

## AHS Board and Executive Expense Report

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

Expenses submitted during the month of January 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-16	P-Card	Meetings				70	70			
Jan-16	Direct Billing	Meetings	721				721			
<b>Total</b>			\$ 721	\$ -	\$ -	\$ 70	\$ 791	\$ -	\$ -	\$ -

**Total for the Month**      \$            791

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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

**Instruction:**

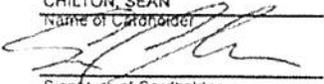
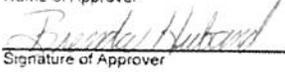
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>CHILTON, SEAN</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$69.78</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
22/12/2015	413914465	ESSO, FUEL DISPENSER, AUTOMATED	8.99	CAD	8.99	.00		Gas for Taber EMS/Municipality meeting
22/12/2015	413914466	Enterprise, ENTERPRISE RENT-A-CAR	40.79	CAD	40.79	1.94		rental vehicle to travel to Taber for meeting with EMS & Municipality
18/01/2016	416050724	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	.95	.00	parking for Exec. Ed graduation in Edmonton

1  
2  
3

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
CHILTON, SEAN _____ Name of Cardholder   _____ Signature of Cardholder	CHIEF ZONE OFFICER _____ Cardholder Position/Title  27 <sup>th</sup> Jan 2016 _____ Date of Signature	
<b>Approver Designate (If Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	
_____ Signature of Approver Designate	_____ Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Brenda Huband _____ Name of Approver   _____ Signature of Approver	VP _____ Approver Position/Title  2016 Jan 27 _____ Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable.</li> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

Taber  
EMS / Municipality Meeting

717 6AVE NORTH  
LETHBRIDGE AB T1J-0Z4

①

**ESSO EXPRESS PAY**

HAC'S CONVENIENCE ST  
00303173  
717 6TH AVE SOUTH  
LETHBRIDGE, AB T1J  
URN:R104855408  
12/22/2015 722294674  
09:23:26 AM

PUMP# 4  
REGLR 10.584L  
PRICE/L 0.849  
FUEL TOTAL \$ 8.99

GST1 in fuel \$ 0.43  
CREDIT \$ 8.99

TYPE: PURCHASE  
ACCOUNT: HICARDFLEET \$8.99  
AUTH: [REDACTED] INVOICE: [REDACTED]  
CARD NUMBER: [REDACTED]  
VERIFIED BY PIN  
A- MasterCard  
B- 40000000041010

01 Approved - Thank You 027  
AVAILABLE ESSO EXTRA POINTS: [REDACTED]  
POINTS: 8  
ESSO EXT: [REDACTED]  
IMPORTANT - retain this copy for your records

THANK YOU

TICKET VOID IF  
Edmonton  
Exec. Led + Zone  
Exec. Leadership  
Impark  
PHONE 780-420-1976  
HOURLY PARKER  
Meter: LOT 383  
no in and out privileges  
Time: 12:09P JAN 18  
Price: \$20.00  
Card: [REDACTED]  
Exp.: [REDACTED]  
Expires: [REDACTED]  
4:09PM MON  
Impark  
JAN 18 16  
GST NO. 887315638R10001  
INSTRUCTIONS ON BACK

SIDE UP ON DASH  
PLACE  
DE UP ON DASH



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

RENTAL AGREEMENT REF#

SUMMARY OF CHARGES

RENTER  
CHILTON, SEAN  
  
DATE & TIME OUT  
21/12/2015 12:37 PM  
DATE & TIME IN  
22/12/2015 09:35 AM

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	21/12 - 22/12	1	DAY	\$40.00	\$40.00
REFUELING CHARGE	21/12 - 22/12				\$0.00
<b>Subtotal:</b>					<b>\$40.00</b>
<b>Taxes &amp; Surcharges</b>					
VLF	21/12 - 22/12	1	DAY	\$0.79	\$0.79
<b>Total Charges:</b>					<b>\$40.79</b>
<b>Bill-To / Deposits</b>					
<b>DEPOSITS</b>					<b>-\$40.79</b>

BILLING CYCLE  
24-HOUR

VEH #1 2015 NISSAN SENT ADS  
VIN: [REDACTED]  
LIC: [REDACTED]  
KM DRIVEN 130

Total Amount Due \$0.00

PAYMENT INFORMATION

AMOUNT PAID	TYPE	CREDIT CARD NUMBER
\$40.79	Mastercard	[REDACTED]

Taber - Rental Vehicle  
Meeting with EMS + Municipality.

