

AHS Board and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer South Zone
Location Lethbridge

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings			286	334	620		2,014	
Oct-16	Direct Billing	Meetings	505			90	595			
Total			\$ 505	\$ -	\$ 286	\$ 424	\$ 1,215	\$ -	\$ 2,014	\$ -

Total for the Month \$ 3,229

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 139
 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

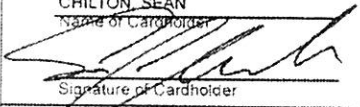
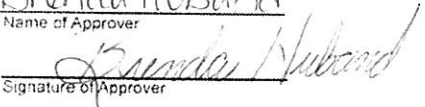
CHILTON, SEAN Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period: <u>20/10/2016</u>
SOUTH ZONE ADMINISTRATION Cardholder's Dept	CRH Cardholder's Site/Location	Total Statement Amount: <u>\$2,634.67</u>
SEAN.CHILTON@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/09/2016	[REDACTED]	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi fare from Edm Airport to downtown for Sep. 20 HR Mtg with Dr. Yiu
20/09/2016	[REDACTED]	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		Taxi fare rtn trip to the Edm. Airport from an HR mtg with Dr. Yiu.
20/09/2016	[REDACTED]	SUTTON PLACE HOTEL EDM, LODGING HOTELS, MOTELS, RESORTS	155.89	CAD	155.89	.00		Overnight stay Sep. 19 to attend an HR Mtg with Dr. Yiu @0800 hrs Sep. 20
21/09/2016	[REDACTED]	AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking fee @ SPT to attend the Performance Measurement Session #2 on Sept. 21, 2016
22/09/2016	[REDACTED]	ESSO, FUEL DISPENSER, AUTOMATED	39.00	CAD	39.00	.00		Fuel expense for fleet car to Calgary for Performance Measurement Session#2 on Sept. 22
26/09/2016	[REDACTED]	ESSO, FUEL DISPENSER, AUTOMATED	20.85	CAD	20.85	.00		Fleet vehicle fuel for travel with James Frey to the Palliser Health Advisory Council meeting in Brooks.
30/09/2016	[REDACTED]	RADISSON HOTEL EDMONTO, RADISSON	130.20	CAD	130.20	.00	.00	Overnight stay in Edmonton to attend the Foundations Fall Forum @0900 hours on Sept. 30 @ the Radisson
04/10/2016	[REDACTED]	HERITAGE INN PINCHER C, LODGING HOTELS, MOTELS, RESORTS	492.45	CAD	492.45	.00	.00	Community Engagement 2017-2020 operational planning session in PCK on Oct. 4, 2016. Room rental and coffee service.
12/10/2016	[REDACTED]	ESSO, FUEL DISPENSER, AUTOMATED	32.44	CAD	32.44	.00		Fuel for the fleet car for travel to and from Lethbridge and Calgary to participate in QHI SPO interviews
12/10/2016	[REDACTED]	AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking fee @SPT while participating in QHI SPO interviews.
14/10/2016	[REDACTED]	AHS SPT PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking fee @ SPT to participate in the 2nd day of QHI SPO interviews.
19/10/2016	[REDACTED]	PRIME CATERING, CATERERS	866.05	CAD	866.05	41.24		Community Engagement 2017-2020 operational planning session in Lethbridge on Sept. 29 2016. Room rental and coffee and
19/10/2016	[REDACTED]	MEDICINE HAT EXSTAMPED, ORGANIZATIONS, CHARITABLE AND	655.75	CAD	655.75	31.23	.00	Community Engagement 2017-2020 operational planning session in Medicine Hat on Sept. 23 2016. Room rental and coffee

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
12/10/2016	[REDACTED]	SHELL, FUEL DISPENSER, AUTOMATED	44.34	CAD	44.34	.00		Fuel for the fleet car for travel to and from Lethbridge and Calgary to participate in QHI SPO interviews
14/10/2016	[REDACTED]	SHELL, FUEL DISPENSER, AUTOMATED	26.20	CAD	26.20	.00		Fuel expense for the rental car. Return travel Lethbridge to Calgary to participate in the 2nd day of QHI SPO Interviews.

