

## AHS Board and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer South Zone  
**Location** Lethbridge

Expenses submitted during the month of November 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)
Nov-16	P-Card	Meetings			558	184	742		606	
Nov-16	Direct Billing	Meetings	526			157	683			
<b>Total</b>			\$ 526	\$ -	\$ 558	\$ 341	\$ 1,425	\$ -	\$ 606	\$ -

**Total for the Month** \$ 2,031

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ 164  
 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.

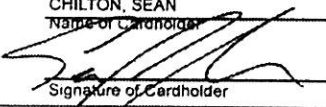
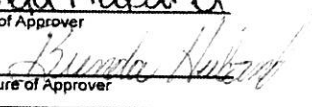
### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>CHILTON, SEAN</u>	<u>CHIEF ZONE OFFICER</u>	Billing Reporting Period:	<u>20/11/2016</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>SOUTH ZONE ADMINISTRATION</u>	<u>CRH</u>	Total Statement Amount:	<u>\$1,348.06</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>SEAN.CHILTON@AHS.CA</u>		Last 6 digits of the P-Card #:	<u>                    </u>
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/10/2016		DAG 95 TAXI, LIMOUSINES AND TAXICABS	18.75	CAD	18.75	.89		Taxi fare from the MHRH to the Med Hat PCN Central Office to attend the Palliser PCN monthly meeting on Tuesday, October 18,
20/10/2016		HERITAGE INN BROOKS, LODGING HOTELS, MOTELS, RESORTS	605.69	CAD	605.69	.00	.00	Community Engagement 2017-20 operations planning session in Brooks on Oct. 18. Meeting room rental & coffee/snack service.
21/10/2016		ROYAL TAXI (LETHBRIDGE, LIMOUSINES AND TAXICABS	20.81	CAD	20.81	.00	.00	Taxi fare Lethbridge County Airport to the CRH. Returning from the CLPNA Annual Think Tank in Edmonton held the previous
21/10/2016		SUTTON PLACE HOTEL EDM, LODGING HOTELS, MOTELS, RESORTS	373.78	CAD	373.78	.00		Overnight stay following the Senior Leaders mtg. 10/19/16 in Edmonton to attend the CLPNA Think Tank 10/20/16. 1 more night d/t
28/10/2016		ESSO, FUEL DISPENSER, AUTOMATED	53.58	CAD	53.58	.00		Fuelled the fleet vehicle following an HR investigation meeting with Arlene Parsons @ SPT in Calgary on Oct. 27, 2016.
03/11/2016		WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77	.00	Overnight in Edm Nov. 3 for 3 mtgs Nov. 4. 1 w/Deb Gordon, 1 w/Dianne McGregor in the morning, and 1 Indigenous Health mtg. 1200
04/11/2016		MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	28.00	CAD	28.00	1.33	.00	Rental car parking fee @ the Focus Building to attend the afternoon Indigenous Health meeting.
04/11/2016		7 ELEVEN STORE #33343, FUEL DISPENSER, AUTOMATED	5.21	CAD	5.21	.25		Refuelled the rental car prior to return. Attended an Indigenous Health Mtg. @ the Focus Building, Nov. 4 from 1200 to 1600 hrs.
09/11/2016		SHELL, FUEL DISPENSER, AUTOMATED	58.11	CAD	58.11	.00		Fuel for the fleet car. Returning from HR mtgs @ SPT with Arlene Parsons

1  
2  
3  
4  
5  
6  
7  
8  
9

<b>Cardholder Designate (if Applicable)</b> 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	
<b>Cardholder</b> 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	Nov 21/2016 _____ Date of Signature	
<b>Approver Designate (if Applicable)</b> 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	
<b>Approver</b> 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: Chief Health Operations Officer _____ Approver Position/Title	
 _____ Signature of Approver	2016 Nov 22 (Southern Alberta) _____ Date of Signature	
<b>Attach:</b>		
* Original (or scanned) itemized receipts with documented business reasons including names of participants where required	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
* 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.		
Reference #: _____	Reviewed by: _____	Date: _____

