

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of April 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)
Apr-16	P-Card	Meetings			143	172	315	60		
Apr-16	Expense Claim	Meetings				249	249			
Apr-16	Direct Billing	Meetings	1,322				1,322		1,050	
Total			\$ 1,322	\$ -	\$ 143	\$ 421	\$ 1,886	\$ 60	\$ 1,050	\$ -

Total for the Month \$ 2,996

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 129
 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

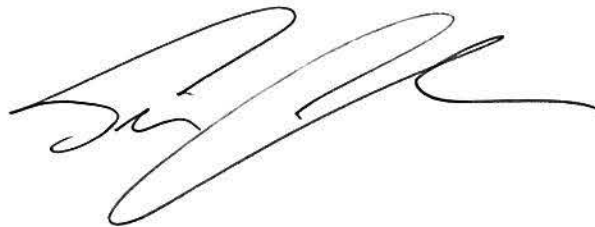
CHILTON, SEAN Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/04/2016
SOUTH ZONE Cardholder's Dept	CHINOOK REGIONAL HOSPITAL Cardholder's Site/Location	Total Statement Amount:	\$375.66
SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

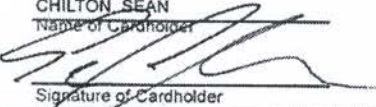
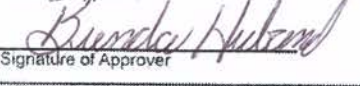
Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/03/2016	423408331	SAFEWAY GAS BAR [REDACTED] FUEL DISPENSER, AUTOMATED	34.65	CAD	34.65	1.65		Medicine Hat Detox Centre Grand Opening - fuel
23/03/2016	423622861	HOLIDAY INN EXPRESS, HOLIDAY INNS	143.42	CAD	143.42	.00	.00	Hotel - Medicine Hat - Meetings with MLA & Medicine Hat Detox Grand Opening
29/03/2016	424044603	ESSO, FUEL DISPENSER, AUTOMATED	30.15	CAD	30.15	.00		Fuel, Medicine Hat, Masterpiece, Sod Turning
31/03/2016	424254199	ESSO, FUEL DISPENSER, AUTOMATED	35.24	CAD	35.24	.00		Fuel - Calgary, Imagination Unlimited QI Event
04/04/2016	424863899	METRO AIRPORT TAXI, LIMOUSINES AND TAXICABS	13.80	CAD	13.80	.66		Airport Taxi, Leduc, Kidney SCN Meeting
07/04/2016	425074077	AHS COURSES, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	60.00	CAD	60.00	2.86		EMS.com registration fees

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
30/03/2016	424254200	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking, Calgary, Imagination Unlimited QI Event
07/04/2016	425074076	ESSO, FUEL DISPENSER, AUTOMATED	43.40	CAD	43.40	.00		Fuel, Calgary, CSHREC Meeting



Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <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. 		
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p>CHILTON, SEAN _____ Name of Cardholder</p>	<p>CHIEF ZONE OFFICER _____ Cardholder Position/Title</p>	
<p> _____ Signature of Cardholder</p>	<p>April 26/16 _____ Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <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. 		
<p>_____ Name of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p>	
<p>_____ Signature of Approver Designate</p>	<p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p>Brenda Huband _____ Name of Approver</p>	<p>VP: CHOO Central - Southern AB _____ Approver Position/Title</p>	
<p> _____ Signature of Approver</p>	<p>2016 April 28 _____ Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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: • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

Medicine Hat ①
Detox Grand
Opening + mcefin
with MUA

Safeway
#1, 550 University Drive
Lethbridge, AB
T1J4T3

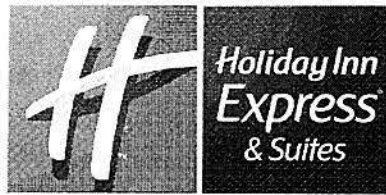
STORE NO: 8920
GST/HST: 831536503

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

*** C
MasterCard
AID: A0000000041010
Seq#: 267001001009
Terminal ID: S8920C06
Auth No: [REDACTED]
ACI/ISO: 001700
Date: 03/23/2016
Time: 16:49:01
TVR 0080008000
TSI E800
APPROVED

