

Board and Executive Expense Report

Name Dr. Evan Lundall
Title Zone Medical Director, Central Zone
Location Red Deer
 Expenses submitted during the month of December 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)
November to December 2012	P-Card	Various meetings			289	28	317			
December 2012	Expense Claim	PMI Course		125	465	148	738			
Total			\$ -	\$ 125	\$ 754	\$ 176	\$ 1,055	\$ -	\$ -	\$ -

Total for the Month \$ 1,055

Maximum meal expense claimed in the month	\$ 42
Maximum daily hotel rate claimed in the month	\$ 145
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



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

<u>LUNDALL, EVAN</u> Cardholder's Name	<u>CENTRAL ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/12/2012</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount	<u>\$317.02</u>
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 5 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
22/11/2012	301877429	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	67		Parking
23/11/2012	301877430	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	67		Parking
24/11/2012	301892009	DELTA EDMONTON SOUTH, DELTA HOTELS	239.02	CAD	239.02	13.78		Chief Medical Officer Meeting - U OF A - Nov 22 & 23, 2012



P-Card
details Online®
Cardholder Statement Report

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 details Online® to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transactions to the proper cost centre. 		
<u>Sheryl Hergott</u> Name of Cardholder Designate	<u>B.A.</u> Cardholder Designate Position/Title	<u>Dec 27, 2012</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder Designate		
Cardholder By signing this statement <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) 		
<u>LUNDALL, EVAN</u> Name of Cardholder	<u>CENTRAL ZONE MEDICAL</u> Cardholder Position/Title	<u>[Signature]</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder		
Approver Designate (if Applicable) By signing this statement <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 approver 		
<u>[Signature]</u> Name of Approver Designate	<u>[Signature]</u> Approver Designate Position/Title	<u>[Signature]</u> Date of Signature
<u>[Signature]</u> Signature of Approver Designate		
Approver By signing this statement <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) 		
<u>Dr David Mearns</u> Name of Approver	<u>SVP-CMO, Clinical operations</u> Approver Position/Title	<u>Jan 8, 2013</u> Date of Signature
<u>[Signature]</u> Signature of Approver		
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original itemized receipts • 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 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton AB T5J 3F4	
Accounts Payable only.		
Reference # _____	Reviewed by _____	Date _____



DELTA
EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

4404 Gateway Boulevard, Edmonton, Alberta, T6H 5C2
Tel: 780-434-6415 Fax: 780-436-9247

GOVT AB
Dr Evan Lundall

Room: 0615
Folio: [REDACTED]
Cashier: 105
Arrival: 11-21-12
Departure: 11-23-12

Date	Description	Additional Information	Charges	Credits
11-21-12	Room Charge		129.00	
11-21-12	Room Destination Marketing Fee		1.29	
11-21-12	Room GST		6.51	
11-21-12	AB Tourism Levy		5.21	
11-22-12	4404 Restaurant - Breakfast Gratuity	[REDACTED]	5.00	
11-22-12	Room Charge		129.00	
11-22-12	Room Destination Marketing Fee		1.29	
11-22-12	Room GST		6.51	
11-22-12	AB Tourism Levy		5.21	
11-23-12	Mastercard	[REDACTED]		289.02
Total			289.02	289.02
Balance Due			0.00	0.00

GST Summary

Registration No: 865717755
Room 13.02
F&B 0.00
Other 0.00
Total 13.02

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.

CMO Meeting WORKFORCE PLANNING

Fall 1
Dnat

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 24/11/12 EXPIRATION TIME 06:00 AM

DATE ISSUED 23/11/12 TIME ISSUED 07:35 AM AMOUNT PAID \$ 14.00

AMOUNT PAID \$ 14.00 84880000 07:35 AM

CREDIT CARD NUMBER LOT M



1311090

NON TRANSFERABLE

1311080

RECEIPT GST#R108102831

CMO Meeting WORKFORCE PLANNING

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE 23/11/12 EXPIRATION TIME 06:00 AM

DATE ISSUED 22/11/12 TIME ISSUED 07:42 AM AMOUNT PAID \$ 14.00

AMOUNT PAID \$ 14.00 84880000 07:42 AM

CREDIT CARD NUMBER LOT M



1311037

NON TRANSFERABLE

1311037

RECEIPT GST#R108102831

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- 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)

Expense Date From: 1-Dec-12 To 31-Dec-12
 Travel Period from: 1-Dec-12 To 31-Dec-12 (if applicable)
 Out-of-Province Travel

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director

Location: 43 Michener Band, Red Deer Dept: Medical Affairs DOFA Level: (if applicable) Union: OOS Business Phone #: Ext:

Employee # (E-People): Employee # (REQUIRED # prior to E-People migration): N/A

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					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense		
2A	101	0007	71110106037	\$765.32						Total Section B	\$765.32
2B										Total Section C&D	
2C										Less Cash Advance	(\$28.00)
2D										TOTAL CLAIM	\$737.32
				\$765.32					**User to enter Coding & \$ amounts		
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C&D						

