

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings			212	69	281			
Jun-16	Expense Claim	Meetings				380	380			
Jun-16	Direct Billing	Meetings	635				635			
Total			\$ 635	\$ -	\$ 212	\$ 449	\$ 1,297	\$ -	\$ -	\$ -

Total for the Month \$ 1,297

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 189
 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>20/06/2016</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$281.29</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
26/05/2016	430847706	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	13.80	CAD	13.80	.66		taxi for Quality in AHS Purposeful Design
28/05/2016	430847707	RENAISSANCE EDMONTON A, RENAISSANCE HOTELS	212.19	CAD	212.19	.00	.00	hotel; Qaulity in AHS Purposeful design; Edmonton
16/06/2016	433279825	PETROCAN, FUEL DISPENSER, AUTOMATED	55.30	CAD	55.30	.00		Fuel for fleet; Olds; AUMA meeting

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 of Cardholder



CHIEF ZONE OFFICER

Cardholder Position/Title

Signature of Cardholder

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.

Brenda Hubbard

Name of Approver

VP - CHOD Central - Southern AB

Approver Position/Title

Brenda Hubbard

Signature of Approver

2016 June 24

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

①

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/05/26
TIME 3592 07:58:36
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$12.00
TIP \$1.80
TOTAL

\$13.80

*Quality in All
purposeful
design*
MasterCard
A0000000041010
D9CFA685C78C0F24 Edmonton
0000008000-E800
3CD673CDCBD55FDD

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#833763998

[REDACTED] **CHILTON/SEAN** **189.00** **05/27/16** **14:42** [REDACTED]
Room Name Rate Depart Time **ACCI#**
[REDACTED] **05/26/16** **16:11**
Type Arrive Time
[REDACTED] **AB** [REDACTED] **RWD#:**
R Clerk Address Payment

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
05/26	ROOM	617, 1	189.00	
05/26	DMF	617, 1	5.67	
05/26	GST	617, 1	9.73	
05/26	TRSM LEV	617, 1	7.79	
05/27	CCARD-MC		212.19	
PAYMENT RECEIVED BY: MASTERCARD [REDACTED]				.00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

*Quality in AHS
 - Purposeful Design
 Edmonton, AB
 May 26 + 27, 2016*



③
Auma Meeking
Olds, AB.

IS FAST, FREE AND EASY
METRO-POINTS
STATION & RESTROOMS

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

GST 878164391R
PC0206506:3896701
TERMINAL: 023896754
PAYPOINT: 023896701

2016-06-16 18:10

PUMP 04
REGULAR
LITRES L 51.971
PRICE/L \$ 1.064
FUEL SALES \$ 55.30*

TOTAL OWED \$ 55.30

TOTAL PAID
CREDIT CARD \$ 55.30

* GST INCL. \$ 2.63

MASTERCARD

[REDACTED] C
AUTH [REDACTED]
PURCHASE
[REDACTED]

MASTERCARD
A0000000041010
0000008000
E800
INVOICE [REDACTED]

VERIFIED BY PIN

00 APPROVED
THANK YOU 027

--- IMPORTANT ---
RETAIN THIS COPY
FOR YOUR RECORDS

SURVEY? EARN POINTS
& CHANCE TO WIN GAS
PETRO-CANADA.CA/HERO

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHILTON, SEAN A	Chief Zone Officer, South Zone	Lethbridge	379.85								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/27/2016	Brooks Hospital site visit with the Minister of Health	AB - Local	Fuel	25.84			Brooks Hospital site visit with the Minister of Health. Used fleet vehicle, but the fleet fuel card was not in the car. Used personal credit card for fuel purchase.	1			
6/27/2016	Travel from Lethbridge to Oyen for the Palliser Triangle Health Advisory Council Meeting on June 27, 2016.		Mileage-Local-Home Zone	173.22			Travel from Lethbridge to Oyen for the Palliser Triangle Health Advisory Council meeting on June 27, 2016.	1			343
6/27/2016	Meeting in Medicine Hat and Bow Island on June 28, 2016.		Mileage-Local-Home Zone	94.94			Travelled from Oyen to Medicine Hat on June 27, 2016 to attend the Med Hat Chamber of Commerce meeting on June 28, 2016.	1			188
6/28/2016	Met with the Mayor of Bow Island on a return trip from Medicine Hat (Chamber of Commerce mtg.) to Lethbridge.		Mileage-Local-Home Zone	85.85			Met with the Mayor of Bow Island on a return trip from Medicine Hat (Chamber of Commerce mtg) to Lethbridge on June 28, 2016.	1			170
Approver(s) for the claim		Approval Status		Approval Date							
HUBAND, BRENDA		Approve		7-Jul-16							

Expense

Fleet Vehicle
Travel to Brooks w/the
Minister for a site

WELCOME

visit.

Shell Canada
110 WT HILL BLVD S
T1J 4T4
LETHBRIDGE AB

MASTERCARD
PURCHASE C

INV No. 2259490943
2016/04/27 19:17
MasterCard

Bronze
PUMP No. 04
LITRES 28.587
PRICE/L \$0.904
TOTAL FUEL \$25.84
01 APPROVED - THANK
YOU COI

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

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.23
No. 137400032RT

TOTAL SALE \$25.84

STORE: C22594
TRAN: 785998
2016/04/27 19:19:44

YOUR OPINION COUNTS
Tell us about your
recent visit at
www.shell.ca/opinion
and you could win a
\$500 Shell Gift Card
*Receipt Required

THANK YOU
Questions?
1-800-661-1600

Fleet fuel card not in vehicle.

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 : Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-Jun-2016	Direct Billing	Airline Ticket	Return flight changed from Edmonton to Lethbridge (Integra Air) to Edmonton to Medicine Hat (Air Canada). In Edmonton for the Senior Leaders Health Plan 2017-2020 mtg. In Med Hat for 3 meetings on June 21, 2016	Marlin Travel	635.48
	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	-
Total Paid in the Month					\$ 635.48

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
#enr TPS: 885101915
Succursale: N61107
Agent: BREANN KELLY Tel: 780-425-8611

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

Numero de facture: [REDACTED]
Date: juin 23, 2016
Page: 1/2
Notre Ref: [REDACTED]

FACTURE

Pour

MR SEAN CHILTON
AC [REDACTED]

lundi, juin 20, 2016

Vol

AIR CANADA **Vol:** 8169 CLASSE ECONOMIQUE
De: EDMONTON INTL AB 04:50 PM **Avion:** DH4
A: CALGARY AB 05:40 PM **Distance en 163 Miles:**
Arrêts: 0 **Arrivée:** 20juin16
Sieges: 12D
AIR CANADA E

Vol

AIR CANADA **Vol:** 7233 CLASSE ECONOMIQUE
De: CALGARY AB 06:50 PM **Avion:** BEH
A: MEDICINE HAT 07:44 PM **Distance en 164 Miles:**
Arrêts: 0 **Arrivée:** 20juin16
Sieges: 07B
AIR CANADA E

Coût:

TKT-	[REDACTED]	E-TKT	[REDACTED]	598,00
			Taxe :	37,48
			Total du billet:	635,48

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

Numero de facture: [REDACTED]
Date: juin 23, 2016
Page: 2/2
Notre Ref: [REDACTED]

FACTURE

Total:

Total:	635,48
Moins montant payé par carte de credit:	635,48
Balance de credit/Solde payable sur cette facture:	0,00
Totale des paiements précédents:	68,75
Totale des factures précédents:	68,75
Solde totale dû:	0,00

FOR YOUR RECORDS.