5

1

3

DAG 95 TAXI  
95 ROSS GLEN RD SE T1B2H8  
MEDICINE HAT AB  
21264283  
GH2126428301

ROYAL TAXI (LETHBRIDGE)  
238 12B ST N  
LETHBRIDGE AB T1H 2K7  
TEL: 403-328-5333

717 6AVE NORTH  
LETHBRIDGE AB T1J-024

**ESSO EXPRESS PAY**

MAC'S CONVENIENCE ST  
00303173  
717 6TH AVE SOUTH  
LETHBRIDGE AB T1J  
URN: [REDACTED]  
10/28/2016 [REDACTED]  
07:35:06 AM

PUMP# 4  
REGLR 55.866L  
PRICE/L \$0.959  
FUEL TOTAL \$ 53.58  
GST1 in fuel \$ 2.55  
CREDIT \$ 53.58

TYPE: PURCHASE  
ACCOUNT: MCARDFLEET \$53.58  
AUTH: [REDACTED] INVOICE: [REDACTED]  
CARD NUMBER: [REDACTED]  
VERIFIED BY PIN  
A- MasterCard

01 Approved - Thank You 027  
AVAILABLE ESSO EXTRA POINTS: 3,000  
POINTS: [REDACTED]  
ESSO EXTRA [REDACTED]  
IMPORTANT - retain this copy for your records

THANK YOU

TERM # [REDACTED]  
RECORD # [REDACTED]  
HOST INVOICE # [REDACTED]  
HOST SEQ # [REDACTED]  
CARD [REDACTED]  
CREDIT/MASTERCARD [REDACTED]  
2016/10/21 [REDACTED]

**PURCHASE**  
AMOUNT \$18.10  
TIP \$2.71  
**TOTAL \$20.81**

AUTH#: [REDACTED]  
HTS#: [REDACTED]  
**00 TRANSACTION APPROVED 000**  
THANK YOU

MasterCard  
AID: [REDACTED]  
TC: [REDACTED]  
TVR: [REDACTED]  
TSI: [REDACTED]

CUSTOMER COPY

1

\*\*\*\* PURCHASE \*\*\*\*  
10-19-2016 05:57:25  
Acct # [REDACTED] C  
Exp Date [REDACTED] Card Type MC  
Name: SEAN CHILTON  
[REDACTED] MasterCard

Trace # [REDACTED]  
Inv. # [REDACTED]  
Auth # [REDACTED] RRN [REDACTED]

Purchase \$16.30  
Tip \$2.45  
**Total \$18.75**

(001) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

2

Community Engagement 2017-2020  
operations planning session in Brooks  
on October 18, 2016. Meeting room  
rental and coffee and snack service at  
the host hotel—Heritage Inn Brooks.

Heritage Inn - Brooks  
1217 - 2nd Street W.  
Brooks, Alberta  
T1R 1P7

Telephone: 403-362-6666 Fax: 403-362-7319

Sean Chilton Alberta Health Servi

Page # 1  
Res. # 198750  
Checked in Tue Oct 18/16 - 7:39am  
Checked out Thu Oct 20/16 - 12:07pm  
Nights 2  
Room Rate 0.00  
Room 5001

Date	Description	Reference	Charges	Credits
Oct19	Banquets Food		219.00	
Oct19	Gratuity		32.85	
Oct19	Room - Meeting Rm Rental		325.00	
Oct19	GST		28.84	
Oct20	PAID BY MASTERCARD - Thank you			605.69
			0.00	605.69
				605.69

Alberta Health Services

Thank you for staying at the Heritage Inn - Brooks.  
See our catering manager to book your next business meeting  
Toll Free Reservations 1-888-888-4374.  
Web Reservations - Best Rate [www.heritageinn.net](http://www.heritageinn.net)

Our G.S.T. # is R102201423

Charge Summary:

Banquets Food	219.00
Gratuity	32.85
Room - Meeting Rm Rental	325.00
GST	28.84

HERITAGE INN BROOKS  
1217 2ND STREET WEST  
BROOKS, AB T1R 1P7

Merchant ID: [REDACTED]  
Term ID: [REDACTED]

Purchase

MC

Entry Method: Manual

Batch#: [REDACTED]

10/20/16

12:06:58

Ref# [REDACTED]

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

Total: \$ 605.69

Customer Copy

Event for the Public, hosted by

SZ AHS.



