

Board and Executive Expense Report

Name Dr. Evan Lundall
Title Zone Medical Director, Central Zone
Location Red Deer
 Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
October 2012 September/	Expense Claim	Various meetings		32		166	198			
October 2012	P-Card	Various meetings			568	161	729			
Total			\$ -	\$ 32	\$ 568	\$ 327	\$ 927	\$ -	\$ -	\$ -

Total for the Month \$ 927

Maximum meal expense claimed in the month \$ 21
 Maximum daily hotel rate claimed in the month \$ 159
 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.

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

AHS - Red Deer Accounts Payable

OCT 15 2012

RECEIVED

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

5 10

SECTION A: Employee Details (For AHS Staff ONLY) Travel Period from: 5-Oct-12 to 10-Oct-12

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director Employee # (E-People): [Redacted] Employee # (Legacy): [Redacted]
 Location: 43 McInerch Berd, Red Deer AB Dept: Medical Affairs Union: OOS Business Phone #: [Redacted] Ext: [Redacted] Out-of-Province Travel: [Redacted]

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdowns menu David Thompson

SECTION E: Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY → Project Number: _____ Expenditure Organization: _____ Project Task Number: _____ Expenditure Type: _____

Total - Section B: Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0007	71110106037	\$197.85
2B				
2C				
2D				
				\$197.85

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

**User to enter Coding & \$ amounts

TOTAL REIMBURSEMENT

Total Section B	\$197.85
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$197.85

SECTION F: Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Shery Hergott Phone #: [Redacted] Ext: [Redacted]

I hereby acknowledge that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). I hereby certify that the expenses listed above are for personal and family use only and are not for business purposes.

Employee Signature: [Signature]

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verna Yeo DOFA Level: 2b Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: [Signature] Title: [Redacted] Date: [Redacted]

Approved By (PRINT ONLY): [Redacted] DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: [Redacted] Title: [Redacted] Date: [Redacted]

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(1) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act respectively, for the purpose of administering AHS' Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Pelka, Director Accounts Payable at 780-735-0238 or email Mark.Pelka@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0007 • 71110106037

Emp # (E-People) [REDACTED]

Emp # (Legacy)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: Travel Expenses

NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter'l).

Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt	w/o receipt or per diem						
5-Oct-12	Physician meeting in Wainwright			L		\$11.60						
5-Oct-12	Physician meeting in Wainwright			d		\$20.75						
9-Oct-12	COEC Meeting - Edmonton											
10-Oct-12	Parking - Crucial Conversations Workshop - Edmonton						\$14.00					300.00
SUBTOTALS							\$32.35	\$14.00				
												Total Kms 300.00

MEAL PER DIEM RATES

B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.605 OR rate per Union Agreement	\$0.505
Mileage \$	\$151.50
Travel \$ Subtotal	\$46.35
Enter on page 1 TOTAL TRAVEL \$	\$197.85

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

~~PPEC~~ *Crucial
Conversation
Conference*

Ed. 1001 Cit. Centre Wash. D.C.
Sponsored by Advanced Parking

Rcpt# 5412
10/10/12 07:52 L# 1 AM 5 Txn# 26680
10/09/12 20:04 In 10/10/12 07:52 Out
Regular Rate \$ 13.33
Total Tax \$ 0.67
Total Fee \$ 14.00
MASTERCARD \$ 14.00-
095303
095303
Change Due \$ 0.00
GST 122014491RT0003

Instruction:			
<ul style="list-style-type: none"> • 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>LUNDALL, EVAN</u>	<u>CENTRAL ZONE MEDICAL</u>	Billing Reporting Period:	<u>20/10/2012</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>AHS MICHENER BEND</u>	Total Statement Amount:	<u>\$728.92</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card # XXXXXXXXXX	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/09/2012	296302452	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	200.34	CAD	200.34	9.54		Rural Medical Education Symposium
04/10/2012	297625265	IMPARK00020161U, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.43	.00	Parking - Sr Leaders Mtg - Oct 4
05/10/2012	297907318	ESSO, GAS / SERVICE STATIONS	69.70	CAD	69.70	.00		Trip to Wainwright for Physician Meeting
06/10/2012	297791034	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	207.18	CAD	207.18	9.87		Sr Leadership Mtg - Oct 4
10/10/2012	298170761	PETROCAN, FUEL DISPENSER, AUTOMATED	65.97	CAD	65.97	.00		Gas for trip to Edmonton-Wainwright-Red Deer
11/10/2012	298170760	DELTA EDMONTON CENTRE, CP (CANADIAN PACIFIC) HOTELS	160.73	CAD	160.73	7.65		COEC Oct 9th; Attended Educational course at 0800 on

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/10/2012	298009872	ADV PARKING00800007A, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67	.00	Parking - Educational Course attendance
12/10/2012	298170762	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	2.00	CAD	2.00	.10		Parking

Note: the parking expense for \$14 above will be recovered with the next expense claim.

