

## Official Administrator and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer, South Zone  
**Location** Lethbridge  
 Expenses submitted during the month of November 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)
Nov-15	P-Card	Meetings			134	442	576			
Nov-15	Expense Claim	Meetings				175	175			
Nov-15	Expense Claim	Meetings				617	617			
Nov-15	Direct Billing	Meetings	1,358				1,358			
<b>Total</b>			\$ 1,358	\$ -	\$ 134	\$ 1,234	\$ 2,726	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,726

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 119  
 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>20/11/2015</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$575.80</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
20/10/2015 1	408752762	FAS GAS RAYMOND SERV P, FUEL DISPENSER, AUTOMATED	40.07	CAD	40.07	1.91		Fuel - Med Hat / Raymond EMS / HALO Municipality mtg
21/10/2015 2	407123498	FIFTH AVE CABS, LIMOUSINES AND TAXICABS	45.51	CAD	45.51	2.17		Zone Leaders Mtg (Edm) cab fare home as could not leave vehicle at airport
27/10/2015 3	407551288	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Physician engagement Workshop
29/10/2015 4	407917931	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking for Meeting with Brenda Huband
30/10/2015 5	407917930	ACCLAIM HOTEL CALGARY, LODGING HOTELS, MOTELS, RESORTS	133.60	CAD	133.60	.00	.00	Foundation Forum Meeting
30/10/2015 6	408092768	PETROCAN, FUEL DISPENSER, AUTOMATED	51.66	CAD	51.66	.00		Calgary Foundation Meetings
02/11/2015 7	400403562	PETROCAN, FUEL DISPENSER, AUTOMATED	33.77	CAD	33.77	.00		Brooks / EMS / Municipality Mtg
03/11/2015 8	408534136	SHELL, FUEL DISPENSER, AUTOMATED	46.43	CAD	46.43	.00		Medicine Hat Mtg with Psychiatrist
10/11/2015 9	409770383	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Essential Services Roundtable
10/11/2015 10	409770384	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Essential Services Roundtable
12/11/2015 11	409493651	LAKEVIEW MOHAWK #4265, FUEL DISPENSER, AUTOMATED	20.01	CAD	20.01	.95		Meeting with Piikani Health Director

1  
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11

✓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

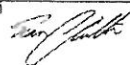
**Cardholder**

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

\_\_\_\_\_  
Cardholder Position/Title

December 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

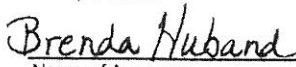
\_\_\_\_\_  
Signature of Approver Designate

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

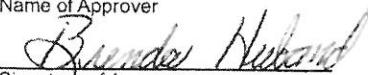
**Approver**

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 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

Oct 20  
Med Hat / Raymond  
EMS / HALO meeting  
Fas Gas Raymond Svc  
189 W 200 North  
Raymond, Alberta  
403-752-4928  
GST# R101745552

Tran# :0019071 *municipal  
mtg.*  
REGULAR ETHANOL \$40.07  
Pump: 1  
37.835L @ \$1.059/L  
GST4(5%) : \$1.91

PURCHASE  
-----  
\$40.07  
-----

CARD [REDACTED]  
MASTERCARD  
DATE 15/10/20  
TIME 17:49:52

REFERENCE # [REDACTED]  
AUTH# [REDACTED]  
INVOICE # [REDACTED]

MasterCard  
A0000000041010  
0000008000  
VERIFIED BY PIN  
01/027  
APPROVED - THANK YOU  
-- IMPORTANT --  
Retain This Copy  
For Your Records  
CUSTOMER COPY

THANK YOU  
for fueling at  
Fas Gas Plus!

①

Oct 21 zone  
Edmonton Leaders meeting  
FIFTH AVE CABS  
PO BOX 473  
11TH ST AB T1J 3Z1  
(403) 381-1111

TERMINAL ID: 43286090  
MASTERCARD  
[REDACTED] CHIP

EMV SALE  
Oct 21 20  
MasterCard  
AID: A0000000041010  
TUR: 00 00 00 00  
TSI: E8 00  
IC: 990-8787-1111-1  
FRN: 1520007 AUTH: [REDACTED]

TRAN REF#: MCFLZOGYR1021  
SALE AMT CAD\$39.58  
TIP CAD\$5.93  
-----  
TOTAL CAD\$45.51

RESP CO: 700  
APPROVED  
SIGNATURE NOT REQUIRED

THANK YOU!  
PLEASE TUNE AGAIN!

