

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge

Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings		15		370	385			
Sep-15	Expense Claim	Meetings					-	579		
Total			\$ -	\$ 15	\$ -	\$ 370	\$ 385	\$ 579	\$ -	\$ -

Total for the Month \$ 964

Maximum daily single meal expense claimed in the month \$ 15
 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>20/09/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$385.42</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
25/08/2015	400750206	SURREY METRO TAXI 22, LIMOUSINES AND TAXICABS	29.90	CAD	29.90	1.42		Taxi to VGH Unit Site Leader Visit
25/08/2015	400864889	ROGUE KITCHEN & WET BA, EATING PLACES, RESTAURANTS	15.08	CAD	15.08	.67		Lunch - CoACT Unit Site Visit Vancouver
25/08/2015	400864891	FIFTH AVE CABS, LIMOUSINES AND TAXICABS	44.00	CAD	44.00	2.10		Taxi to Airport following VGH Site Visit
26/08/2015	400864890	SAFEWAY GAS BAR # 8920, FUEL DISPENSER, AUTOMATED	40.47	CAD	40.47	1.93		Fuel for rental following CoACT Unit Site Leader Visit
26/08/2015	401082038	Enterprise (403)233-80, ENTERPRISE RENT-A-CAR	197.90	CAD	197.90	9.42		Rental from Calgary to Lethbridge following VGH Site Visit
26/08/2015	401082039	AHS PARKING, HOSPITALS	5.00	CAD	5.00	.24		Parking MHRH - Mtg with MLA Bob Wanner
26/08/2015	401082040	AHS PARKING, HOSPITALS	3.00	CAD	3.00	.14		Parking MHRH - Mtg re: MHDL Business Case
31/08/2015	401479449	AHS PARKING, HOSPITALS	7.50	CAD	7.50	.36		Parking MHRH - RE Patient Concern
01/09/2015	401651494	ESSO, FUEL DISPENSER, AUTOMATED	42.57	CAD	42.57	.00		Fuel Fill up - MHRH Patient Concern Mtg.

✓ 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

Sept. 30.2015

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

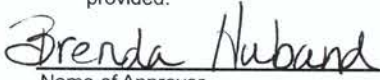
Signature of Approver Designate

Date of Signature

Approver

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Name of Approver

VP + CHDO Central + Southern AB

Approver Position/Title



Signature of Approver

2015 Sept 30

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

25/08/2015

ENTERPRISE RENT A CAR, 2000 AIRPORT ROAD NE, CALGARY, AB T2E6W5 (403) 233-8021

CoACT mtgs Vancouver +
MHDL mtgs

One way rental Calgary to Lethbridge
to Medicine Hat to Lethbridge

RENTAL AGREEMENT REF# SUMMARY OF CHARGES

RENTER
CHILTON, SEAN

DATE & TIME OUT
25/08/2015 08:16 PM
DATE & TIME IN
26/08/2015 05:13 PM

BILLING CYCLE
24-HOUR

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	25/08 - 26/08	1	DAY	\$40.00	\$40.00
ONE WAY FEE	25/08 - 26/08	1	RENTAL	\$117.05	\$117.05
REFUELING CHARGE	25/08 - 26/08				\$0.00
Subtotal:					\$157.05
Taxes & Surcharges					
CFC	25/08 - 26/08	1	DAY	\$6.00	\$6.00
CONCESSION FEE	25/08 - 26/08			15.61%	\$24.64
GST	25/08 - 26/08			5%	\$9.42
VLf	25/08 - 26/08	1	DAY	\$0.79	\$0.79
Total Charges:					\$197.90

VEH #1 2015 HYUN ELAN 4DGL
VIN# [REDACTED]
LIC# [REDACTED]
KM DRIVEN 1025

Total Amount Due \$0.00

PAYMENT INFORMATION

AMOUNT PAID \$197.90 TYPE Mastercard CREDIT CARD NUMBER [REDACTED] ENDING [REDACTED]

FIFTH AVE CABS
PO BOX 473
LETHBRIDGE, AB T1J 3Z1
(403) 381-1111

TERMINAL ID.: 4328609P

MASTERCARD [REDACTED] CHIP

EMV SALE [REDACTED]

BATCH: [REDACTED] INU: [REDACTED]
Au9 25, 2015 03:46

MasterCard
ATD: A0000000041010
TUR: 00 00 00 00 00
TS1: E8 00
TC: 59A0ZCCF8B4D81F3
RRN: [REDACTED] AUTH: [REDACTED]

TRN REF: [REDACTED]

SALE AMT CAD\$39.00

TIP CAD\$5.00

TOTAL CAD\$44.00

RESP CD: /00
APPROVED

SIGNATURE NOT REQUIRED

THANK YOU!
PLEASE COME AGAIN!

