

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of March 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)
Mar-16	P-Card	Meetings				245	245			
Mar-16	Direct Billing	Meetings	1,334				1,334			
Total			\$ 1,334	\$ -	\$ -	\$ 245	\$ 1,579	\$ -	\$ -	\$ -

Total for the Month \$ 1,579

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

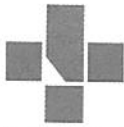
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

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

CHILTON, SEAN

CHIEF ZONE OFFICER

Cardholder's Name

Cardholder's Position/Title

Billing Reporting Period: 20/03/2016

SOUTH ZONE

CHINOOK REGIONAL HOSPITAL

Cardholder's Dept

Cardholder's Site/Location

Total Statement Amount: \$245.14

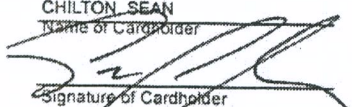

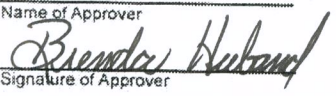
SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA

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	Freigh	Description
23/02/2016	420075680	ENTERPRISE RENT-A-CAR, ENTERPRISE RENT-A-CAR	88.15	CAD	88.15	.00	.00	Car Rental for AHS Senior Leaders Meeting in Edmonton; car pooled with other members from SZ attending same meeting
07/03/2016	421708543	ESSO, FUEL DISPENSER, AUTOMATED	30.49	CAD	30.49	.00		Fuel for travel to meeting with MLA in Medicine Hat
10/03/2016	422270729	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi from airport to meeting in Edmonton re: Rounds with IT
10/03/2016	422633027	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi from ^{to} airport to ^{from} Edmonton re: Rounds meeting with IT

Signatures	
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 of Cardholder	CHIEF ZONE OFFICER Cardholder Position/Title
 Signature of Cardholder	28 th March 2016 Date of Signature
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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. 	
Brenda Huband Name of Approver	VP of CHOO Central & Southern AB Approver Position/Title
 Signature of Approver	2016 March 29 Date of Signature
Submit approved statement with attachments to Accounts Payable:	
Attach: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
Accounts Payable only:	
Reference #: _____	Reviewed by: _____
Date: _____	



Rental Agreement [redacted]
Invoice # [redacted]

carpooled with other members from team Edmonton.
① Senior leadership mtg
rental from Airport to mtg venue.

Renter Information

Renter Name
SEAN CHILTON

Renter Address
[redacted]

Trip Information

Pickup

Mon, Feb 22 2016 08:30 AM
EDMONTON INTL ARPT (YEG)
1, 1000 AIRPORT ROAD
LEDUC, AB T9E8B7
CA

Return

Mon, Feb 22 2016 05:00 PM
EDMONTON INTL ARPT (YEG)
1, 1000 AIRPORT ROAD
LEDUC, AB T9E8B7
CA

Vehicle Information

YUKON XL

License # [redacted]
State/Province: AB

Vehicle Class Driven
PREMIUM SUV AUTO A/C

Vehicle Class Charged
FULL SIZE SPORT/UTILITY

Odometer Mileage/Kilometers
Starting: 18647.0 Ending: 18664.0
Total: 17.0

Rental Charges

Rental Rate	1 day at \$72.00 / day	\$72.00
Mileage	Unlimited Mileage	Included
Taxes and Fees	Airport Concession Fee 15.6 Pct (15.60%)	\$11.36
	Customer Facility Charge 4.00/day	\$4.00
	Vehicle License Fee .79/day	\$0.79
Total		\$88.15
(Subject to audit)		
Amount charged on Feb 23 2016 to Master	[redacted]	(\$88.15)
Amount Due		(\$0.00)

Thank you for renting with Enterprise.

We appreciate your business.

Please do not reply directly to this email. If you have a question or comment regarding your rental agreement please send it to customerservice@enterprise.com

② Meeting with MLA
Drew Barnes in
Medicine Hat.

