

AHS Board and Executive Expense Report

Name: Sean Chilton
Title: Interim VP & Chief Operating Officer, Clinical Operations and EMS
Location: Edmonton
 Expenses posted during the month of October 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Oct-24	Expense Claim	Meetings					-			575
	Direct Bill	Meetings					-			
Total by category			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 575

**Total
posted for
the Month** \$ 575

Maximum daily single meal expense posted in the month \$ -
 Maximum daily base hotel rate posted in the month \$ -
 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 membership dues, small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
CHILTON, SEAN A	Interim VP & Chief Operating Officer, Clinical Operations and EMS	Edmonton	\$ 575.40								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/30/2024	Registered Nurse Permit Fee January 1, 2025 to December 31, 2025	AB - Local	Membership Dues	\$ 504.00				1			
9/30/2024	Canadian Nurses Protection Society Registration January 1 2025 to December 31, 2025	AB - Local	Membership Dues	\$ 71.40				1			
Approver(s) for the claim	Approval Status	Approval Date									
MENTZELOPOULOS, ATHANA	Approve	28-Oct-24									

Fwd: Receipt - CollegeConnect

[↩ Reply](#) [↩ Reply All](#) [→ F](#)


 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.


Start your reply all with: [Got it, thanks!](#) [Thank you!](#) [Received, thank you.](#)  Feedback


Subject: Fwd: Receipt - CollegeConnect

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.

Sent from my iPhone


Begin forwarded message:


Subject: Receipt - CollegeConnect



Registrant Name:
Registration Number:
Bill To:


Sean Chilton



Receipt Date:
Date Paid:
Receipt Number:

GST#R16659264

09/30/2022
09/30/2022

Registered Nurse Permit Fee

\$480.00

Sub-Total: \$480.00
GST: \$24.00
Credit Card: \$504.00
Total Amount Paid: \$504.00

URL: <https://connect.nurses.ab.ca> Authorization

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

Please retain this receipt for income tax purposes. / Veuillez conserver ce reçu aux fins de l'impôt sur le revenu.

Payment Date / Date de paiement (YYYY-MM-DD): 2024-09-30 00:00:00

Veuillez noter: Si vous avez fait demande au programme de Protection supplémentaire, l'assistance est généralement prêtée selon les principes indiqués ici www.spiic.ca/services/protection-supplementaire-de-la-spiic. Si le paiement a été traité par carte de crédit, le prélèvement sur votre relevé mensuel va indiquer CNPS-SPIIC.