### 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
Brooks - Heritage Inn	18-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

<b>Proposed Budget</b>	Venue cost	\$350.00
	Meals	\$296.00
	Non- Alcoholic Beverages	\$0.00
	Other	\$44.40
	GST (if applicable)	\$34.52
<b>Total Planned Event Budget</b>		<b>\$724.92</b>

#### 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	DOA Level
	Brenda Huband	! Sean Chilton Chief Zone Operations Officer (Southern AB)	█
<input type="checkbox"/> Not Approved	Signature	Date (dd-mmm-yyyy)	
	<i>[Signature]</i>	AUG 04 2016	



Hotel accommodation Oct. 19 after Senior Leader meeting in Edmonton. Staying overnight to attend the CLPNA Think Tank in Edmonton on Oct. 20. Due to the late end time of the CLPNA event, over 1 more night for an early morning flight departure from Edmonton back to Leth.

Mr Sean Chilton  
Member [redacted]  
Canada

Room Number : [redacted]  
Arrival Date : 10-19-16  
Departure Date : 10-21-16  
Page : 1 of 1  
Folio Number : [redacted]  
Confirmation : [redacted]  
Cashier : [redacted]

**INFORMATION INVOICE**

Company Name : Government of Canada

GST No: 121767065 RT 0001

10-21-16

Date	Description	Charges	Credits
10-19-16	Government Rates	139.00	
10-19-16	Room Alberta Tourism Levy	5.56	
10-19-16	Room D.M.F.	4.17	
10-19-16	Room GST	6.95	
10-19-16	Room D.M.F. GST	0.21	
10-19-16	Daily Parking Self	31.00	
10-20-16	Government Rates	139.00	
10-20-16	Room Alberta Tourism Levy	5.56	
10-20-16	Room D.M.F.	4.17	
10-20-16	Room GST	6.95	
10-20-16	Room D.M.F. GST	0.21	
10-20-16	Daily Parking Self	31.00	
10-21-16	Mastercard [redacted]		373.78

**Total 373.78 373.78**

**Balance 0.00 CAD**

Room GST 13.90  
F&B GST 0.00  
Misc GST 3.37  
Total 17.27

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 \* 1.8663.SUTTON (1.866.378.8866)  
email: info\_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

(6)

Overnight in Edmonton Nov. 3 for 3 mtgs Nov. 4 starting @ 0830. 1 with Deb Gordon a 2nd with Dianne McGregor. In the afternoon, attended the Indigenous Health Program and People Strategy Listening Day

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454



Sean Chilton  
Alberta Health Services li  
[Redacted]  
Canada

Page Number : 1 Invoice Nbr : [Redacted]  
Guest Number : [Redacted]  
Folio ID : A  
Arrive Date : 03-NOV-16 18:44  
Depart Date : 04-NOV-16 14:27  
No. Of Guest : 1  
Room Number : [Redacted]  
Club Account : [Redacted]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 04-NOV-16 14:30 [Redacted]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
03-NOV-16	[Redacted]	Room Charge	164.00	
03-NOV-16	[Redacted]	GST	8.45	
03-NOV-16	[Redacted]	Destination Marketing Fee	4.92	
03-NOV-16	[Redacted]	Tourism Levy	6.76	
04-NOV-16	[Redacted]	Mastercard [Redacted]		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at [westin.com/eatwell](http://westin.com/eatwell)

Continued on the next page



The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 Canada  
 Tel: 780-426-3636 Fax: 780-428-1454



Sean Chilton  
 Alberta Health Services li  
 [REDACTED]  
 Canada

Page Number : 2 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 03-NOV-16 18:44  
 Depart Date : 04-NOV-16 14:27  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this visit [REDACTED]

