

# **AHS Board and Executive Expense Report**

Name: Sean Chilton

Title: Senior Vice President of Clinical Operations

**Location:** Edmonton

Expenses posted during the month of August 2025

						Travel (1)					
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Ac	commodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-25	P-Card Expense Claim Direct Bill	Meetings					30!				
		Total by category	\$ -	\$	- \$	-	\$ 30!	\$ 305	\$ -	\$ -	\$ -

Total posted for

the Month \$ 305

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



# **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.
- Refer to Quick Reference Guide for: **Providing a Standard Business Reason(s)**
- 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:

Thatcate Whichiel you have	expenses to report in this section for	this reporting period:		4
Name :	Sean Chilton	Reporting Period for the Month of:	Aug-25	

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
			Provincial travel for Hospital Based Management Framework and site tours. Alberta Childrens Hospital Tour and Foothills Medical Centre Tour June 9, 2025. Alberta Health Strategic Planning Retreat Day 1 June 10, 2025, Alberta Health Strategic Planning Retreat Day 2 June 11, 2025, Peter Lougheed Centre Tour June 12, 2025, Rockyview General Hospital Tour and South Health		
23-Jul-2025	Direct Billing	Car Rental	Campus Tour June 13, 2025.	<b>Enterprise Rent-A-Car</b>	\$305.32
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					



Federal GST#: 889365821

Consolidated Inv. # Rental Agreement # Bill Ref # Invoice Date

23-Jul-2025

Bill To Information

ALBERTA HEALTH SERVICES PO BOX 1600 STN MAIN EDMONTON, AB - T5J 2N9 CANADA

### Rental Information

Reservation Number

Driver: CHILTON, SEAN

Pickup Date/Time: 06/07/2025 09:52 Return Date/Time: 06/14/2025 08:39

Miles/kms: 1103

Car Class: ICAR

Requested Class: ICAR

Vehicle Information

Yr/Make/Model 2025/HYUN/VENU License No Beg/End/Distance 8657/4760/1103

Rental Branch

WEST CENTRAL - EDMONTON 10903 - 156 STREET EDMONTON, AB - T5P 1S7

Unit#

### Return Branch

WEST CENTRAL - EDMONTON

10903 - 156 STREET EDMONTON, AB - T5P 1S7

Charge Detail				
Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	WEEK	300.00	300.00
			Sub Total	300.00
VEHICLE LICENSE FEE RECOVERY	7	DAY	0.76	5.32
	Total Charge	s (CAD)		305.32

## Additional Information

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMPANY P.O. BOX 9716	Tel#: +1 8773121084	Payment Due Within 30 days of invoice date.
STATION A	AskARCarada@em.com	
TORONTO ON M5W 1R6		Late payments are subject to finance charge.
Email Remit To: CanadianAR@em.com		