Pump # : 6-Regular
Vol : 39.642 L
Price/L: \$0.874
Total: \$34.65

Fuel Includes:
GST/HST(5%): \$1.65



Medicine Hat (2)
 Meeting with M&A
 Wanner.
 + Medicine Hat
 Detox Grand Opening
 03-23-16

Sean Chilton	Folio No. :		Room No. :	██████████
	A/R Number :		Arrival :	03-22-16
	Group Code :		Departure :	03-23-16
	Company :	Alberta Health Services	Conf. No. :	██████████
	Membership No. :		Rate Code :	██████████
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
03-22-16	*Accommodation	129.00	
03-22-16	MF	2.58	
03-22-16	GST	6.58	
03-22-16	Tourism Levy	5.26	
03-23-16	MasterCard		143.42
Total		143.42	143.42
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Medicine Hat
 #9 Strachan Bay
 Medicine Hat, Alberta T1B 4Y2
 Telephone: (403) 504-5151 Fax: (403) 504-0055
 Toll Free: 1-877-504-5151
 g.s.t. no. 896 932 449

Medicine Hat
Masterpiece ③
Sod turning
121 Sunridge RD
Lethbridge ab T1J-5J1

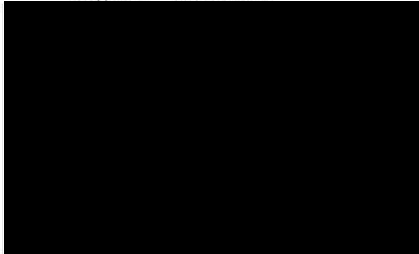
ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104855408
03/29/2016 438402866
01:26:53 PM

PUMP# 2
REGLR 34.697L
PRICE/L \$0.869
FUEL TOTAL \$ 30.15

GST1 in fuel \$ 1.44
CREDIT \$ 30.15

TYPE: PURCHASE
ACCOUNT: ICARDFLEET \$30.15
AUTH [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A0000000041010
01 Approved - Thank You 027



Calgary ④
Imagination
Unlimited QI
717 6th AVE NORTH
LETHBRIDGE AB T1J-0Z4 event

ESSO EXPRESS PAY

MAC'S CONVENIENCE ST
00303173
717 6TH AVE SOUTH
LETHBRIDGE, AB T1J
URN:R104855408
03/31/2016 722303522
02:35:28 PM

PUMP# 4
REGLR 40.090L
PRICE/L \$0.879
FUEL TOTAL \$ 35.24

GST1 in fuel \$ 1.68
CREDIT \$ 35.24

TYPE: PURCHASE
ACCOUNT: ICARDFLEET \$35.24
AUTH [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: [REDACTED]
VERIFIED BY [REDACTED]
A- MasterCard
B- A0000000041010
01 Approved - Thank You 027



Leduc
Kidney SCN
METRO AIRPORT TAXI mto
5308 RUE EAGLEMONT T4X0H9
BEAUMONT AB
22185546
GH2218554601

**** PURCHASE ****

04-04-2016 15:47:37
Acct # [REDACTED] C
Exp Date [REDACTED] Card Type MC
Name: SFAN CHITON
A0000000041010 MasterCard

Trace [REDACTED]
Inv. # [REDACTED]
Auth # [REDACTED] RDN 001283003

Purchase \$12.00
Tip \$1.80
Total \$13.80

(00) APPROVED-THANK YOU

Retain this copy for your records
Customer copy

Thank you, your payment was successfully processed. You will receive an email receipt shortly. Please print this page for your records.

PAYMENT INFORMATION

EMS.com fees.

