

## Official Administrator and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of August 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)
Aug-15	P-card	Meetings				211	211			
Aug-15	Expense Claim	Meetings				169	169			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 380	\$ 380	\$ -	\$ -	\$ -

**Total for the Month** \$ 380

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>20/08/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$211.29</u>
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/07/2015	397821763	ESSO, FUEL DISPENSER, AUTOMATED	38.56	CAD	38.56	.00		Fuel to Medicine Hat - Minister Meeting
30/07/2015	398234399	ESSO, FUEL DISPENSER, AUTOMATED	41.86	CAD	41.86	.00		Fuel for Calgary ZEL Meeting
17/08/2015	400059161	ESSO, FUEL DISPENSER, AUTOMATED	45.73	CAD	45.73	.00		Fuel to MH RE Mtg with MLA's

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/07/2015	397379862	ESSO, FUEL DISPENSER, AUTOMATED	45.14	CAD	45.14	.00		Fuel to Medicine Hat RE Patient Concern
17/08/2015	400059162	ESSO, FUEL DISPENSER, AUTOMATED	40.00	CAD	40.00	.00		Fuel return from mtgs in MH (MLAs / Debrief with Lab staff)

**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

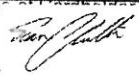
**Cardholder**

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

Dec. 7, 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

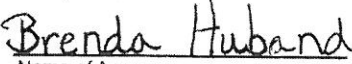
\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Date of Signature

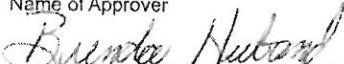
**Approver**

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- 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 \_\_\_\_\_

VP CHOO Central Southern AB  
Approver Position/Title \_\_\_\_\_

  
Signature of Approver \_\_\_\_\_

2015 Dec 11  
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

Minister Visit  
to Med Hq. Fleet Vehicle  
fill

121 Sunridge RD  
Lethbridge AB T1J-5J1

**ESSO EXPRESS PAY**

22196 SUNRIDGE MAC'S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE, AB T1J  
URN:R104855408  
07/24/2015 438351997  
08:12:09 AM

PUMP# 2  
REGLR 37.112L  
PRICE/L 1.039  
FUEL TOTAL \$ 38.56

GST1 in fuel \$ 1.84  
CREDIT \$ 38.56

TYPE: PURCHASE  
ACCOUNT: HICARDFLEET \$38.56  
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

*James E. Sears*

24<sup>th</sup> July 2015  
Minister Mtg Medicine  
Hq

*[Signature]*

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121 Sunridge RD  
Lethbridge ab T1J-5J1 *Calgary RECMTG*

**ESSO EXPRESS PAY**

22196 SUNRIDGE MAC'S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE, AB T1J  
URN:R104855408  
07/30/2015 438353220  
07:51:33 AM

PUMP# 2  
REGLR 40.285L  
PRICE/L 1.039  
FUEL TOTAL \$ 41.86

GST1 in fuel \$ 1.99  
CREDIT \$ 41.86

TYPE: PURCHASE  
ACCOUNT: [REDACTED] \$41.86  
AUTH: 094044-E [REDACTED]  
CARD NUM: [REDACTED]  
VERIFIED BY PIN  
A- MasterCard  
B- A600000041010  
01 Approved - Thank You 027  
LOYALTY: NO  
IMPORTANT - retain this copy for your records

THANK YOU

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MLA  
mtg Lethbridge  
Medicine Hat Barnes / Stronkman  
21 Sunridge RD  
Lethbridge AB T1J-5J1  
Mtg Linda F  
Fleetfill

**ESSO EXPRESS PAY**

22196 SUNRIDGE HAE S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE, AB T1J  
URN:R104855408  
08/17/2015 438356652  
06:54:43 AM

PUMP# 5  
REGLR 38.136L  
PRICE/L 1.199  
FUEL TOTAL \$ 45.73

GST1 in fuel \$ 2.18  
CREDIT \$ 45.73

TYPE: PURCHASE  
ACCOUNT: ICARDFLEET \$45.73  
AUTH: [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

17/08/2015.

Mtg with MLA Barnes / Stronkman  
Zone orientation.

Mtg with Linda Ewasiw  
Fleet Vehicle gas.

*[Handwritten Signature]*



Public Expense Disclosure Department  
10th Floor, 7th Street Plaza  
10030 – 107 Street  
Edmonton, AB T5J 3E4

**ATTENTION: Public Disclosure**

RE: ESSO  
Missing Receipt: \$45.14 - 21-09-2015  
Missing Receipt: \$40.00 – 17-08-2015

I hereby attest that this expense was related to AHS business which occurred on July 20, 2015 in Medicine Hat and also on August 17, 2015. The \$45.14 & \$40.00 receipts were for fuel for the Fleet vehicles and Enterprise rentals (return to Lethbridge). I am unable to find the receipts.

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  
DOFA 2 - Position # 00041315

Date: 2015 Dec 11

Sign: Brenda Huband

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	168.67

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/20/2015	Community Visit with BH.		Mileage	168.67	Chinook Regional Hospital	Mehicine Hat Regional Hopsital	Personal vehicle utilized for community visit.	1			334
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
HUBAND, BRENDA		Approve		23-Sep-15							