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
11-03-2016	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
11-04-2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-184.13
<b>Total</b>	<b>164.00</b>	<b>8.45</b>	<b>6.76</b>	<b>0.00</b>	<b>0.00</b>	<b>4.92</b>	<b>184.13</b>	<b>-184.13</b>

RECEIPT  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

7

License Plate Number

[REDACTED]

Expiration Date/Time

03:08 PM  
NOV 04, 2016

Purchase Date/Time: 11:08am Nov 04, 2016

Total Parking: \$26.67

Total GST: \$1.33

Total Due: \$28.00

Total Paid: \$28.00

Ticket #:

SN #:

Setting: Lot 256

Mach Name: Meter 1

Rate: \$28- 4 hours  
Payment Type: Card

MasterCard

Auth #

GST #887315638RT0006

PARKING RECEIPT

8

7-ELEVEN  
AIRPORT & N SERVICES  
EDMONTON AB T5J 2T2  
7808903209

2016-11-04 16:13:52

STORE #: [REDACTED]  
TERM ID: [REDACTED]  
MERCH #: [REDACTED]  
INVOICE NO: [REDACTED]  
TRANS #: [REDACTED]  
GST #: R104855408

PUMP 6  
REGULAR  
5.92L AT \$0.879

SALE \$ 5.21

GST INCLUDED \$ 0.25

TOTAL \$ 5.21

INVOICE # [REDACTED]  
AUTH# [REDACTED]

MASTERCARD  
[REDACTED]

PRE-AUTH COMPLETION

REF [REDACTED]  
ACI/ISO [REDACTED]  
APPROVED [REDACTED]

THANK YOU

9

WELCOME

Shell Canada  
4312 - 1st Street  
TOL 0T0  
Claresholm AB  
(403) 625-4170

MASTERCARD  
PURCHASE

INV No. [REDACTED]  
2016/11/09 16:02  
MasterCard

AIR MILES

Term: [REDACTED]  
Addr: [REDACTED]

Reference: [REDACTED]

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

\*\*Visit  
roadtorewards.ca  
for details.

Bronze  
PUMP No. 02  
LITRES 61.890  
PRICE/L \$0.939  
TOTAL FUEL \$58.11  
01 APPROVED - THANK  
YOU 001

APPROVAL No. [REDACTED]  
TERMINAL No. [REDACTED]  
89058380  
VERIFIED BY PIN

IMPORTANT  
retain this copy for  
your records

FUEL INCLUDES  
GST - Fuel \$2.77  
No. 137400032RT

TOTAL SALE \$58.11

STORE: [REDACTED]  
TRAN: [REDACTED]  
2016/11/09 16:05:10

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

## 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

<b>Name :</b> Sean Chilton	<b>Reporting Period for the Month of :</b> Nov-16
----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
21-Oct-2016	Direct Billing	Car Rental	Rental car fee for the period Oct.19-21 in Edmonton. Oct. 19 for the Senior Leaders all day meeting and Oct. 20 for the CLPNA Annual Think Tank.	Marlin Travel	\$104.87
24-Oct-2016	Direct Billing	Airline Ticket	CHANGE FEE: Changed the Nov. 4 Integra Air flight to a Nov. 3 departure. To Edmonton for the Listening Day: Indigenous Health and People Strategy meeting on November 4, 2016. As well as 1 meeting with Deb Gordon and 1 with Dianne MacGregor	Marlin Travel	92.40
4-Nov-2016	Direct Billing	Car Rental	Two meetings on November 4 @ Seventh Street Plaza with Deb Gordon and Dianne MacGregor. In the afternoon attended the Indigenous Health Program and People Strategy Listening Day @ the Focus Building in Edmonton	Marlin Travel	52.43
22-Nov-2016	Direct Billing	Airline Ticket	To Edmonton on December 5 to attend the Nursing Leadership Network meeting. Used an Integra Air credit from a flight booked on October 28, 2016 and then cancelled for traveller Amanada Porter on November 18, 2016. Original credit was \$672.22 and today used \$354.86. Credit balance remaining is \$317.36	Marlin Travel	354.86
22-Nov-2016	Direct Billing	Airline Ticket	Return Edmonton to Lethbridge on December 6, 2016 from the Nursing Leadership Network meeting and a meeting with Deb Gordon. Used an Air Canada credit from a flight booked on July 6 for travel on July 14, 2016 which was subsequently cancelled. Credit amount was \$313.03 which I now used in full plus an additional charge of \$78.75 for this flight on December 6. Sean no longer has an Air Canada credit.	Marlin Travel	78.75
<b>Total Paid in the Month</b>					<b>\$ 683.31</b>



