

## Official Administrator and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings			173	380	553			
<b>Total</b>			\$ -	\$ -	\$ 173	\$ 380	\$ 553	\$ -	\$ -	\$ -

**Total for the Month** \$ 553

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 154  
 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>20/10/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$553.01</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
18/09/2015	403442822	Enterprise (403)328-35, ENTERPRISE RENT-A-CAR	81.58	CAD	81.58	3.88		Fuel fill up - MHRH Patient Concern
18/09/2015	403442823	DELTA CALGARY SOUTH, DELTA HOTELS	172.89	CAD	172.89	.00	.00	Hotel for DON SCN mtg
18/09/2015	403567421	ESSO, FUEL DISPENSER, AUTOMATED	11.39	CAD	11.39	.00		Fuel for Rental - DON SCN
22/09/2015	403822115	SHELL, FUEL DISPENSER, AUTOMATED	43.35	CAD	43.35	.00		Fuel - MH Bassano Helipad / Prevention of Violence Mtg
29/09/2015	404581509	ESSO, FUEL DISPENSER, AUTOMATED	33.51	CAD	33.51	.00		Fuel - Brooks/Palliser HAC Meeting
01/10/2015	404809045	AHS PARKING, HOSPITALS	7.50	CAD	7.50	.36		Fuel - Meeting with Director SESAS
02/10/2015	405171534	ESSO, FUEL DISPENSER, AUTOMATED	37.98	CAD	37.98	.00		Fuel - MH - PRC Meeting
06/10/2015	405305817	LAKEVIEW MOHAWK #4255, FUEL DISPENSER, AUTOMATED	48.22	CAD	48.22	2.30		Fuel - Blood Tribe Mtg with Health Director
14/10/2015	406101295	MEDICINE HAT @ OYEN, FUEL DISPENSER, AUTOMATED	36.46	CAD	36.46	1.74		Fuel - Mtg with Oyen Municipality / EMS
15/10/2015	406307180	ESSO, FUEL DISPENSER, AUTOMATED	40.00	CAD	40.00	.00		Fuel Mtg with Municipality & EMS

**Transactions without Receipts or supporting documentation**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/09/2015	403567422	ESSO, FUEL DISPENSER, AUTOMATED	40.13	CAD	40.13	.00		Fuel for Rental - Calgary to Lethbridge

✓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

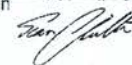
- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health 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

Nov. 10, 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

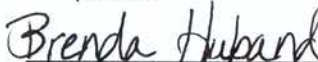
\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Name of Approver

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

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

2015 Nov 25  
\_\_\_\_\_  
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](#)  
**Subject:** Fwd: Enterprise Rental Agreement [REDACTED]  
**Date:** Friday, September 18, 2015 6:23:

Sent from my iPhone

Begin forwarded message:

**From:** [Customerservice@enterprise.com](mailto:Customerservice@enterprise.com)  
**Date:** September 18, 2015 at 4:17:31 PM MDT  
**To:** [REDACTED]

**ENTERPRISE RENT A CAR, 1106 - 3 AVENUE SOUTH, LETHBRIDGE, AB T1J0J6 (403) 328-3517**

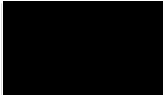
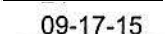
RENTAL AGREEMENT	REF#	SUMMARY OF CHARGES						
		Charge Description	Date	Quantity	Per	Rate	Total	
<b>RENTER</b>		TIME & DISTANCE	16/09 - 18/09	2	DAY	\$40.00	\$80.00	
CHILTON, SEAN		REFUELING CHARGE	16/09 - 18/09				\$0.00	
<b>DATE &amp; TIME OUT</b>		<b>Subtotal:</b>					<b>\$80.00</b>	
16/09/2015 04:44 PM		<b>Taxes &amp; Surcharges</b>						
<b>DATE &amp; TIME IN</b>		VLF	16/09 - 18/09	2	DAY	\$0.79	\$1.58	
18/09/2015 04:15 PM		<b>Total Charges:</b>					<b>\$81.58</b>	
<b>BILLING CYCLE</b>		<b>Total Amount Due</b>						<b>\$0.00</b>
24-HOUR		<b>PAYMENT INFORMATION</b>						
<b>VEH</b>		<b>AMOUNT PAID</b>	<b>TYPE</b>	<b>CREDIT CARD NUMBER</b>				
#1 2015 CHEV MALI 1LT4		\$81.58	Mastercard	[REDACTED]				
VIN# 1 [REDACTED]								
LIC# L [REDACTED]								
KM DRIVEN 703								



