

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of August 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)
Aug-16	P-Card	Meetings			122	117	239			
Aug-16	Direct Billing	Meetings	539				539			
Total			\$ 539	\$ -	\$ 122	\$ 117	\$ 778	\$ -	\$ -	\$ -

Total for the Month \$ 778

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 110
 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.

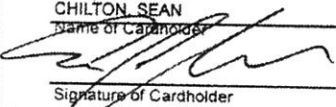
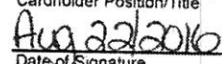
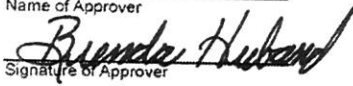
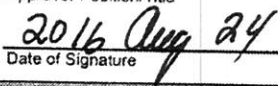
Instruction:

- 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>20/08/2016</u>
<u>SOUTH ZONE ADMINISTRATION</u> Cardholder's Dept	<u>CRH</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$239.34</u>
<u>SEAN.CHILTON@AHS.CA</u> 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
① 20/07/2016		SHELL, GAS / SERVICE STATIONS	42.55	CAD	42.55	.00		Face to face meetings incl. Sante/Vista contract discussion and SZ EPH & SZ Leadership meeting both on July 19, 2016
② 20/07/2016		HOLIDAY INN EXPRESS, HOLIDAY INNS	122.30	CAD	122.30	.00		Face to face meetings incl. Sante/Vista contract discussion and SZ EPH & SZ Leadership meeting both on July 19, 2016.
③ 22/07/2016		SOUTH COUNTRY CO-OP WE, FUEL DISPENSER, AUTOMATED	29.01	CAD	29.01	1.38		Met with Piikani First Nations Health Leaders in Brocket, AB to discuss the Aboriginal Health Plan
④ 29/07/2016		LAKEVIEW MOHAWK #4255, FUEL DISPENSER, AUTOMATED	20.18	CAD	20.18	.96		Fleet vehicle fuel for mtg in Standoff with the Blood Tribe Department of Health.
⑤ 04/08/2016		SHELL, FUEL DISPENSER, AUTOMATED	25.30	CAD	25.30	.00		Fleet vehicle fuel to Brooks for mtg w/MLA Derek Fildebrandt

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> _____ 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 Hubbard _____ Name of Approver</p>	<p>VP - CHCO Central - Southern AB _____ Approver Position/Title</p>	
<p> _____ Signature of Approver</p>	<p> _____ 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: <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. 	<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: _____

face to face mtgs in (1)
Medicine Hat - ePH,
Sandy + AC East -

SHELL CANADA PRODUCTS
704 Redcliff Dr SW
Medicine Hat, AB T1A 5E3
403-527-5111

Tax Description	Qty	Amount
F Bronze No2 44.385 L @ \$0.959/ L		\$42.55
AIR MILES	1	\$0.00
Sub Total		\$42.55
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		\$42.55
MASTERCARD:		\$42.55
Change		\$0.00

01 APPROVED - THANK YOU 001

MASTERCARD [REDACTED]
 TERMINAL No. [REDACTED]
 PURCHASE [REDACTED] C
 INV No. [REDACTED]
 APPROVAL No. [REDACTED]
 MasterCard
 AID [REDACTED]
 TVR [REDACTED]
 TSI [REDACTED]

VERIFIED BY PIN

IMPORTANT
retain this copy for your records

AIR MILES
 Card Num : [REDACTED]
 Terminal : 00507
 Approval : [REDACTED]

 AIR MILES earned: 12

 * EXCLUSIVE OFFER: You got 10 Bonus Miles on your Shell fuel purchase today ! The more you fuel up, the more Miles you get.* You got 2X Miles on your purchase of Shell Fuels!

 * You have filled 146.385 L this month - get 10 Bonus Miles at 225 L and an additional 15 Bonus Miles at 500 L! *
 Get Refuel Rewards - up to 25 Bonus Miles each month for fuelling up at Shell! Visit roadtorewards.ca for details.

Fuel Includes GST 5.0% \$2.03

(2)



THE 10 TALK
Meetings with EPH,
AC East, Santa
in Medicine Hat.