Enterprise Plus

Emerald Club

Rental Receipt - Thank you for your business

AJLBERTA HEALTH SERVICES  
SEAN CHILTON

Contract Number: [REDACTED]  
Receipt Date: **Oct 20, 2016**

**Enterprise Location:** 1, 1000 Airport Road  
Leduc, AB T9E8B7  
CA  
Tel.: 9802338

**Driver:** SEAN CHILTON

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Oct 18, 2016 @ 1:16 pm	Oct 21, 2016 @ 6:46 pm	4DR 4X4	6,473	6,546	73
<b>Total km</b>					<b>73</b>

Charge Description	Quantity	Per	Rate	Total
Rate	2	Day	40.00	(80.00)
Rate	2	Day	40.00	80.00
Rate	2	Day	40.00	80.00
				Subtotal: CAD 80.00

**DUPLICATE**  
Taxes and Surcharges

CUSTOMER FACILITY CHARGE 5.50/DAY	(11.00)
CONCESSION RECOVERY FEE 15.60 PCT	(12.67)
VLF REC .60/DAY	(1.20)
GOODS AND SERVICES TAX	(5.24)
CUSTOMER FACILITY CHARGE 5.50/DAY	11.00
CONCESSION RECOVERY FEE 15.60 PCT	12.67
VLF REC .60/DAY	1.20
CUSTOMER FACILITY CHARGE 5.50/DAY	11.00
CONCESSION RECOVERY FEE 15.60 PCT	12.67
VLF REC .60/DAY	1.20
GOODS AND SERVICES TAX	5.24
<b>Subtotal: CAD 104.87</b>	
<b>Total Charges: CAD 104.87</b>	

If you have any questions about this receipt please contact our support staff at 9802338 or [Email us](#).



Nov.

(2)



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 24 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]	92.40	0.00	\$0.00	0.00	0.00	92.40 CAD
<b>Total:</b>	<b>92.40</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>92.40 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/24/2016	[REDACTED]	[REDACTED]	92.40 CAD
Total Payment:					92.40 CAD
<b>Balance Due CAD Currency</b>					<b>0.00 CAD</b>

CORPORATE UNIT 101  
REASON FOR TRAVEL DIABETES OBESITY NUTRITION CORE COMMITTEE

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

Nov

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

Trip #: [REDACTED]  
Booking Date: 24 Oct 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: ASHLEY QUACH

File Locator: [REDACTED]

MY ITINERARY

Passengers SEAN CHILTON      Citizenship Not Specified      Required Travel Documents 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