*home to  
Airport to  
could not leave  
vehicle at airport*

②

Oct 27 / 15  
Physician Engage-  
AIRPORT TAXI SERVICE ment  
4608 101 ST.  
(7808907070)  
EDMONTON AB  
*workshop*

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/10/27  
TIME 5331 08:35:01  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$8.25  
TOTAL

\$63.25  
-----

MasterCard  
A0000000041010  
E60523C2A6BC24E1  
0000008000-E800  
1A15BE619A567082

APPROVED  
AUTH# [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY  
IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

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6

Calgary  
Foundation  
Mtgs Oct 29/30

PETRO-CANADA  
64273 HWY 547 E  
ALDERSYDE  
ALBERTA T2P 3E3  
40399556200

GST 878164391R  
PC0005059:3896701  
TERMINAL: 023896752  
PAYPOINT: 023896701

2015-10-30 17:06

PUMP 02  
REGULAR  
LITRES L 51.971  
PRICE/L \$ 0.994  
FUEL SALES \$ 51.66\*

TOTAL OWED \$ 51.66

TOTAL PAID  
CREDIT CARD \$ 51.66

\* GST INCL. \$ 2.46

MASTERCARD  
AUTH [REDACTED]  
PURCHASE  
C 0010010010 00 027

MASTERCARD  
A0000000041010  
0000008000  
E800  
INV01C [REDACTED]

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

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

4

ALBERTA HEALTH SERVICES  
SPT-1 GST R124072513  
EXPIRES  
30 OCT 15  
12:30 PM PAID \$ 15.00C  
ENTRY TIME 29 OCT 15 12:30 PM  
SPACE 15

Meeting c/  
Brenda  
Hipand  
EXPIRES  
Oct 29/15  
30 OCT 15  
12:30 PM  
PAID  
\$ 15.00C  
RECEIPT  
SPACE 15

PLACE ON DASH FACE UP  
PLACE ON DASH FACE UP  
PLACE ON DASH FACE UP

BUR LE TABLEAU DE BORD  
CE COTE VISIBLE

PLACER SUR LE TABLEAU DE BORD  
CE COTE VISIBLE

PLACER SUR LE TABLEAU DE BORD  
CE COTE VISIBLE

PL

Foundation Forum  
 Oct 29+30, 2019 Calgary

5

**Acclaim Hotel Calgary Airport**

123 Freeport Blvd NE  
 Calgary, AB T3N 0A3  
 Ph: 403-291-8000 Fax: 403-532-9400  
 www.acclaimhotel.ca



TAX ID: GST #:849702444RT0027

Sean Chilton



Room	Folio	CheckIn	CheckOut	Balance
		29/10/2015	30/10/2015	0.00
Master Folio		Government Rate (ID Required)		

Direct Bill: 261123000

Date	Room	Description / Voucher	Charges	Credits	Balance
29/10/2015		Room Taxable	119.00	0.00	119.00
29/10/2015		DMF - 3.000%	3.57	0.00	122.57
29/10/2015		GST - 5.000%	6.13	0.00	128.70
29/10/2015		ATL - 4.000%	4.90	0.00	133.60
30/10/2015		Mastercard	0.00	133.60	0.00
		Balance Due			0.00
<b>Summary and Taxes</b>					
		Taxable Sales			119.00
		DMF - 3%			3.57
		GST - 5%			6.13
		ATL - 4%			4.90

Brookes (S)  
Ems / municipality  
mtg Nov 3/15

PETRO-CANADA  
203 - 2 ST. W  
BROOKS  
ALBERTA T1R 0E8  
40336263110

GST R119335453  
PC0441487:3908001  
TERMINAL: 023908054  
PAYPOINT: 023908001

2015-11-02 17:31

PUMP 04  
REGULAR  
LITRES L 33.143  
PRICE/L \$ 1.019  
FUEL SALES \$ 33.77\*

TOTAL OWED \$ 33.77

TOTAL PAID  
CREDIT CARD \$ 33.77

\* GST INCL. \$ 1.61

MASTERCARD  
[REDACTED] C  
AUTH [REDACTED]  
PURCHASE  
C 0010010010 00 027

MASTERCARD  
A0000000041010  
0000008000  
E800  
INVOI [REDACTED]