Reference Number [REDACTED]
Transaction Date: 4/7/2016 4:00:15 PM
Transaction Number [REDACTED]
Total Amount Paid: \$60.00
Status: Approved

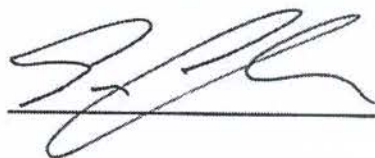
Name: Sean Chilton
Phone Number [REDACTED]
Email: sean.chilton@ahs.ca

[Start Another Payment](#)

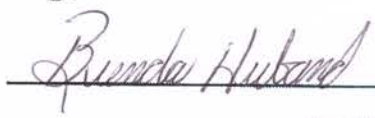
Attestation of Expenses

I hereby attest that the expense of AHS Parking in the sum of \$15.00 was incurred in relation to travel from Lethbridge to Calgary for AHS business for the Imagination Unlimited Quality Improvement Event on March 30, 2016. I also attest that I have not claimed these expenses previously and that I cannot locate the receipt.

Sean Chilton, Chief Zone Officer, South Zone


_____ April 26, 2016

Brenda Huband, VP, Southern Alberta
Approver


_____ 2016 April 28

Attestation of Expenses

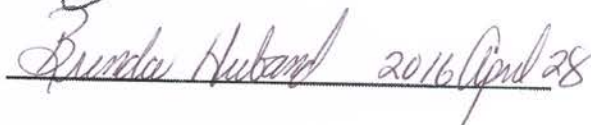
I hereby attest that the expense of fuel in the sum of \$43.40 was incurred in relation to travel from Lethbridge to Calgary for AHS business for the Corporate Services and Human Resources Executive Committee Meeting on April 6th, 2016. I also attest that I have not claimed these expenses previously and that I cannot locate the receipt.

Sean Chilton, Chief Zone Officer, South Zone



April 26, 2016

Brenda Huband, VP, Southern Alberta
Approver



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	248.46

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/5/2016	Meeting with Mayor, re Suboxone		Mileage	77.77	Chinnok Regional Hopsital	Cardston town office	Dept Fleet not available	1			154
4/18/2016	Meetin with Mayor re leeter from minister		Mileage	84.84	CRH	Milk River Town Office	No departmental fleet available.	1			168
4/26/2016	Meeting with Blood Tribe and Cardston Mayor		Mileage	85.85	CRH	Standoff and then Cardston	Fleet not available	1			170
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		3-May-16							

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 : Apr-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
6-Apr-2016	Direct Billing	Airline Ticket	Return flights Lethbridge to Edmonton for Corporate Services HR Executive Committee Meeting. Venue changed to Calgary; Flights no longer needed, cancelled for Credit.	Marlin Travel	595.22
4-Apr-2016	Direct Billing	Airline Ticket	Return flights Lethbridge to Edmonton; Kidney SCN Meeting	Marlin Travel	611.12
25-Apr-2016	Direct Billing	Airline Ticket	Return flights Lethbridge to Edmonton for System Integration Meeting; Meeting cancelled; flights cancelled for credit. (Partial credit used and returned)	Marlin Travel	116.10
8-Apr-2016	Direct Billing	Working Session	Catering for SZ Foundations Forum Meeting in Taber on April 8th. Heritage Inn	Other	1,049.79
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 2,372.23

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

Apr 6/16
return flights
Lethbridge -> Edmonton
Corporate Services HR
Exec Committee meeting
Cancelled - Venue changed
to Calgary
Invoice Number: [REDACTED]
Date: February 26, 2016
Page: 1/2
Our Reference: [REDACTED]
Credit applied.