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. 		
<hr/> Name of Cardholder Designate	<hr/> Cardholder Designate Position/Title	
<hr/> Signature of Cardholder Designate	<hr/> 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 <hr/> Name of Cardholder	CHIEF ZONE OFFICER <hr/> Cardholder Position/Title	
 <hr/> Signature of Cardholder	25/10/2016 <hr/> 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. 		
<hr/> Name of Approver Designate	<hr/> Approver Designate Position/Title	
<hr/> Signature of Approver Designate	<hr/> 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 Hubbard <hr/> Name of Approver	VP - CHOO Central & Southern HS <hr/> Approver Position/Title	
 <hr/> Signature of Approver	2016 Oct 26 <hr/> 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: _____

Taxi fare
Edmonton Int Airport
to downtown for an
H.R. mtg. w/ Dr. Yiu.

Taxi fare rtn.
7th Str Plaza to
Edmonton Int Airport.

AIRPORT TAXI SERVICE 12
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/09/19
TIME 8172 18:08:59
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#893946244

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

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/09/20
TIME 8161 11:40:57
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$8.25
TOTAL

\$63.25

MasterCard
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#893946244



The Sutton Place Hotel

Overnight stay in Edmonton on Sept. 19/2016 for an HR Discussion w/ Dr. Yiu @ 0800 hrs on Sept. 20. (3)

Mr Sean Mr Chilton
Canada

Room Number : [REDACTED]
Arrival Date : 09-19-16
Departure Date : 09-20-16
Page : 1 of 1
Folio Number : [REDACTED]
Confirmation : [REDACTED]
Cashier : [REDACTED]

INFORMATION INVOICE

Membership No. : [REDACTED]

Company Name : Government of Canada

GST No: 121767065 RT 0001

09-20-16

Date	Description	Charges	Credits
09-19-16	Government Rates	139.00	
09-19-16	Room Alberta Tourism Levy	5.56	
09-19-16	Room D.M.F.	4.17	
09-19-16	Room GST	6.95	
09-19-16	Room D.M.F. GST	0.21	
09-20-16	Mastercard [REDACTED]		155.89
Total		155.89	155.89
Balance		0.00	CAD

Room GST 6.95
 F&B GST 0.00
 Misc GST 0.21
 Total 7.16

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

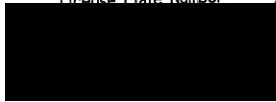
10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 * Fax 780.441.3098 * 1.866.378.8866
email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

Parking receipt - (4)
attended performance

RECEIPT measurement
Southland Park IV Session
Southport Tower

#2 @
Southport
Sept 21

License Plate Number



Expiration Date/Time

10:07 AM
SEP 22, 2016

Purchase Date/Time: 10:07am Sep 21, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket # [redacted]
S/N #: [redacted]
Setting: SPT Wireless
Mach Name: [redacted]

[redacted] MasterCard Auth #: [redacted]

www.ahs.ca
DO NOT PLACE ON DASH

Fuelled Fleet car for (5)
Performance Measure
Session #2 in Calgary
121 Sunridge RD
Lethbridge ab T1J-5J1 Sept. 21

ESSO EXPRESS PAY

22196 SUNRIDGE MAC'S
00319895
121 SUNRIDGE ROAD WE
LETHBRIDGE, AB T1J
URN:R104355408
09/22/2016 [redacted]
07:56:39 AM

PUMP# 2
REGLR 42.675L
PRICE/L \$0.914
FUEL TOTAL \$ 39.00
GST1 in fuel \$ 1.86
CREDIT \$ 39.00

TYPE: PURCHASE
ACCOUNT: ICARDFLEET \$39.00
AUTH: [redacted] INVOICE: [redacted]
CARD NUMBER: [redacted]
VERIFIED BY Pin
A- MasterCard
B- A000000041010
01 Approved - Thank You 027
AVAILABLE ESSO EXTRA POINTS: 2,862
POINTS: 39 -2-3x BONUS IN 72hr
ESSO EXTRA [redacted]
IMPORTANT - retain this copy for your records