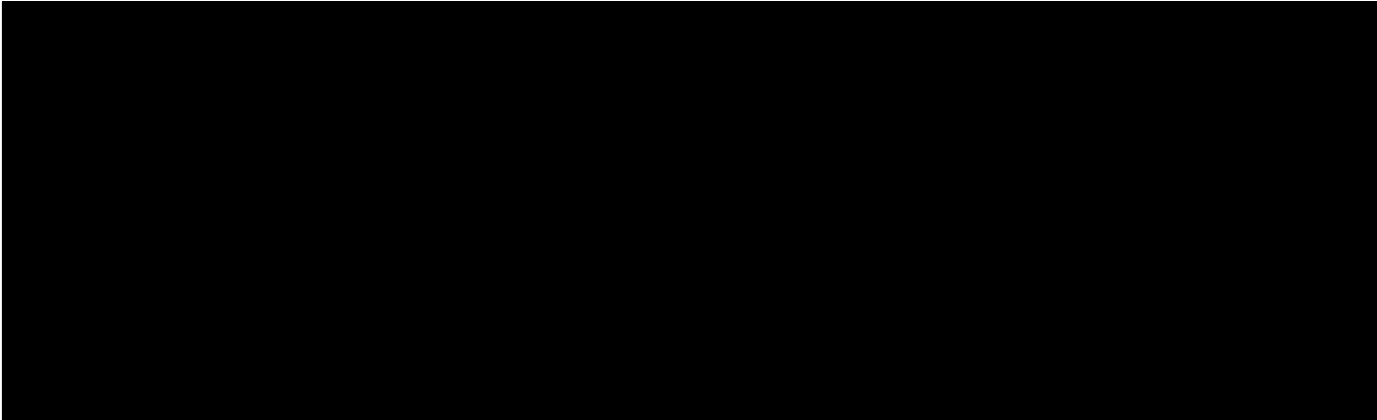


AIR

Passengers: SEAN CHILTON

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

Airline	Flight	From	Terminal	To	Class	Seat	Stops
CHARTER AIRLINE	00928	LETHBRIDGE 03 Nov 16 4:30PM		EDMONTON INTL 03 Nov 16 5:45PM	Y		



AIR

Passengers: SEAN CHILTON

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

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

Rental car from the airport for travel to attend 2 meetings with Deb Gordon and Dianne McGregor on Nov. 4 @ the Seventh Street Plaza. Followed by the Indigenous Health Program and People Strategy Listening Day at the Focus Bldg. - in NW Edmonton.



Enterprise Plus

Emerald Club

Rental Receipt - Thank you for your business

A]LBERTA HEALTH SERVICES  
SEAN CHILTON

Contract Number: [REDACTED]  
Receipt Date: **Nov 4, 2016**

**Enterprise Location:** 1, 1000 Airport Road  
Leduc, AB T9E8B7  
CA  
Tel.: 9802338

**Driver:** SEAN CHILTON

Start Date:	End Date:	Make/Model	Start km	End km	km Driven
Nov 3, 2016 @ 2:09 pm	Nov 4, 2016 @ 4:00 pm	MALIBU 4DR LT	2,225	2,255	30
<b>Total km</b>					<b>30</b>

Charge Description	Quantity	Per	Rate	Total
Rate	1	Day	40.00	40.00
Rate	1	Day	40.00	(40.00)
Rate	1	Day	40.00	40.00
<b>Subtotal:</b>				<b>CAD 40.00</b>

**DUPLICATE**  
Taxes and Surcharges

CUSTOMER FACILITY CHARGE 5.50/DAY	5.50
CONCESSION RECOVERY FEE 15.60 PCT	6.33
VLF REC .60/DAY	0.60
GOODS AND SERVICES TAX	2.62
CUSTOMER FACILITY CHARGE 5.50/DAY	(5.50)
CONCESSION RECOVERY FEE 15.60 PCT	(6.33)
VLF REC .60/DAY	(0.60)
GOODS AND SERVICES TAX	(2.62)
CUSTOMER FACILITY CHARGE 5.50/DAY	5.50
CONCESSION RECOVERY FEE 15.60 PCT	6.33
VLF REC .60/DAY	0.60
<b>Subtotal: CAD 52.43</b>	
<b>Total Charges: CAD 52.43</b>	

If you have any questions about this receipt please contact our support staff at 9802338 or [Email us](#).





(4)  
+  
(5)

**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 22 Nov 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
AIR CANADA Ticket # [REDACTED]	0.00	3.75	\$0.00	0.00	75.00	78.75 CAD
<b>Total:</b>	<b>0.00</b>	<b>3.75</b>	<b>0.00</b>	<b>0.00</b>	<b>75.00</b>	<b>78.75 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/22/2016		[REDACTED]	78.75 CAD
<b>Total Payment:</b>					<b>78.75 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