CUSTOMER COPY

25/08/2015

Taxi: from home to
Lethbridge
Airport for
Vancouver
CoACT trip
(no flight
available
back to
Lethbridge)
Car rental from
Calgary back to
Lethbridge.

SURREY METRO TAXI 22
8299 129 ST
SURREY BC

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/08/25
TIME 5271 08:56:52
CLERK ID [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$26.00
TIP \$3.90
TOTAL

\$29.90

MasterCard
A0000000041010
ABCCF3166BA06E78
0000008000-E800
EC09121010D358D1

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

25/08/2015

Vancouver
Airport to
Vancouver General
Hospital

CoACT meeting

Safeway
#1, 550 University Drive
Lethbridge, AB
T1J4T3

STORE NO: 8920
GST/HST: 831536503

Inv#: [REDACTED]
Trans: [REDACTED] Auth
Completion

MasterCard
AID: A0000000041010
Seq#: 063001001024
Terminal ID: S8920C03
Auth No: [REDACTED]
ACI/ISO: 001700
Date: 08/26/2015
Time: 16:58:02
TVR 0080008000
TSI E800
APPROVED

Pump #: 3-Regular
Vol: 36.990 L
Price/L: \$1.094
Total: \$40.47

Fuel Includes:
GST/HST(5%): \$1.93

*lunch with
CoACT site visit
few*

CHECK # [REDACTED] 1 DATE 8/25/15
TABLE # [REDACTED] TIME 12:26PM

-- Dining Room : CHELS7619

SEAT#	ITEMS ORDERED	AMOUNT
7	ARUGULA BEET SALAD REG	12.49 0.00
	SUBTOTAL	12.49
	GST	0.62
	TOTAL	13.11

SUBTOTAL 12.49
GST 0.62
TOTAL DUE 13.11

OF GUESTS 0

Ask about our Lunch Pre-Order App!
Book Your Party Today!

Rogue Kitchen & Wetbar
602 W Broadway, Vancouver, BC V5Z 1G1
604-568-9400
www.roguewetbar.com
HST#881178974RT0001

ROGUE KITCHEN & WETBAR
602 Broadway Street West
Vancouver, BC V5Z 1G1
604-568-9133

** TRANSACTION RECORD **

Tran. #: [REDACTED]
Check #: [REDACTED]
Employee Name: [REDACTED]
Type: Purchase
Acct: MasterCard
Card #: [REDACTED]

Amount \$13.11
Tip \$1.97
=====
TOTAL CAD\$15.08

Reference #: [REDACTED]
Auth. #: [REDACTED]
ROGBRS18/66206129 005
2015/08/26 12:39:27

MasterCard
A0000000041010
0000008000 E800
APPROVED [REDACTED]
APPROVED - THANK YOU
01-027

Customer Copy
RE-IMPORTANT
for this copy
for records
THANK YOU
COME YOU
again

26th August 2015.

Vancouver CoACT visit.
Rental Car fill up Calgary Airport
to Lethbridge, and then
Lethbridge to Medicine Hat
MHDL and MLA mtgs

[Signature]

26/08/2015.

Lunch

CoACT visit Vancouver
General + Richmond Hospital

[Signature]

ALBERTA HEALTH SERVICES
MEDICINE HAT REGIONAL HOSPITAL
PARKING SERVICES
666 5TH STREET SW

POF2 [REDACTED]
Rcpt# [REDACTED]
08/26/15 11:36 L# 3 A# 1 Txn# [REDACTED]
08/26/15 09:11 In 08/26/15 11:36 Out
Tkt# [REDACTED]
MHRH \$ 5.00
Total Fee \$ 5.00
MASTER CARD \$ 5.00-

[REDACTED]
Approval No. [REDACTED]
Reference No. [REDACTED]
Change Due \$ 0.00
THANK YOU
DRIVE SAFELY
COMMENTS OR CONCERNS
403.502.8648
provincialparking@
albertahealthservices.ca