THANK YOU

Fuelled fleet after (6)
trip to Brooks w/James.
Frey for the Palliser

RTH
AB T1J-024 HAC mtg.
Sept. 20/16

ESSO EXPRESS PAY

CONVENIENCE ST
173
TH AVE SOUTH
RIDGE AB T1J

Sept. 20 / 2016 [redacted]
:52 PM

3
22.693L
/L \$0.919
TOTAL \$ 20.85
in fuel \$ 0.99
F \$ 20.85

ASE
ARDFLEET \$20.85
0-F INVOICE: [redacted]
: 0
PIN
rd
041010
roved - Thank You 027
ESSO EXTRA POINTS: 2,967
20 -2-3x BONUS IN 72hr
[redacted]
retain this copy for your

Transaction ID
[redacted]

Radisson

Sean Chilton



Overnight @ the Radisson
on 09/29 to attend
the Foundations Fall
Forum on 09/30 -
0900 - 1600 hrs

Room No. :
Arrival : 09-29-16
Departure : 09-30-16
Page No. : 1 of 1
Folio No. :
Conf. No. :
Cashier No. :

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name : Alberta Health Services

09-30-16 03:11:28 AM MST

Date	Text		Charges		Credits
09-29-16	Room Charge		124.00		
09-29-16	Alberta Tourism Levy		4.96		
09-29-16	Destination Marketing Fee		1.24		
Room GST	0.00	F&B GST	0.00	AB Levy	4.96
				Other Tax	1.24
Net Amount	124.00	CAD			
Total			130.20	0.00	
Balance			130.20		

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Radisson Hotel Edmonton South
4440 Gateway Boulevard
Edmonton, Alberta T6H 5C2
Telephone: (780) 437-6010 Fax: (780) 431-5804
Email: RHI_ESAL@radisson.com
GST # 84420 3075 RT0001

8

Heritage Inn - Pincher Cre
Box 399, 919 Waterton Av
Pincher Creek
Alberta
T0K 1W0

Community Engagement 2017-2020
operations planning session in Pincher
Creek on Oct. 4, 2016. Room rental
and coffee and snack service at the
host hotel—Heritage Inn.

Telephone: 403-627-5000 Fax: 403-627-3936

Meeting Alberta Health Servi
100 19th Street South
Edmonton
Alberta
T5J 1W5

Page # 1
Res. # [REDACTED]
Checked in Tue Oct 4/16 - 11:30am
Checked out Thu Oct 6/16 - 11:06am
Nights 2
Room Rate 0.00
Room [REDACTED]

Description	Reference	Charges	Credits
Room - Meeting Rm Rental	Salon A	150.00	
GST	Salon A	7.50	
Banquets - Food 80 cups	large urn coffee	100.00	
GST	large urn coffee	5.00	
Banquets - Food	10 doz cookies	160.00	
GST	10 doz cookies	8.00	
Banquets - Mineral	10 cans	20.00	
GST	10 cans	1.00	
Gratuity	15%	39.00	
GST	15%	1.95	
PAID BY MASTERCARD - Thank you			492.45
		0.00	492.45
		492.45	492.45

Thank you for staying at the Heritage Inn - Pincher Creek
visit our Website - www.heritageinn.net

All Free Reservations - 1-888-888-4374

our G.S.T. # is R102366630

Charge Summary:
PAID BY MASTERCARD - Than -492.45
Room - Meeting Rm Rental 150.00
T 23.45

HERITAGE INN PINCHER C
919 WATERTON AVE
PINCHER CREEK, AB T0K 1

Merchant ID: [REDACTED]
Term ID: [REDACTED]
Clerk ID: 4

PreAuth Complete

MC [REDACTED]
Entry Method: Manual
Batch#: [REDACTED]
10/06/16 11:06:54

Ref#: [REDACTED]
Inv #: [REDACTED] Appr Code: [REDACTED]
Total: \$ 492.45



Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expenses Policy #1122 this form must be pre-approved for working sessions greater than \$500.00, in accordance with the Delegation of Authority for Financial Commitments "Financial Authorization" Matrix. Select healthy food and drink choices for working sessions to align with the Healthy Eating Environment policy (#1138). Refer to Healthy Meetings and Events Resources for planning