*** REPRINT *** REPRINT *** REPRINT ***
717 6AVE NORTH
LETHBRIDGE AB T1J-0Z4
MACS CONVENIENCE ST
00303173
717 6TH AVE SOUTH
LETHBRIDGE, AB T1J
VRN:R104855408
03/07/2016 722301325
04:52:12 PM

PUMP# 4
REGLR 35.493L
PRICE/L 0.859
FUEL TOTAL \$ 30.49
*** REPRINT *** REPRINT *** REPRINT ***

GST1 in fuel \$ 1.45
CREDIT \$ 30.49
*** REPRINT *** REPRINT *** REPRINT ***

TYPE: PURCHASE
ACCOUNT: MCARDFLEET \$30.49
AUTH: 185016-E INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A0000000041010

③ Edmonton mto
AIRPORT TAXI SERVICE IT
4608 101 ST. SE
(7808907070) ikounds
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/03/10
TIME [REDACTED]
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

MasterCard
A0000000041010
85D51310D40BAB23
0000008000-E800
D3337CA9FE7DD21E

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#822883138

*** REPRINT *** REPRINT *** REPRINT ***

④ Edmonton mto
AIRPORT TAXI SERVICE IT
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/03/10
TIME [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.
TIP \$8.
TOTAL

\$63.2

MasterCard
A0000000041010
159C9EAE2F6A6251
0000008000-E800
DDE29F900B1A7F8F

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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

Name : Sean Chilton	Reporting Period for the Month of : Mar-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
10-Mar-2016	Direct Billing	Airline Ticket	Return flights Lethbridge to Edmonton; iRounds meeting with IT	Marlin Travel	642.92
18-Mar-2016	Direct Billing	Airline Ticket	Return flights Lethbridge to Edmonton; DON SCN meeting; flights cancelled due to another event; credit will be applied to future flight.	Marlin Travel	690.62
26-Feb-2016	Direct Billing	Airline Ticket	Return flights Lethbridge to Toronto; Sean will be presenting at Canadian Conference on Physician Leadership	Marlin Travel	657.10
	Direct Billing	Choose from Drop-down List	AHS now reimbursed	Choose from Drop-down List	-
Total Paid in the Month					\$ 1,990.64

\$1,333.54

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

(2)
Flights to Edmonton
iRounds meeting
with IT.
Mar 10, 2016.

Invoice Number: [REDACTED]

Date: February 26, 2016

Page: 1/2

Our Reference: [REDACTED]

INVOICE

For

MR SEAN CHILTON

AC [REDACTED]

Thursday, March 10, 2016

Air

OTHER TRAVEL

From: LETHBRIDGE

To: EDMONTON INTL AB

Stops: 0 Arrival: 10Mar16

INTEGRA AIR BOOKING REFERENCE [REDACTED]

Flight: 918

06:45 AM

08:00 AM

ECONOMY CLASS

Air

OTHER TRAVEL

From: EDMONTON INTL AB

To: LETHBRIDGE

Stops: 0 Arrival: 10Mar16

INTEGRA AIR BOOKING REFERENCE [REDACTED]

Flight: 829

06:05 PM

07:20 PM

ECONOMY CLASS

Cost:

INTEGRA AIR [REDACTED]

559.68

Tax: 83.24

Ticket Total: 642.92

Total:

Grand Total: 642.92

Less Credit Card Payments: 642.92

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

③

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: ALBER [REDACTED]

SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Return Flights to Edmonton
cancelled.
originally booked
for DOT SCHMTG.
Mar 18/16

Invoice Number: [REDACTED]
Date: February 26, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

credits will
be applied for
future use.

For
MR SEAN CHILTON
AC [REDACTED]

Friday, March 18, 2016

Air

OTHER TRAVEL **Flight: 918** ECONOMY CLASS
From: LETHBRIDGE 06:45 AM
To: EDMONTON INTL AB 08:00 AM
Stops: 0 **Arrival:** 18Mar16
INTEGRA AIR BOOKING REFERENCE [REDACTED]

Air

OTHER TRAVEL **Flight: 829** ECONOMY CLASS
From: EDMONTON INTL AB 05:05 PM
To: LETHBRIDGE 06:15 PM
Stops: 0 **Arrival:** 18Mar16
INTEGRA AIR BOOKING REFERENCE [REDACTED]

Cost:
INTEGRA AIR [REDACTED] [REDACTED] 607.38

Tax: 83.24
Ticket Total: 690.62

Total:

Grand Total: 690.62
Less Credit Card Payments: 690.62
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00