ALBERTA HEALTH SERVICES
MEDICINE HAT REGIONAL HOSPITAL
PARKING SERVICES
666 5TH STREET SW

POF2 [REDACTED]
Rcpt# [REDACTED]
08/26/15 14:47 L# 3 A# 1 Txn# [REDACTED]
08/26/15 13:17 In 08/26/15 14:47 Out
Tkt# [REDACTED]
MHRH \$ 3.00
Total Fee \$ 3.00
MASTER CARD \$ 3.00-

[REDACTED]
Approval No. [REDACTED]
Reference No. [REDACTED]
Change Due \$ 0.00
THANK YOU
DRIVE SAFELY
COMMENTS OR CONCERNS
403.502.8648
provincialparking@
albertahealthservices.ca

26/08/2015

Parking Medicine Hat Hospital
MMDh meetings with MLA Warner + Barnes
M. Chies, J. Frey

Mtg with MMDh Leadership L. Frank, D. Clow

Mtg with Hindu Lwasiw and benchmarking team



ALBERTA HEALTH SERVICES
MEDICINE HAT REGIONAL HOSPITAL
PARKING SERVICES
666 5TH STREET SW

POF2 [REDACTED]
Rcpt# [REDACTED]
08/31/15 14:19 L# 3 A# 1 Txn# [REDACTED]
08/31/15 10:46 In 08/31/15 14:19 Out
Tkt# [REDACTED]
MHRH \$ 7.50
Total Fee \$ 7.50
MASTER CARD \$ 7.50-

Approval No [REDACTED]
Reference [REDACTED]
Change Due \$ 0.00

THANK YOU
DRIVE SAFELY
COMMENTS OR CONCERNS
403.502.8648
provincialparking@
albertahealthservices.ca

121 Sunridge RD
Lethbridge ab T1J-5J1

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104855408
09/01/2015 438359505
07:02:41 AM

PUMP# 2
REGLR 41.781L
PRICE/L 1.019
FUEL TOTAL \$ 42.57

GST1 in fuel \$ 2.03
CREDIT \$ 42.57

TYPE: PURCHASE
ACCOUNT: HICARDFLEET \$42.57
AUTH [REDACTED] VOICE: [REDACTED]
CARD NUMBER: C [REDACTED]
VERIFIED BY PIN [REDACTED]
A- MasterCard
B- A0000000041010
01 Approved - Thank You 027
LOYALTY: NO
IMPORTANT - retain this copy for your records

THANK YOU

01/09/2015
fleet fill
up
MM pt
concern mtg
[Signature]

31/08/2015 / 01/09/2015.
MM. Pt concern mtg Fleet Vehicle.
Gas fill up. + Parking at
MHRM.

[Signature]

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	578.80

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/1/2015	For consideration as per the terms and conditions	AB - Other Zones	Membership Dues	578.80				1			

Approver(s) for the claim	Approval Status	Approval Date
HUBAND, BRENDA	Approve	23-Sep-15



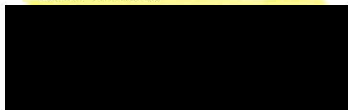
11620 - 168 Street, Edmonton,
Alberta T5M 4A6

Phone (780) 451-0043

Fax (780) 452-3276

Member Name
Member Address

Sean Chilton



Reg. #



Receipt Date

Date Paid

02/09/2015

Product	Description	Quantity	Price
RN Permit Fee	Subscription 01/10/2015 through 30/09/2016	1.0000	\$535.75
Deferred Capital	(part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology	1.0000	\$15.00
Deferred Legacy Project	(part of total registration fee) The Legacy Project fund will help nurses celebrate CARNA's centennial in 2016.	1.0000	\$0.50

Amount Paid \$601.25
 GST (#R106692643) \$27.57
 Total Dues Paid \$628.82

only claiming \$578.80

Issued by:

Cathy JK

Registrar / Director, Registration Services

OFFICIAL RECEIPT FOR INCOME TAX PURPOSES - ATTACH THIS COPY TO YOUR INCOME TAX RETURN



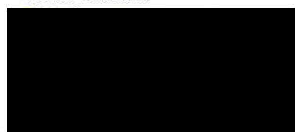
11620 - 168 Street, Edmonton,
Alberta T5M 4A6

Phone (780) 451-0043

Fax (780) 452-3276

Member Name
Member Address

Sean Chilton



Reg. #



Receipt Date

Date Paid

02/09/2015

Product	Description	Quantity	Price
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