Details of Working Session Request			
Describe the purpose of the working session			
The South Zone are offering opportunities for our internal and external stakeholders to provide valuable feedback which will help shape the zone operational plan for the years 2017/20. We are asking our South Zone stakeholders to help us define where to focus our efforts and to help us work better together to address the needs of our communities. This will ensure that the voices of our patients and their families are captured and that our staff and physicians are			
Name of Event			Date of Request (dd-mmm-yyyy)
SZ Community Engagement Conversations			4-Aug-2016
Event Lead (Name, Position, Department)			
Sean Chilton, Chief Zone Officer, South Zone & Dr. Jack Regehr, Zone Medical Director & Palliser Triangle HAC			
Location of Venue		Event Date(s)	Number of Attendees
Pincher Creek - Heritage Inn		4-Oct-16	approx. 75
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Sean Chilton	Chief Zone Officer	South Zone	
Lene Jorgenson	Director, Planning & Performance	South Zone	
Proposed Budget	Venue cost	\$300.00	
	Meals	\$260.00	
	Non- Alcoholic Beverages	\$0.00	
	Other	\$39.00	Specify gratuity
	GST (if applicable)	\$29.95	
Total Planned Event Budget		\$628.95	
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre Eg. 0000000000	
101	0014	71110000084	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name	Position / Title	DOA Level
	Brenda Huband / Sean Chilton	Vice President & Chief Health Operations Officer (Southern AB)	[REDACTED]
<input type="checkbox"/> Not Approved	Signature	Chief Zone Officer	Date (dd-mmm-yyyy)
	<i>[Signature]</i>	Brenda Huband VP: CHOO	AUG 04 2016

717 6AVE NORTH
LETHBRIDGE AB T1J-0Z4

ESSO EXPRESS PAY

MAC'S CONVENIENCE ST
00303173
717 6TH AVE SOUTH
LETHBRIDGE, AB T1J
URN:R104855408
10/12/2016
05:52:38 PM

PUMP# 4
REGLR 31.838L
PRICE/L \$1.019
FUEL TOTAL \$ 32.44

GST1 in fuel \$ 1.54
CREDIT \$ 32.44

TYPE: PURCHASE
ACCOUNT: ICARDFLEET \$32.44
AUTH [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: C [REDACTED]
VERIFIED BY PIN
A- MasterCard
B- A000000041010

01 Approved - Thank You 027
AVAILABLE ESSO EXTRA POINTS: 2,987
POINTS: 32 -2-3x BONUS IN 72hr
ESSO EXTRA [REDACTED]
IMPORTANT - retain this copy for your records

THANK YOU

RECEIPT
Southland Park IV
Southport Tower

License Plate Number
[REDACTED]

Expiration Date/Time

08:15 AM
OCT 13, 2016

Purchase Date/Time: 08:15am Oct 12, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket # [REDACTED]
S/N # [REDACTED]
Setting: SPT Wireless
Mach Name [REDACTED]

MasterCard

Auth # [REDACTED]

www.ahs.ca
DO NOT PLACE ON DASH

RECEIPT
Southland Park IV
Southport Tower

License Plate Number
[REDACTED]

Expiration Date/Time

11:41 AM
OCT 15, 2016

Purchase Date/Time: 11:41am Oct 14, 2016
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Payment Type: Card
Ticket # [REDACTED]
S/N # [REDACTED]
Setting: SPT Wireless
Mach Name [REDACTED]

MasterCard

Auth # [REDACTED]

www.ahs.ca
DO NOT PLACE ON DASH

Community Engagement 2017-2020
operations planning session in Lethbridge
on September 29, 2016. Room rental and
coffee and snack service at the host hotel—
Lethbridge Lodge.