AHS - Edmonton
 Accounts Payable
 NOV - 8 2012
 Q & C - Completed
 Initials *[Signature]*

AHS - Edmonton
 Accounts Payable
 NOV 07 2012
RECEIVED

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 details 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><u>Sherie Hergart</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>[Signature]</u> Cardholder Designate Position/Title</p> <p><u>Oct 24, 2012</u> Date of Signature</p>			
<p>Cardholder By signing this statement:</p> <ul style="list-style-type: none"> • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide • I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 				
<p><u>LUNDALL, EVAN</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CENTRAL ZONE MEDICAL</u> Cardholder Position/Title</p> <p><u>24 Oct 2012</u> Date of Signature</p>			
<p>Approver Designate (if Applicable) By signing this statement:</p> <ul style="list-style-type: none"> • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies Program User Guide and Training on behalf of a authorized approve: 				
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>			
<p>Approver By signing this statement:</p> <ul style="list-style-type: none"> • I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed • I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 				
<p><u>D. David [Signature]</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>EVPCO, Clinical operations</u> Approver Position/Title</p> <p><u>Oct 2012</u> Date of Signature</p>			
<p>Submit approved statement with attachments to Accounts Payable:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Attach:</p> <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <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 </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> </td> </tr> </table>		<p>Attach:</p> <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <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 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
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<p>Accounts Payable only.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Reference # _____</td> <td style="width: 33%; padding: 5px;">Reviewed by _____</td> <td style="width: 33%; padding: 5px;">Date _____</td> </tr> </table>		Reference # _____	Reviewed by _____	Date _____
Reference # _____	Reviewed by _____	Date _____		



Dr. Evan Lundall
Central Zone Medical Director
43 Michener Bend
Red Deer, Alberta T4P 0H6

evan.lundall@albertahealthservices.ca

albertahealthservices.ca

Total Albertan Satisfaction

November 21, 2012

To Whom It May Concern:

RE: P-Card – Billing Report Period 20/10/2012

Transaction:

\$2.00 Precise Park Link Inc.
(Transaction Date: October 12, 2012) on P-Card Statement

Reason: Attended off-site meeting – Skyway Professional Building

(Discussion of CAST CLINIC Potential Relocation
to SKYWAY ; KERRY BALES, AUCAN SINCLAIR +
Tim Pearce, Lance Brado)

I confirm that:

- the above noted charge has not been claimed previously
- Meeting attended was related to AHS business
- Receipt was misplaced

Sincerely,

A handwritten signature in cursive script that reads "E. Lundall".

E. Lundall, BSc MB ChB
Central Zone Medical Director



We're drivers too.
TRIP to EDMONTON -
WAINWRIGHT - RD
 ANNA'S RESTAURANT & ESSO
 521 HIGHWAY 14 EAST & WAINWRIGHT
 WAINWRIGHT, AB T9W 1B3

VRN R86045241 2012/10/05 11:26

* CREDIT PURCHASE *

ITEM	QTY	PRICE	AMOUNT
EREG	58.132L	\$1.199	69.70
GST INCL. IN FUEL		3.32	
TOTAL			\$69.70

AUTH 132659-F INVOICE TII5872C

MCARDFLEET [REDACTED]

01 Approved - Thank You 027

LOYALTY: NO

- A- MasterCard
- B- A0000000041010
- C- 460403A8D04EE06A
- D- ECE7DE34
- E- 0000001000
- F- A215491706E96B85
- G- 0000001000