## Expense Report Direct Bill Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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> Jan-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
18-Jan-2016	Direct Billing	Airline Ticket	Executive Education Graduation & Launch, travel from Lethbridge to Edmonton return flights	Marlin Travel	611.24
21-Jan-2016	Direct Billing	Airline Ticket	Meeting with Admin. Assistant in Grand Prairie, flights from Edmonto to Grande Prairie, return; departure flight cancelled by Air Canada, refunded; return flight credited.	Marlin Travel	109.32
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 720.56</b>

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

Executive Education  
Graduation & Launch.  
Edmonton, AB.  
Jan. 18/ 2016.

Invoice Number:

Date:

November 18, 2015

Page:

1/2

Our Reference:

## INVOICE

### For

MR SEAN CHILTON

AC

Monday, January 18, 2016

✈ Air

OTHER TRAVEL

From: LETHBRIDGE

To: EDMONTON INTL AB

Stops: 0 Arrival: 18Jan16

INTEGRA AIR CONFIRMATION

Flight: 918

06:45 AM

08:00 AM

ECONOMY CLASS

✈ Air

OTHER TRAVEL

From: EDMONTON INTL AB

To: LETHBRIDGE

Stops: 0 Arrival: 18Jan16

Flight: 829

06:05 PM

07:20 PM

ECONOMY CLASS

### Cost:

INTEGRA AIR

528.00

Tax:

83.24

Ticket Total:

611.24

### Total:

Grand Total:

611.24

Less Credit Card Payments:

611.24

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

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

Meeting with Admin.  
Assistant in Grande  
Prairie  
AC Flight cancelled /  
not able to attend meeting.  
WJ portion to be used  
for future  
Credit.

Invoice Number: [REDACTED]  
Date: January 6, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
MR SEAN CHILTON  
AC [REDACTED]

Thursday, January 21, 2016

### ✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: GRANDE PRAIRIE  
Stops: 0 Arrival: 21Jan16  
AIR CANADA E

Flight: 8363 K CLASS  
08:45 AM Equipment: DH4  
09:50 AM

Mile(s) Flown: 247

### ✈ Air

WESTJET AIRLINES  
From: GRANDE PRAIRIE  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 21Jan16  
WESTJET ENCO

Flight: 3127 D CLASS  
05:50 PM Equipment: DH4  
06:58 PM

Mile(s) Flown: 247

Cost:	
TKT- [REDACTED] E-TKT	[REDACTED] 69.84
	Tax: 39.48
	Ticket Total: 109.32
TKT- [REDACTED] E-TKT	[REDACTED] 84.00
	Tax: 37.48
	Ticket Total: 121.48

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

Invoice Number: [REDACTED]  
Date: January 6, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	230.80
<b>Less Credit Card Payments:</b>	230.80
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

FOR YOUR RECORDS.

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: [REDACTED]  
Agent: [REDACTED]

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

Air Canada flight  
cancelled  
therefore not able to  
attend meeting.  
West Jet portion will  
be given a credit

Invoice Number: [REDACTED]  
Date: January 19, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For** [REDACTED]

MR SEAN CHILTON  
AC [REDACTED]

Thursday, January 21, 2016

 **Air**

AIR CANADA  
From: EDMONTON INTL AB  
To: GRANDE PRAIRIE  
Stops: 0 Arrival: 21Jan16  
AIR CANADA E

Flight: 8363 K CLASS  
08:45 AM Equipment: DH4  
09:50 AM

Mile(s) Flown: 247

 **Air**

WESTJET AIRLINES  
From: GRANDE PRAIRIE  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 21Jan16  
WESTJET ENCO

Flight: 3127 D CLASS  
05:50 PM Equipment: DH4  
06:58 PM

Mile(s) Flown: 247

**Cost:** [REDACTED]

TKT-	[REDACTED]	E-TKT	[REDACTED]	-84.00
			Tax:	-37.48
			<b>Ticket Total:</b>	<b>-121.48</b>

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

Invoice Number: [REDACTED]  
Date:  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	-121.48
<b>Less Credit Card Payments:</b>	-121.48
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Previous Payments:</b>	230.80
<b>Total Charges Previous Invoices:</b>	230.80
<b>Total Balance Due:</b>	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.