12



Prime Catering
320 Scenic Drive South
Lethbridge, AB T1J 4B4
Phone: 403-331-6921
www.primecatering.ca

Invoice Event

Bill To:
Alberta Health Services

Venue:
Lethbridge Lodge Hotel & Conference Centre
320 Scenic Drive South
Lethbridge, AB T1J 4B4
403-328-1123

Invoice #	Event Date	Event Time	Terms	Net Due	Account #
	Thu, Sep 29, 2016	1:00 PM	Billing	Thu, Sep 29, 2016	
Qty	Description			Unit Cost	Total
6	Coffee			\$24.00	\$144.00
14	Pop			\$2.50	\$35.00
2	Herbal and Regular Tea			\$24.00	\$48.00
40	Assorted Cookies			\$2.50	\$100.00
40	Assorted Granola Bars			\$2.50	\$100.00
1	Room Charge -Antons Ballroom-			\$375.00	\$375.00
				Charges:	\$802.00
				Service Fee:	\$64.05
				Subtotal:	\$866.05
				Payments:	(\$866.05)
				Total Due:	\$0.00

Payments

Type	Date	Payment Method	Number	Note	Amount
Payment	10/19/2016	MasterCard			\$866.05
Payment Total:					\$866.05



Working Session Pre-Approval Request

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Details of Working Session Request				
Describe the purpose of the working session				
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Name of Event				Date of Request (dd-mmm-yyyy)
SZ Community Engagement Conversations				4-Aug-2016
Event Lead (Name, Position, Department)				
Sean Chilton, Chief Zone Officer , South Zone & Dr. Jack Regehr, Zone Medical Director & Palliser Triangle HAC				
Location of Venue		Event Date(s)		Number of Attendees
Lethbridge Lodge		29-Sep-16		approx. 120
Guest Speaker(s)/Facilitators	Title/Role		Organization	
Sean Chilton	Chief Zone Officer		South Zone	
Lene Jorgenson	Director, Planning & Performance		South Zone	
Proposed Budget	Venue cost		\$375.00	
	Meals		\$764.00	
	Non- Alcoholic Beverages		\$0.00	
	Other	\$114.60	Specify	gratuity
	GST (if applicable)		\$62.68	
Total Planned Event Budget		\$1,316.28		
Finance Code / Accounting Distribution				
Balancing Unit Eg. 101	Location Eg. 9000		Functional Centre Eg. 0000000000	
101	0014		71110000084	
Authorization				
<input checked="" type="checkbox"/> Approved	Name		Position / Title	
	Brenda Huband / Sean Chilton		vice president & Chief Health Operations Officer (Southern AB)	
<input type="checkbox"/> Not Approved	Signature		Date (dd-mmm-yyyy)	
	[Signature] Chief Zone Officer [Signature] Brenda Huband VP: CHOD		AUG 04 2016	



SHOOTING STAR EVENTS
 54 Taylor Crescent SE
 Medicine Hat, AB
 T1E 3X6

OUR NUMBER	[REDACTED]
DATE	Fri Sept 23 / 16
CUSTOMER'S ORDER	

SOLD TO Alberta Health Services South Zone
 Office of the Chief Zone Officer
 Chinook Regional Hospital
 Room 2 G-105 960-19th St. South
 Lethbridge, AB, T1E 1W5

SHIP TO Grandstand banquet room
 ADDRESS _____

TAX REG NO	122005846	SALESPERSON		FOB	TERMS	VIA
------------	-----------	-------------	--	-----	-------	-----

INVOICE

QUANTITY	DESCRIPTION	PRICE	AMOUNT
55	Cookies, granola bars, coffee, tea & water	5.00	275.00 ✓
15	canned yapp	2.00	30.00 ✓
			305.00 ✓
	15% gratuity		45.75 ✓
			350.75 ✓
		5% opt	17.54 ✓
		TOTAL	368.29 ✓



Medicine Hat Exhibition & Stampede INVOICE

Box 1298
 Medicine Hat, AB T1A 7N1
 Canada

Invoice No.: [REDACTED]
 Date: 28/09/2016
 Ship Date:
 Page: 1
 Re: Order No.

Sold to:

Alberta Health Services(Chinook Regional Hospital)
 960 19 Street South
 Lethbridge, AB T1J 1W5

Ship to:

Alberta Health Services(Chinook Regional Hospital)
 960 19 Street South
 Lethbridge, AB T1J 1W5

Business No.: 10522 7839 RT0001

Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
			c/o Stephanie Fisher-Dorton Rental of the Grandstand Banquet Room - Sept. 23/16			305.00
			Shooting Star Inv. [REDACTED] 15% Gratuity			305.00 45.75
Shipped By: _____ Tracking Number: _____						
Comment: Visit us @ mhstampede.com						
Sold By: _____						
					Total Amount	655.75

13

Community Engagement 2017-2020
operations planning session in Med Hat on
Sept. 23, 2016. Room rental and coffee
and snack service at the host location—
Med Hat Stampede Grounds.