VERIFIED BY PIN

00 APPROVED  
THANK YOU 027

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

(S)  
Medicine Hat  
Mtg of Psychiatrists  
WELCOME NOV 3/15

Shell Canada  
2515 Highlands Road  
T1J 4X4  
Lethbridge AB  
403 804 2851

MASTERCARD  
PURCHASE C

INV No [REDACTED]  
2015/11/03 16:38  
MasterCard  
AID A0000000041010  
TVR 0000008000  
TSI E800  
AM 80082XXXXXX

Bronze  
PUMP No. 04  
LITRES 46.475  
PRICE/L \$0.999  
TOTAL FUEL \$46.43  
01 APPROVED - THANK  
YOU 001

APPROVAL [REDACTED]  
TERMINAL NO.  
89225960  
VERIFIED BY PIN

IMPORTANT  
retain this copy for  
your records

FUEL INCLUDES  
GST - Fuel \$2.21  
No. 137400032RT

TOTAL SALE \$46.43

STORE: [REDACTED]  
TRAN: [REDACTED]  
2015/11/03 16:41:00

YOUR OPINION COUNTS  
Tell us about your  
recent visit at  
www.shell.ca/opinion  
and you could win a  
\$100 Shell Gift Card  
\*Receipt Required

THANK YOU  
Questions?  
1-800-661-1600

9

Essential Services  
Roundtable mfg  
AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

Nov 10/15

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/11/10  
TIME 9571 16:15:14  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00  
TIP \$8.25  
TOTAL \$63.25

MasterCard  
A0000000041010  
D985C6EFE00BFAA7  
0000008000-E800  
97C0854861F0F000

APPROVED  
AUTH# [REDACTED] 01-027  
THANK YOU

VERIFIED BY PIN  
MERCHANT COPY

10

Essential Services  
Roundtable mfg  
AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

Nov 10/15

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/11/10  
TIME 2948 10:27:50  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$55.00  
TIP \$8.25  
TOTAL \$63.25

MasterCard  
A0000000041010  
FBEA2271EA665CDC  
0000008000-E800  
41C72BBEA89FC6D8

APPROVED  
AUTH# [REDACTED] 01-027  
THANK YOU

VERIFIED BY PIN  
MERCHANT COPY

1A

Meeting of Piikani  
Health Director  
Nov 12/15



Want great rewards? Visit myHuskyRewards.ca

Mayor Magrath Mohawk  
1202 Mayor Magrath Dr S  
Lethbridge AB  
(403) 329-1555  
GST# 129820839  
Retailer ID 4970786  
Rct:40961 4255-4

2015/11/12 14:29:38

Pump# 4  
EthRegular \$20.01  
20.126 L x \$0.994/L  
AMOUNT \$20.01  
GST(Inc Pump) \$0.95

Pre Auth Completion  
MasterCard  
ATN: A0000000041010

[REDACTED] C

Date: 11/12/2015  
Time: 14:29:38  
AUTHCO [REDACTED]  
S119001001004 00 000  
TUR: 0000008000 TSI: E800

Approved



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



### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	174.73

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/8/2015	Rural ZEL site visit to MH. Meditech		Mileage	174.73	Lethbridge	Medicine Hat	Fleet not available	1			346
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		14-Dec-15							

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	617.11

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/23/2015	Taber: Medical Affairs Leadership		Mileage	54.54	Lethbridge	Taber	Fleet not available.	1			108
11/24/2015	Taber: SZ leadership forum		Mileage	54.54	Lethbridge	Edmonton	Fleet not available	1			108
12/7/2015	Primary Care Mtg: Edmonton		Mileage	508.03	Lethbridge	Edmonton	Used personal vehicle. Last minute invite so drove up rather than flying	1			1006
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
HUBAND, BRENDA		Approve		14-Dec-15							

## Expenses Report Direct Bill 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

<b>Name :</b> Sean Chilton	<b>Reporting Period for the Month of :</b> Nov-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Oct-2015	Direct Billing	Airline Ticket	Invoice █████ Physician engagement & advocacy workshop	Marlin Travel	686.24
10-Nov-2015	Direct Billing	Airline Ticket	Invoice █████ Essential services roundtable	Marlin Travel	671.24
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 1,357.48</b>