07-20-16

Sean Chilton [Redacted]	Folio No. :	Room No. :
[Redacted]	A/R Number :	Arrival : 07-19-16
[Redacted]	Group Code :	Departure : 07-20-16
[Redacted]	Company : Government Canada	Conf. No. : [Redacted]
[Redacted]	Membership No. : [Redacted]	Rate Code : IMCGV
[Redacted]	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
07-19-16	*Accommodation	110.00	
07-19-16	MF	2.20	
07-19-16	GST	5.61	
07-19-16	Tourism Levy	4.49	
07-20-16	MasterCard		122.30

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Total	122.30	122.30
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. 804 883 163

Fleet car fuel to (5)
Brooks to meet w/
MLA Onek Fildebrandt
WELCOME

Shell Canada
110 WT HILL BLVD S
T1J 4T4
LETHBRIDGE AB
403-380-3002

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2016/08/04 13:34
MasterCard
AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]
AIR MILES

Term: 22594
APP: [REDACTED]

Reference: [REDACTED]

AIR MILES earned: 2

* You got 2X Miles
on your purchase of
Shell Fuels!

* You have filled 27
.992 L this month -
get 10 Bonus Miles
at 225 L and an
additional 15 Bonus
Miles at 500 L! *
Get Refuel Rewards
- up to 25 Bonus
Miles each month
for fuelling up at
Shell! Visit
roadtorewards.ca
for details.

Bronze
PUMP No. 04
LITRES 27.992
PRICE/L \$0.904
TOTAL FUEL \$25.30
01 APPROVED - THANK
YOU 001

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

IMPORTANT
retain this copy for
your records

Fleet vehicle fuel to (4)
Standoff for mtg. w/
Blood Tribe Dept. of Health



Want great rewards? Visit myHuskyRewards.ca

Mayor Magrath Mohawk
1202 Mayor Magrath Dr S
Lethbridge AB
(403) 329-1555
GST# 123820839
Retailer ID 4970786
Rct: [REDACTED]
Batch:1685-16

2016/07/29 11:30:10

Pump# 8
Regular \$20.18
22.328 L x \$0.904/L
AMOUNT \$20.18
GST(Inc Pump) \$0.96

Pre Auth Completion
MasterCard
AID: [REDACTED] C

EXP: **/**
Date: 07/29/2016
Time: 11:30:10
AUTHCODE [REDACTED]
TUR: [REDACTED]

Approved



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

Piikani Meeting (3)
Sean, Colin

Weestgate Gas bar
345 University Drive
Lethbridge AB
403 328 6898
GST# R103619193

Member # [REDACTED]

Pump Litres Price/L
3 31.225 \$0.929

Product Amount
Regular \$29.01

Total \$29.01

GST (Inc Pumps) \$1.38

Purchase
MASTERCARD

DATE: 07/22/2016
TIME: 13:56:55
REF: [REDACTED]
TERM:
AUTH:
RESP: [REDACTED]

MasterCard
[REDACTED]
VERIFIED BY PIN

Approved - Thank you

IMPORTANT:
retain this copy
for your records

CUSTOMER COPY

Store # 169173
Receipt # [REDACTED]

Thank You !!!

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 : Aug-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Aug-2016	Direct Billing	Other Transportation	Return Airfare Edmonton to Lethbridge via Air Canada for meeting with CEO	Marlin Travel	248.03
8-Aug-2016	Direct Billing	Airline Ticket	Airfare Lethbridge to Edmonton via Integra for meeting with CEO	Marlin Travel	291.26
	Direct Billing	Airline Ticket			
	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					\$ 539.29

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: ASHLEY QUACH Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: August 8, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For
MR SEAN CHILTON
AC [REDACTED]

Monday, September 19, 2016

 Air

OTHER TRAVEL
From: LETHBRIDGE
To: EDMONTON INTL AB
Stops: 0 Arrival: 19Sep16
INTEGRA AIR CONFIRMATION [REDACTED]

Flight: 928
04:30 PM
05:45 PM

ECONOMY CLASS



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

Invoice Number: [REDACTED]
Date: August 8, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Tuesday, September 20, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 20Sep16
AIR CANADA E
SEAT 7D - CHILTON/SEAN MR
TICKET NUMBER [REDACTED]

Flight: 8149 G CLASS
01:20 PM **Equipment:** DH4
02:10 PM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: CALGARY AB
To: LETHBRIDGE
Stops: 0 **Arrival:** 20Sep16
AIR CANADA E
SEAT 3A - CHILTON/SEAN MR
TICKET NUMBER [REDACTED]

Flight: 7217 G CLASS
04:10 PM **Equipment:** BEH
04:57 PM

Mile(s) Flown: 115

Cost:

AIR CANADA WEB [REDACTED]	[REDACTED]	210.55
	Tax:	37.48
	Ticket Total:	248.03
INTEGRA AIR [REDACTED]	[REDACTED]	232.14
	Tax:	59.12
	Ticket Total:	291.26
Total:	Grand Total:	539.29
	Less Credit Card Payments:	539.29
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....