MEDICINE HAT EX-STAMPEDE
2055 21 ST AVENUE SE
MEDICINE HAT, AB T1A7N1
403 527 1234

Merchant ID: [REDACTED] Ref n. [REDACTED]
Term ID: 010

Sale

[REDACTED]
MASTERCARD Entry Method: Manual

10/19/16 09:30:00

Inv # [REDACTED] Appr Code: [REDACTED]
Apprvd Batch#: [REDACTED]

Total: \$ 655.75

Customer Copy



Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expenses Policy #1122 this form must be pre-approved for working sessions greater than \$500.00, in accordance with the Delegation of Authority for Financial Commitments "Financial Authorization" Matrix. Select healthy food and drink choices for working sessions to align with the Healthy Eating Environment policy (#1138). Refer to Healthy Meetings and Events Resources for planning

Details of Working Session Request			
Describe the purpose of the working session			
The South Zone are offering opportunities for our internal and external stakeholders to provide valuable feedback which will help shape the zone operational plan for the years 2017/20. We are asking our South Zone stakeholders to help us define where to focus our efforts and to help us work better together to address the needs of our communities. <u>This will ensure that the voices of our patients and their families are captured and that our staff and physicians are</u>			
Name of Event			Date of Request (dd-mmm-yyyy)
SZ Community Engagement Conversations			4-Aug-2016
Event Lead (Name, Position, Department)			
Sean Chilton, Chief Zone Officer, South Zone & Dr. Jack Regehr, Zone Medical Director & Palliser Triangle HAC			
Location of Venue		Event Date(s)	Number of Attendees
Medicine Hat Exhibition & Stampede		23-Sep-16	approx. 100
Guest Speaker(s)/Facilitators	Title/Role	Organization	
Sean Chilton	Chief Zone Officer	South Zone	
Lene Jorgenson	Director, Planning & Performance	South Zone	
Proposed Budget	Venue cost	\$320.25	
	Meals	\$600.00	
	Non- Alcoholic Beverages	\$0.00	
	Other	\$90.00	Specify gratuity
	GST (if applicable)	\$0.00	
Total Planned Event Budget		\$1,010.25	
Finance Code / Accounting Distribution			
Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre Eg. 0000000000	
101	0014	71110000084	
Authorization			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name	Position / Title	DOA Level
	Brenda Huband	Vice President & Chief Health Operations Officer (Southern AB)	
	Signature	Date (dd-mmm-yyyy)	
	<i>[Signature]</i> Chief Zone Officer	AUG 04 2016	

VP: CHOD

October 19, 2016

AHS P-Card Administration

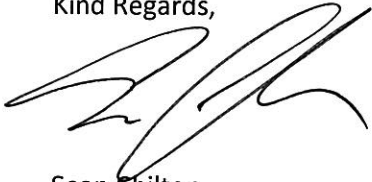
RE: Written Attestation, Missing Receipt

Please accept this written attestation for a fuel expense in the amount of \$44.34 incurred at the Shell Gas station in Claresholm, AB on October 12, 2016.

The expense was incurred while driving to Calgary to participate in the QHI Senior Program Officer interview panel on the morning of October 12, 2016 @ Southport Tower. As well, Sean remained in Calgary for the afternoon to attend the Provincial IPC Committee meeting at Southport Tower.

This expense has not been claimed previously and the receipt slip was lost.

Kind Regards,



Sean Chilton
Chief Zone Officer, South Zone

SC/wm

October 24, 2016

AHS P-Card Administration

RE: Written Attestation, Missing Receipt

Please accept this written attestation for a fuel expense in the amount of \$26.20 incurred at the Shell Gas station in Lethbridge on October 14, 2016.

Fuel expense in the rental car for travel Lethbridge to Calgary to participate in the second day of QHI SPO Interviews on October 14, 2016.

This expense has not been claimed previously and the receipt slip was lost.