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5  
 Tel: 403-278-5050 Fax: 403-225-5834

DON SCN mtg  
 Sept 18/15.  
 Calgary

AB HEALTH SERVICES  
 Sean Chilton  
 Canada

Room:   
 Folio:   
 Cashier:  
 Arrival: 09-17-15  
 Departure: 09-18-15

Date	Description	Additional Information	Charges	Credits
09-17-15	Room Charge		154.00	
09-17-15	DMF		4.62	
09-17-15	Room GST		7.93	
09-17-15	Tourism Levy		6.34	

<b>GST Summary</b>	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

<b>Total</b>	172.89	0.00
<b>Balance Due</b>	172.89	CDN

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Sept 18  
SCAN mtg  
Calgary  
717 6th AVE NORTH  
LETHBRIDGE AB T1J-0Z4

**ESSO EXPRESS PAY**

MAC'S CONVENIENCE ST  
00303173  
717 6TH AVE SOUTH  
LETHBRIDGE, AB T1J  
URN:R104855408  
09/18/2015 722285254  
04:07:27 PM

PUMP# 8  
REGLR 10.659L  
PRICE/L 1.069  
FUEL TOTAL \$ 11.39

GST1 in fuel \$ 0.54  
CREDIT \$ 11.39

TYPE: PURCHASE  
ACCOUNT: HICARDFLEET \$11.39  
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

Sept 18 11:10  
Medicine Hat  
Bassano  
HELIPAD WELCOME  
Prevention of violence  
Shell Canada  
110 W. HILL BLVD S Mtg  
T1J 4T4  
LETHBRIDGE AB  
403-380-3002

MASTERCARD PURCHASE C

INV No. [REDACTED]  
2015/09/22 17:50  
MasterCard  
AID A0000000041010  
TVR 0000008000  
TSI E800  
AM 80082XXXXXX

Bronze  
PUMP No. 06  
LITRES 41.722  
PRICE/L \$1.039  
TOTAL FUEL \$43.35  
01 APPROVED - THANK YOU 001

APPROVAL No. [REDACTED]  
TERMINAL No. [REDACTED]  
89225940  
VERIFIED BY PIN

IMPORTANT  
retain this copy for your records

FUEL INCLUDES  
GST - Fuel \$2.06  
No. 137400032RT

TOTAL SALE \$43.35

STORE [REDACTED]  
TRAN: [REDACTED]  
2015/09/22 17:52:25

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

Brooks -  
Palliser HAC  
Sept 20.  
121 Sunridge RD  
Lethbridge ab T1J-5J1

**ESSO EXPRESS PAY**

22196 SUNRIDGE MAC'S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE, AB T1J  
URN:R104855408  
09/29/2015 438365560  
07:36:50 AM

PUMP# 2  
REGLR 32.256L  
PRICE/L 1.039  
FUEL TOTAL \$ 33.51

GST1 in fuel \$ 1.60  
CREDIT \$ 33.51

TYPE: PURCHASE  
ACCOUNT: HICARDFLEET \$33.51  
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

Director  
Oct 1/15  
Medicine Hat.