Retain this copy for your

DUPLICATE DUPLICATE DUPLICATE

PETRO-CANADA
 9620 ELLERSLIE RD
 EDMONTON
 Alberta T6W 1S1

GST: 137310348 (780) 465-2796
 2012-10-10 PC0468441:3894501 15:56
 TERMINAL: 023894501 OPER: A

FUEL	(L)	(\$/L)	(\$)
Pump 4			
REGULAR	57.920	1.139	65.97*
Total Owed			65.97

TOTAL PAID
 CREDIT CARD 65.97

*TAXES INCL. #TAXES EXCL.
 GST TOTAL \$ 3.14

MASTERCARD [REDACTED]
 INV. 526026 AUTH. 175649
 Purchase
 S 0010010010 00 027

00 APPROVED - THANK YOU

--- IMPORTANT ---
 Retain This Copy For Your Records

Survey! Earn POINTS
 & chance to WIN gas
 1-866-826-7779 or
 petro-canada.ca/hero

PLACE FACE UP ON DASH
 Impark Lot 161
 Expiration Date/Time
EXP 06:00PM
OCT 04, 2012

Purchase Date/Time: 06:30am Oct 04, 2012
 Total Parking: \$8.57
 Total gst: \$0.43
 Total Due: \$9.00
 Total Paid: \$9.00
 Rate: \$9 - Early Bird
 Payment Type: Card
 MasterCard
 Ticket # 10239760
 S/N #: 100008460007
 Setting: Lot 161
 Mach Name: Meter 2
 GST #887315638RT0001

SENIOR LEADERS
 Meeting
 RECEIPT
 Impark Lot 161

Expiration Date/Time: 06:00pm Oct 04, 2012
 Purchase Date/Time: 08:30am Oct 04, 2012

Total Parking: \$8.57

PARKING RECEIPT




DELTA



EDMONTON CENTRE
SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5
Tel: 780-429-3900 Fax: 780-426-0562

AB HEALTH SERVICES
Dr Evan Lundall



Room: 0529
Folio: 
Cashier: 402
Arrival: 10-09-12
Departure: 10-10-12

Date	Description	Additional Information	Charges	Credits
10-09-12	Room charge		144.00	
10-09-12	Room - GST		7.27	
10-09-12	Room - Tourism Levy		5.82	
10-09-12	Room - Destination Mkt. Fee		1.44	
10-10-12	Cocoas - Grats	CHECK# 1792 3.20 Split Into 2.20 And 1.00	2.20	
10-10-12	Mastercard	 		160.73
			Total	160.73
			Balance Due	0.00 CDN

GST Summary	
Registration No:	899111215
Room	7.27
F&B	0.00
Other	0.00
Total	7.27

Guest Signature: _____

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



DELTA

EDMONTON CENTRE
SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5
Tel: 780-429-3900 Fax: 780-426-0562

AB HEALTH SERVICES
Dr Evan Lundall



Room: 0718
Folio:
Cashier: 465
Arrival: 10-04-12
Departure: 10-05-12

Date	Description	Additional Information	Charges	Credits
10-04-12	IRD - Dinner	CHECK# 2675	23.35	
10-04-12	Room charge		144.00	
10-04-12	Room - GST		7.27	
10-04-12	Room - Tourism Levy		5.82	
10-04-12	Room - Destination Mkt. Fee		1.44	
10-04-12	Parking - Self Parking		23.10	
10-05-12	Cocoas - Grats	CHECK# 1467 3.20 Split Into 2.20 And 1.00	2.20	
10-05-12	Mastercard			207.18
Total			207.18	207.18
Balance Due			0.00	CDN

GST Summary	
Registration No:	899111215
Room	7.27
F&B	0.85
Other	1.10
Total	9.22

Guest Signature: _____


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




DELTA
 EDMONTON CENTRE
 SUITE HOTEL

10222 - 102 Street, Edmonton, Alberta T5J 4C5
 Tel: 780-429-3900 Fax: 780-426-0562

GOVT AB
 Dr Evan Lundall



Room: 0711
 Folio: 
 Cashier: 441
 Arrival: 09-18-12
 Departure: 09-19-12

Date	Description	Additional Information	Charges	Credits
09-18-12	Room Charge		159.00	
09-18-12	Room - GST		8.03	
09-18-12	Room - Tourism Levy		6.42	
09-18-12	Room - Destination Mkt. Fee		1.59	
09-18-12	Parking - Self Parking		23.10	
09-19-12	Cocoas - Grats	CHECK# 1281 3.20 Split Into 2.20 And 1.00	2.20	
09-19-12	Mastercard	 		200.34
Total			200.34	200.34
Balance Due			0.00	CDN

GST Summary	
Registration No:	899111215
Room	8.03
F&B	0.00
Other	1.10
Total	9.13

Guest Signature: _____

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