CORPORATE UNIT 101  
REASON FOR TRAVEL NURSING LEADERSHIP NETWORK

INTEGRA FLIGHT

~~\*~~ CREDIT OF <<\$354.86>> APPLIED -- FROM AMANDA PORTER

AIR CANADA FLIGHT

~~\*~~ \$313.03 NEW TICKET -- \$313.03 CREDIT + \$78.75 CHANGE FEE = \$78.75 COLLECTED

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  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 22 Nov 16  
Client: [REDACTED]  
Client Phone #: [REDACTED]  
Client Email: [REDACTED]  
Agent: ASHLEY QUACH

File Locator: [REDACTED]

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 22 Nov 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: 22 Nov 16  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08149	EDMONTON INTL 06 Dec 16 1:35PM		CALGARY INTL 06 Dec 16 2:29PM	W/	
AIR CANADA	07217	CALGARY INTL 06 Dec 16 4:15PM		LETHBRIDGE 06 Dec 16 5:05PM	W/	

## Wendy Musial

---

**From:** Ashley Quach <ashley.quach@marlintravel.ca>  
**Sent:** Monday, November 21, 2016 11:53 AM  
**To:** Wendy Musial  
**Subject:** RE: 1 Flight Cancellation

Hi Wendy,

The credit with Integra is \$672.22.

Thanks,  
Ashley

---

**Ashley Quach** – Marlin Travel Government Centre  
Main Floor 9929-108 Street - Edmonton, Alberta T5K 1G8  
Tel: (780) 425-8611 - Fax: (780) 426-5759

**\*\*\*All prices are subject to change and availability.  
No price is guaranteed until the time of booking.\*\*\***

---

**From:** Wendy Musial [REDACTED]  
**Sent:** November-21-16 8:44 AM  
**To:** Ashley Quach  
**Subject:** RE: 1 Flight Cancellation

Thanks Ashley, can you please let me know the amount of the credit.

Wendy

Wendy Musial  
Executive Assistant to Sean Chilton, Chief Zone Officer  
South Zone Administration  
Chinook Regional Hospital, Room 2G105  
[REDACTED]

---

**From:** Ashley Quach [<mailto:ashley.quach@marlintravel.ca>]  
**Sent:** Friday, November 18, 2016 5:50 PM  
**To:** Wendy Musial [REDACTED]  
**Subject:** RE: 1 Flight Cancellation

Hi Wendy,

This trip has been cancelled for a credit.

When we make the next booking for Sean, we can use it up for him.

Thanks,  
Ashley

---

**Ashley Quach** – Marlin Travel Government Centre  
Main Floor 9929-108 Street - Edmonton, Alberta T5K 1G8

Tel: (780) 425-8611 - Fax: (780) 426-5759

**\*\*\*All prices are subject to change and availability.  
No price is guaranteed until the time of booking.\*\*\***

---

**From:** Wendy Musial [REDACTED]  
**Sent:** November-18-16 2:14 PM  
**To:** Ashley Quach  
**Subject:** FW: 1 Flight Cancellation

Can the credit be on Sean's account. Amanda is leaving the AHS organization and won't have future need for the credit.

I look forward to hearing back from you,

Wendy

Wendy Musial  
Executive Assistant to Sean Chilton, Chief Zone Officer  
South Zone Administration  
Chinook Regional Hospital, Room 2G105  
[REDACTED]

---

**From:** Wendy Musial  
**Sent:** Friday, November 18, 2016 1:34 PM  
**To:** Ashley Quach ([ashley.quach@marlintravel.ca](mailto:ashley.quach@marlintravel.ca)) <[ashley.quach@marlintravel.ca](mailto:ashley.quach@marlintravel.ca)>  
**Subject:** 1 Flight Cancellation

Hi Ashley,

Can I please cancel the 1 return flight for Amanda Porter on November 25, 2016.

Please email me the credit amount as well.