Kind Regards,



Sean Chilton
Chief Zone Officer, South Zone

SC/wm

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 : Oct-16
----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
29-Sep-2016	Direct Billing	Car Rental	Rental car in Edmonton from the Airport to the Radisson Hotel to attend the 2016 Fall Foundations Leadership Forum on Sept. 29 and 30, 2016.	Marlin Travel	49.48
03-Oct-16	Direct Billing	Airline Ticket	Return Integra Air flight Edm to Lethbridge on October 21, 2016. Attended the Senior Leaders meeting Oct. 19 AND the CLPNA Think Tank on October 20 both in Edmonton. Flight home on the 21st @ 0800 hours. Used partial credit from booking cancelled for travel on Oct. 13/14, 2016	Marlin Travel	50.00
04-Oct-16	Direct Billing	Airline Ticket	Lethbridge to Edmonton return with Integra Air return on November 4, 2016 to attend the Diabetes Obesity Nutrition SCN Core Committee meeting in Leduc. Used partial credit from booking cancelled for travel on October 13/14, 2016	Marlin Travel	50.00
04-Oct-16	Direct Billing	Airline Ticket	Changed the Integra Air flight from a Lethbridge departure to a Medicine Hat departure for the flight @ 0645 hours on October 20, 2016 to attend the Senior Leaders all day meeting in Edmonton. Sean is in Med Hat on October 19 from 6 p.m. to 8 p.m. for a PCN meeting.	Marlin Travel	405.16
06-Oct-16	Direct Billing	Car Rental	Car rental for travel on October 14, 2016 to attend as a panel interviewer in Calgary for the position of Senior Program Officer, QHI. There and back the same day. Sean's fleet car was already in use within his portfolio	Marlin Travel	40.60
Total Paid in the Month					\$ 595.24



1, 1000 AIRPORT ROAD
 LEDUC, AB T9E8B7
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:



①

BILL TO

ALBERTA HEALTH SERVICES
 ATTN: ACCOUNTS PAYABLE
 PO BOX 1600
 EDMONTON, AB - T5J 2N9

RENTAL INFORMATION

Date/Time Out 09/29/2016 08:55 PM **Date/Time In** 10/03/2016 04:20 PM

Renter
 CHILTON, SEAN

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
GRAY		CAMRY	7N8GCX	1,937	2,100
VIN					

CLAIM INFORMATION

Claim# / PO# / RO# **Insured**

Date of Loss **Type of Loss** **Type of Vehicle**

Repair Shop

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 DAY	40.00	160.00
TIME & DISTANCE - ALLOWANCE*	1 RNT		-120.00
DOWNTIME CREDIT	1 RNT		-18.63
Subtotal			21.37
CUSTOMER FACILITY CHARGE 5.50/DAY	4 DAY	5.50	22.00
AIRPORT CONCESSION FEE 15.6 PCT	PCT	15.60	3.71
VEHICLE LICENSE FEE .60/DAY	4 DAY	0.60	2.40

Amount Due (CAD) 49.48

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :

Tel#:(780) 980-2338
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.



ADDITIONAL INFORMATION

COST CENTER# 101.0014.71110000084

Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :
 ENTERPRISE RENT A CAR CANADA COMPAN
 709 MILNER AVE
 SCARBOROUGH, ON M1B6B6

Amount Due (CAD) 49.48

Paid By:
 ALBERTA HEALTH SERVICES
 PO BOX 1600
 EDMONTON, AB T5J 2N9

Account #	Rental Agreement	Amount	GPBR
		49.48	



Trip Statement

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 05 Oct 16 Client: [REDACTED] Client Phone # [REDACTED] Client Email: [REDACTED] Agent: ASHLEY QUACH File Locator: [REDACTED]
--	--

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	50.00	0.00	\$0.00	0.00	0.00	50.00 CAD
Total:	50.00	0.00	0.00	0.00	0.00	50.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/04/2016	[REDACTED]	[REDACTED]	50.00 CAD
				Total Payment:	50.00 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 05 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SEAN CHILTON

Booking Date: 14 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
	00601	MEDICINE HAT 19 Oct 16 6:45AM		EDMONTON INTL 19 Oct 16 8:00AM	Y		
	00819	EDMONTON INTL 21 Oct 16 8:20AM		LETHBRIDGE 21 Oct 16 9:35AM	Y		