INVOICE

For
MR SEAN CHILTON
AC [REDACTED]

Wednesday, April 6, 2016

Air

OTHER TRAVEL
From: LETHBRIDGE
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 06Apr16
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:** 06Apr16
INTEGRA AIR BOOKING REFERENCE [REDACTED]

Flight: 829
06:05 PM
07:20 PM
ECONOMY CLASS

Cost:
INTEGRA AIR [REDACTED] 511.98

Tax: 83.24

Ticket Total: 595.22

Total:

Grand Total: 595.22
Less Credit Card Payments: 595.22
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

Apr 4/16 (2)

Return Flights
Lethbridge to Edmonton
Kidney SCW meeting.

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MR SEAN CHILTON

Monday, April 4, 2016

Air

OTHER TRAVEL Flight: 918 ECONOMY CLASS
From: LETHBRIDGE 06:45 AM
To: EDMONTON INTL AB 08:00 AM
Stops: 0 Arrival: 04Apr16
INTEGRA AIR BOOKING REFERENCE [REDACTED]

Air

OTHER TRAVEL Flight: 829 ECONOMY CLASS
From: EDMONTON INTL AB 06:05 PM
To: LETHBRIDGE 07:20 PM
Stops: 0 Arrival: 04Apr16
INTEGRA AIR BOOKING REFERENCE [REDACTED]

Cost:
INTEGRA A [REDACTED] [REDACTED] 527.88

Tax: 83.24
Ticket Total: 611.12

Total:

Grand Total: 611.12
Less Credit Card Payments: 611.12
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

Apr 25-27, 2016 (3)
Return Flights
Lethbridge to Edmonton
System Integration Meeting
Cancelled
Flights cancelled.

Invoice Number: [REDACTED]

Date:

March 29, 2016

Page:

1/2

Our Reference: [REDACTED]

INVOICE

For

MR SEAN CHILTON

AC [REDACTED]

Monday, April 25, 2016

✈ Air

OTHER TRAVEL

From: LETHBRIDGE

To: EDMONTON INTL AB

Stops: 0 Arrival: 25Apr16

INTEGRA CONFIRMATION [REDACTED]

Flight: 918

06:45 AM

08:00 AM

ECONOMY CLASS

Wednesday, April 27, 2016

✈ Air

OTHER TRAVEL

From: EDMONTON INTL AB

To: LETHBRIDGE

Stops: 0 Arrival: 27Apr16

INTEGRA CONFIRMATION [REDACTED]

Flight: 829

06:05 PM

07:20 PM

ECONOMY CLASS

Cost:

INTEGRA AIR [REDACTED]

116.10

Total:

Grand Total:

116.10

Less Credit Card Payments:

116.10

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

April 8/16 (4)
 SZ Foundations Forum
 meeting Taber

Heritage Inn - Taber
 4830 46 Ave
 Taber, AB
 T1G 2A4

Telephone: (403) 223-4424 Fax: (403) 223-1733

Stephanie Fisher-Dor Alberta Health Servi



Page #
 Res. #
 Checked in Fri Apr 8/16 - 11:40am
 Checked out Fri Apr 8/16 - 4:59pm
 Nights 0
 Room Rate 0.00
 Room

Date	Description	Reference	Charges	Credits
Apr08	Room - Meeting Rm Rental	salon C	275.00	
Apr08	GST	salon C	13.75	
Apr08	Banquets - Food	35 @ \$16	560.00	
Apr08	GST	35 @ \$16	28.00	
Apr08	Banquets - Food	coffee	32.00	
Apr08	GST	coffee	1.60	
Apr08	Gratuity		100.80	
Apr08	GST		5.04	
Apr08	Banquets - Food	16 pop @ \$2	32.00	
Apr08	GST	16 pop @ \$2	1.60	
Apr08	Direct Bill - Thank you			1049.79
	Employee ID#: N			
	<i>Total Outstanding this Invoice</i>		1,049.79	1049.79

AHS - South Zone
 Attn: Stephanie Fisher-Dortman



Name: _____
 P.O. # _____

Interest charges on all amounts outstanding
 over 45 days at a rate of 2%.