Thanks for your assistance,

Wendy

Wendy Musial  
Executive Assistant to Sean Chilton, Chief Zone Officer  
South Zone Administration  
Chinook Regional Hospital, Room 2G105  
[REDACTED]

---

**From:** Tiffany Aske [<mailto:tiffany.aske@marlintravel.ca>]  
**Sent:** Friday, October 28, 2016 5:58 PM  
**To:** Wendy Musial <[REDACTED]>  
**Subject:** RE: 2 Flights and 1 Rental Car

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

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

Invoice Number: [REDACTED]  
Date: July 7, 2016  
Page: 1/3  
Our Reference: [REDACTED]

## INVOICE

**For**  
MR SEAN CHILTON  
AC [REDACTED]

Thursday, July 14, 2016

 **Air**

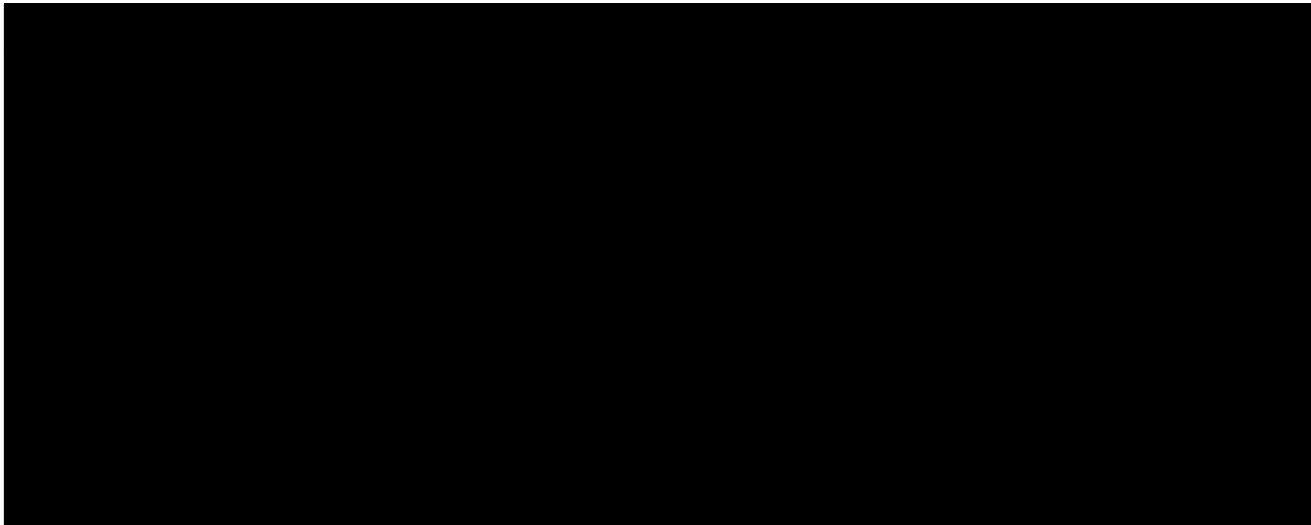
OTHER TRAVEL	<b>Flight:</b> 928	ECONOMY CLASS
<b>From:</b> LETHBRIDGE	04:30 PM	
<b>To:</b> EDMONTON AB	05:45 PM	
<b>Stops:</b> 0	<b>Arrival:</b> 14Jul16	



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

Invoice Number: [REDACTED]  
Date: July 7, 2016  
Page: 2/3  
Our Reference: [REDACTED]

# INVOICE



Friday, July 15, 2016

 **Air**

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 15Jul16  
**Seat(s):** 08C  
AIR CANADA E

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

**Mile(s) Flown:** 163

 **Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** LETHBRIDGE  
**Stops:** 0 **Arrival:** 15Jul16  
**Seat(s):** 02A  
AIR CANADA E

**Flight:** 7217 W CLASS  
04:15 PM **Equipment:** BEH  
05:00 PM

**Mile(s) Flown:** 115

**Cost:**

TKT-	[REDACTED]	E-TKT	[REDACTED]	261.00
			<b>GST:</b>	14.91
			<b>Tax:</b>	37.12
			<b>Ticket Total:</b>	313.03

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

Invoice Number: [REDACTED]  
Date: July 7, 2016  
Page: 3/3  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>		
INTEGRA AIR	[REDACTED]	5.70
<b>Total:</b>		

<b>Grand Total:</b>	318.73
<b>Less Credit Card Payments:</b>	318.73
<b>Total GST/HST:</b>	14.91
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.