Trip Statement

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 05 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: ASHLEY QUACH File Locator: [REDACTED]
--	--

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	50.00	0.00	\$0.00	0.00	0.00	50.00 CAD
Total:	50.00	0.00	0.00	0.00	0.00	50.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/04/2016		[REDACTED]	50.00 CAD
Total Payment:					50.00 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 05 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SEAN CHILTON

Booking Date: 14 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
	00601	MEDICINE HAT 19 Oct 16 6:45AM		EDMONTON INTL 19 Oct 16 8:00AM	Y		
	00819	EDMONTON INTL 21 Oct 16 8:20AM		LETHBRIDGE 21 Oct 16 9:35AM	Y		

GOVERNMENT CENTRE

MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8

Tél : 780 425 8611



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 07 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: ASHLEY QUACH File Locator: [REDACTED]
---	---

PASSENGERS: MR SEAN CHILTON

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	405.16	0.00	\$0.00	0.00	0.00	405.16 CAD
Total:	405.16	0.00	0.00	0.00	0.00	405.16 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/07/2016	[REDACTED]	[REDACTED]	405.16 CAD
Total Payment:					405.16 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***

PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----

---INTEGRA AIR RULES----- TICKET IS NON REFUNDABLE. CANCELLATIONS UP TO 4 HRS PRIOR AND CHANGES UP TO 30 MINS PRIOR TO THE FLIGHT TIME. CHANGE FEE 50.00 PLUS ANY FARE DIFFERENCE IF APPLICABLE.

HTTP://WWW.INTEGRAAIR.COM/TRAVEL-INFO/ INTEGRA AIR IS LOCATED AT THE EXECUTIVE FLIGHT CTRE- 3684 - 53 AVENUE EAST. EDMONTON INTL AIRPORT FROM SOUTH BOUND HWY 2-TAKE EXIT 525. TAKE YOUR 1ST LEFT-FOLLOW THE AIRPORT SERVICE RD TAKE YOUR 2ND RIGHT INTO THE EXECUTIVE FLT CTRE FREE PARKING IS AVAIL. REGISTER VEHICLE AT CHECKIN

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 07 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SEAN CHILTON

Booking Date: 07 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
	00918	LETHBRIDGE		EDMONTON INTL	Y		
		04 Nov 16 6:45AM		04 Nov 16 8:00AM			
	00829	EDMONTON INTL		LETHBRIDGE	Y		
		04 Nov 16 5:05PM		04 Nov 16 6:15PM			

Wendy Musial

From: Sean Chilton
Sent: Friday, October 14, 2016 6:28 PM
To: Wendy Musial
Subject: Fwd: Enterprise Rental Agreement

Sent from my iPhone

Begin forwarded message:

From: Customerservice@enterprise.com
Date: October 14, 2016 at 6:12:51 PM MDT
To:
Subject: Enterprise Rental Agreement

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

RENTAL AGREEMENT REF#

RENTER
CHILTON, SEAN

DATE & TIME OUT
14/10/2016 08:04 AM
DATE & TIME IN
14/10/2016 06:10 PM

BILLING CYCLE
24-HOUR

VEH #
VIN#
LIC#
KM DRIVEN 394

BILL TO ACCOUNT
A]LBERTA HEALTH SERVICES
ATTN: UNKNOWN
PO BOX 1600

EDMONTON, AB T5T2N9

CLAIM INFO
INSURED:

SUMMARY OF CHARGES

Table with columns: Charge Description, Date, Quantity, Per, Rate, Total. Rows include TIME & DISTANCE, REFUELING CHARGE, Subtotal: \$40.00, Taxes & Surcharges, VEHICLE LICENSE FEE RECOVERY, Total Charges: \$40.60.

Bill-To / Deposits

Table with columns: Charge Description, Date, Quantity, Per, Rate, Total. Rows include TIME & DISTANCE, REFUELING CHARGE, VEHICLE LICENSE FEE RECOVERY, Subtotal: -\$40.60.

Total Amount Due \$0.00

PAYMENT INFORMATION
AMOUNT PAID

TYPE CREDIT CARD NUMBER