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): Sharyl Hergott Phone # Ext

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Date 8 Jan 2013

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s 1118, 1122).
 Approved claim form with receipts to be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Sylvia Yin DOFA Level 26 Position # Phone
 Signature: Title EVP+CMO, Quality + Med. Affairs Date Jan 9/13

Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext
 Signature: Title Date

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(c) 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 this collection, use or disclosure of your health and personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0506 or email Mark.Palke@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 • 0007 • 71110106037	Emp # (E-People) _____	Emp # (prior to E-people) n/a	Page 2A
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*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 Hospitality, Working Session, 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-mm-yy	Purpose of Travel <small>55 characters maximum - length of shaded area</small>	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						
2-Dec-12	PMI Course	AB	Educ				\$8.00					
2-Dec-12	Hotel Alma - U of C - PMI Course	AB	Educ					\$151.32				
2-Dec-12	Meals	AB	Educ	A		\$41.55						
3-Dec-12	PMI Course	AB	Educ				\$8.00					
3-Dec-12	Hotel Alma - U of C - PMI Course	AB	Educ					\$162.53				
3-Dec-12	Meals	AB	Educ	A		\$41.55						
4-Dec-12	PMI Course	AB	Educ				\$8.00					
4-Dec-12	Hotel Alma - U of C - PMI Course	AB	Educ					\$151.32				
4-Dec-12	Meals	AB	Educ	A		\$41.55						
4-Dec-12	Mileage to U of C - Calgary	AB	Educ									300.00
SUBTOTALS												Total Kms 300.00

<p align="center">MEAL PER DIEM RATES</p> <p>B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35</p>	<p align="center">Enter \$0.605 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p align="right">Mileage \$ \$0.505</p>
<p align="center">MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</p> <p align="center">→ details of travel location to & from must be included above under the purpose of travel column</p> <p align="center">\$0.605 per km for under 5,000km/yr \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p align="right">Travel \$ Subtotal \$613.82</p> <p align="right">Enter on page 1 TOTAL TRAVEL \$ \$765.32</p> <p align="center"><small>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form</small></p>

HOTEL ALMA



169 UNIVERSITY GATE NW
 CALGARY, ALBERTA, CANADA T2N 1N4
 1.877.498.3203 T 403.220.3203 F 403.284.4184
 HOTELALMA.CA

LUNDALL, DR. EVAN

Room Number: 515
 Daily Rate: 135.00
 Room Type: SQN
 No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN
02-Dec-12	05-Dec-12		BAR1

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
02-Dec-12	515	PARKING	PARKING CHARGE	\$8.00
02-Dec-12	515	ROOM CHARGE	#515 LUNDALL, DR. EVAN	\$135.00
02-Dec-12	515	GST	GST	\$6.75
02-Dec-12	515	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.17
02-Dec-12	515	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.40
03-Dec-12	515	PARKING	PARKING CHARGE	\$8.00
03-Dec-12	515	ROOM CHARGE	#515 LUNDALL, DR. EVAN	\$145.00
03-Dec-12	515	GST	GST	\$7.25
03-Dec-12	515	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.48
03-Dec-12	515	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.80
04-Dec-12	515	PARKING	PARKING CHARGE	\$8.00
04-Dec-12	515	ROOM CHARGE	#515 LUNDALL, DR. EVAN	\$135.00
04-Dec-12	515	GST	GST	\$6.75
04-Dec-12	515	DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$4.17
04-Dec-12	515	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.40
05-Dec-12	515	MASTERCARD	MASTERCARD	(\$489.17)

TOTAL DUE: \$0.00

SIGNATURE

TERMS, DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF OR THE FULL AMOUNT OF CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
 GST R#108102864

Fall 1
Quals

CMO Meeting WORKFORCE PLANNING

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DATE ISSUED 23/11/12 TIME ISSUED 07:35 AM AMOUNT PAID \$ 14.00

AMOUNT PAID \$ 14.00 84880000 07:35 AM

CREDIT CARD NUMBER LOT M



UNIVERSITY OF ALBERTA



UNIVERSITY OF ALBERTA

1311080

NON TRANSFERABLE

1311080

RECEIPT GST # R108102831

CMO Meeting WORKFORCE PLANNING

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CREDIT CARD NUMBER LOT M



UNIVERSITY OF ALBERTA



UNIVERSITY OF ALBERTA

1311037

NON TRANSFERABLE

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RECEIPT GST # R108102831

January 8, 2013

To Whom It May Concern:

RE: - Expense Claim/P-Card Statement – December 2012

Transaction:

\$14.00 parking charge	Nov 23, 2012
\$14.00 parking charge	Nov 24, 2012

The above noted charges were claimed on the November expense claim – when in fact the expenses should have been claimed on the December P-card transaction report. The parking charges have been identified and recorded on the December P-card report.

I confirm that:

- the amount of \$28.00 has been deducted from my December expense claim.

Sincerely,



E. Lundall, BSc MB ChB, CCPE
Central Zone Medical Director