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

POF2 [REDACTED]  
Rcpt# [REDACTED]  
10/01/15 16:22 L# 3 A# 1 Txn# [REDACTED]  
10/01/15 12:21 In 10/01/15 16:22 Out  
Tkt# [REDACTED]  
MHRH \$ 7.50  
Total Fee \$ 7.50  
MASTER CARD \$ 7.50-

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

Oct 2/15  
Medicine Hat  
PRC mtg.  
121 Sunridge Rd  
Lethbridge ab T1J-5J1

**ESSO EXPRESS PAY**

22196 SUNRIDGE MAC'S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE, AB T1J  
URN:R104855408  
10/02/2015 438366204  
07:51:55 AM

PUMP# 2  
REGLR 34.562L  
PRICE/L 1.099  
FUEL TOTAL \$ 37.98  
GST1 in fuel \$ 1.81  
CREDIT \$ 37.98

TYPE: PURCHASE  
ACCOUNT: ICARDFLEET \$37.98  
AUTH: [REDACTED] INVOICE: [REDACTED]  
CARD NUMBER: [REDACTED]  
VERIFIED BY PIN  
A- MasterCard  
B- R000000041010  
01 Approved - Thank You 027  
LOYALTY: NO  
IMPORTANT - retain this copy for your records

THANK YOU

Oct 2/15 Blood  
Tri.be  
mtg & Health  
Director



Mayor Magrath Mohawk  
1202 Mayor Magrath Dr S  
Lethbridge AB  
(403) 329-1555  
GST# 123820839  
Retailer ID [REDACTED]  
Rct: [REDACTED]  
Batch [REDACTED]

2015/10/06 16:18:41

Pump# 4  
EthRegular \$48.22  
43.873 L x \$1.099/L  
AMOUNT \$48.22  
GST(Inc Pump) \$2.30

Pre Auth Completion  
MasterCard

AID: 000000000041010

EXP [REDACTED]  
Date: 10/06/2015  
Time: 16:18:41  
AUTHCOD [REDACTED] 425504EC  
S083001001006 00 000  
TUR: 0000008000 TSI: E800

Approved



PLEASE TELL US  
HOW WE DID?  
myHusky.ca/feedback

Oct 14/15  
travel to Oyen  
mtg Municipality  
Oyen Coop  
Hwy 9 And Hwy 41  
Oyen Alberta  
T0J2J0  
(403) 664 3633  
GST# 103619193  
EMS

Member # [REDACTED]  
-----  
Pump Litres Price/L  
5 34.425 \$1.059  
-----  
Product Amount  
Regular \$36.46  
-----  
Total \$36.46  
-----  
GST (Inc Pumps) \$1.74

Purchase  
MASTERCARD  
[REDACTED]

DATE: 10/14/2015  
TIME: 18:06:08  
REF: 0010010130 C  
TERM: 35080137  
AUTH: [REDACTED]  
RESP: [REDACTED] ISO:01

MasterCard  
A0000000041010  
0000008000  
VERIFIED BY PIN

Approved - Thank you

IMPORTANT:  
retain this copy  
for your records

\*\*\*CUSTOMER COPY\*\*\*

Store # [REDACTED]  
Receipt # [REDACTED]

Thank You !!!

Oct 15/15  
mtg Municipality  
121 Sunridge RD  
Lethbridge ab T1J-5J1  
/EMS.

**ESSO EXPRESS PAY**

22196 SUNRIDGE HAC'S  
00319895  
121 SUNRIDGE ROAD WE  
LETHBRIDGE AB T1J  
URN [REDACTED]  
10/15/2015 438369093  
08:14:01 AM

PUMP# 3  
REGLR 36.397L  
PRICE/L 1.099  
FUEL TOTAL \$ 40.00

GST1 in fuel \$ 1.90  
CREDIT \$ 40.00

TYPE: PURCHASE  
ACCOUNT: HICARDFLEET \$40.00  
AUTH [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





Public Expense Disclosure Department  
[REDACTED]

**ATTENTION: Public Disclosure**

RE: ESSO Calgary  
Missing Receipt: \$40.13- 18-09-2015 ✓

I hereby attest that this expense was related to AHS business which occurred on September 18, 2015 in Calgary. The \$40.13 receipt was for fuel for the Enterprise Car Rental (return to Lethbridge). 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

DOF/ [REDACTED] - Position: [REDACTED]

Date: 2015 Nov 25

Sign: Brenda Huband