Our G.S.T. # is R102881810

Charge Summary:
 Direct Bill - Thank you -1049.79
 Room - Meeting Rm Rental 275.00
 GST 49.99



Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expense Claim Policy #1122 this form must be pre-approved for all working sessions, in accordance with the Delegation of Authority for Financial Commitments table.

Details of Working Session Request

Describe the purpose of the working session
Opportunity for SZ Leaders to meet with SZ Foundations to discuss priorities, problem solve challenges, provide education & awareness about program needs, as well as build relationships with Foundation staff.

Name of Event South Zone Foundation Forum Date of Request (yyyy-Mon-dd) 2016-Mar-15

Event Lead (Name, Position, Department) Sean Chilton, Chief Zone Officer, South Zone

Location of Venue Taber, AB

Event Date(s) April 8, 2016

Number of Attendees 40

Guest Speaker(s)/Facilitators	Title/Role	Organization
Sean Chilton	Chief Zone Officer	South Zone
James Frey	Director - Communications	AHS
Jennifer Wood	Executive Director, Foundatio	AHS

Proposed Budget	Venue cost \$ 275.00
	Meals \$ 672.00
	Non - Alcoholic Beverages
	Other \$ 100.80 Specify nature of expense Gratuity
	GST (if applicable) \$ 52.39
Total planned event budget \$ \$ 1,100.19	

Finance Code / Accounting Distribution

Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 00000000000
101	0014	71110000084

Authorization

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Sean Chilton	Position Title Chief Zone Officer	DOFA Level 3a
	Signature 		Date March 15/16

Brenda Hubbard

VP & CHOO, Central and Southern Alberta

March 18, 2016



Heritage Inn

4830 - 46th Ave, Hwy #3, Taber, AB - T1G2A4
(403) 223-4424 • fax (403) 223-1733
www.heritageinn.net

Name	Alberta Health Services-South Zone	Function Type	Lunch Meeting
Contact	Stephanie Fisher-Dortman	Booking Date	16-Feb
Address	[REDACTED]	Function Date	08-April
City	[REDACTED]	Number of Guests	40
Province	Alberta	*Guaranteed Number	40
Postal Code	[REDACTED]	<i>guaranteed number is required 48 hrs prior to event</i>	
Business Phone	[REDACTED]	Venue	Salon C
Fax Number	[REDACTED]	Start Time	10:00:00 AM
Cell Phone	[REDACTED]	Finish Time	4:00:00 PM
Email	stephanie.fisherdortman2@albertahealthservices.ca		

Set Up Details:

Rounds of 6 people, Mic, easels for posters, podium,

Room Charge:	\$	275.00
Other charges - details below	\$	-
	\$	-
	\$	-
	\$	-

Equipment:

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

Package:

Price: \$ -

Meal Type: Bistro Buffet \$16 each

Assorted deluxe cold cuts
and
cheese
lettuce, sliced tomatoes, red onion
butter, mayonnaise, mustard
variety of breads and rolls
soup of the day
fresh garden greens with dressing
selection of two salads
fresh baked cookies

water on the tables
2 X 15 cup thermal
pots of coffee for the morning
\$32.00

NO SQUARES
coffee, decaf and tea
pop
(pop to be charged day of event)

Per Person Price:	\$	16.00	Total Meal Price:	\$	672.00
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Beverage / Bar Service:

Type:
Price:
Bartender @ \$15/hr:
Details:

Food & Beverage:	\$	672.00	Payment Type:	credit card
Gratuity @ 15%:	\$	100.80	Deposit Amount:	\$ - Date:
Room & Equipment:	\$	275.00	BALANCE: \$ 1,100.19	
Banquet Promo:	\$	-		
Discount Details:				
SOCAN:	\$	-	Banquet Coordinator:	Stephanie Butler
Total Taxes:	\$	52.39	Client:	Stephanie Fisher-Dortman
GRAND TOTAL:	\$	1,100.19	Client Signature:	

Arrangements for Balance:

balance paid day of function