Disclosure

RE: ESSO
Missing Receipt: \$13.95- 09-07-2015

I hereby attest that this expense was related to AHS business which occurred on July 9, 2015 in Lethbridge. The \$13.95 receipt was for fuel for a rental vehicle used to travel from Lethbridge to Standoff for a Suboxone Clinic Meeting.

The receipt dispenser did not issue a receipt for the purchase therefore I am unable to provide the receipt.

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

Sincerely,

Sean Chilton
Chief Zone Officer, South
Alberta Health Services

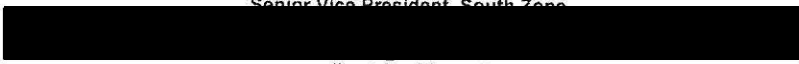
Brenda Huband, VP & CHOO
Central & Southern Alberta

Position #

Date: 2015 July 29

Sign:

Senior Vice President, South Zone



Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Sean Chilton	Reporting Period for the Month of : May-July 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-May-15	Direct Billing	Airline Ticket	Flight to grand prairie to meet with Human Resources	Marlin Travel	554.96
20-Jul-15	Direct Billing	Airline Ticket	Flight to grand prairie to meet with Human Resources-Flight was cancelled due to plane issues	Marlin Travel	(548.96)
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 6.00

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: May 13, 2015
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For
MR SEAN CHILTON
AC [REDACTED]

Wednesday, May 20, 2015

 **Air**

AIR CANADA
From: LETHBRIDGE
To: CALGARY AB
Stops: 0 **Arrival:** 20May15
AIR CANADA E
E TICKET [REDACTED]
SEAT 2A [REDACTED]

Flight: 7212 V CLASS
05:30 AM **Equipment:** BEH
06:15 AM

Mile(s) Flown: 115

 **Air**

AIR CANADA
From: CALGARY AB
To: GRANDE PRAIRIE
Stops: 0 **Arrival:** 20May15
AIR CANADA E
E TICKET [REDACTED]
SEAT 5D [REDACTED]

Flight: 8475 V CLASS
07:00 AM **Equipment:** D8 (300 SERIES)
08:33 AM

Mile(s) Flown: 347

 **Air**

AIR CANADA
From: GRANDE PRAIRIE
To: CALGARY AB
Stops: 0 **Arrival:** 20May15
AIR CANADA E
E TICKET [REDACTED]

Flight: 8478 W CLASS
02:05 PM **Equipment:** DH4
03:25 PM

Mile(s) Flown: 347

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: May 13, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Wednesday, May 20, 2015
SEAT 7D

Air

AIR CANADA
From: CALGARY AB
To: LETHBRIDGE
Stops: 0 Arrival: 20May15
AIR CANADA E
E TICKET [REDACTED]
SEAT 2A

Flight: 7217 W CLASS
04:15 PM Equipment: BEH
04:59 PM

Mile(s) Flown: 115

Cost:

AIR CANADA WEB	[REDACTED]	[REDACTED]	505.00
			49.96
		Ticket Total:	554.96

Total:

	Grand Total:	554.96
	Less Credit Card Payments:	554.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

July 20, 2015

Page:

1/2

Our Reference:

INVOICE

For

MR SEAN CHILTON

AC

Tuesday, May 12, 2015

Air

AIR CANADA

From: LETHBRIDGE

To: CALGARY AB

Stops: 0 Arrival: 12May15

Seat(s): 04A

AIR CANADA E

AIR CANADA CONFIRMATION

Flight: 7212 H CLASS

05:30 AM Equipment: BEH

06:15 AM

Mile(s) Flown: 115

Air

AIR CANADA

From: CALGARY AB

To: GRANDE PRAIRIE

Stops: 0 Arrival: 12May15

Seat(s): 11F

AIR CANADA E

AIR CANADA CONFIRMATION

Flight: 8475 H CLASS

07:00 AM Equipment: D8 (300 SERIES)

08:33 AM

Mile(s) Flown: 347

Air

AIR CANADA

From: GRANDE PRAIRIE

To: CALGARY AB

Stops: 0 Arrival: 12May15

Seat(s): 12F

Flight: 8480 G CLASS

05:05 PM Equipment: D8 (300 SERIES)

06:38 PM

Mile(s) Flown: 347

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: July 20, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, May 12, 2015
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]

Code	[REDACTED]	[REDACTED]	
TK	[REDACTED]	[REDACTED]	-499.00
			-49.96
		Ticket Total:	-548.96

Total:			
		Grand Total:	-548.96
		Less Credit Card Payments:	-548.96
		Credit / Balance Due To This Invoice:	0.00
		Total Previous Payments:	548.96
		Total Charges Previous Invoices:	548.96
		Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.