

## Board and Executive Expense Report

**Name** Dr. Evan Lundall  
**Title** Zone Medical Director, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	PPEC Meeting				146	146			
December 2012	Expense Claim	Adjustment of incorrect meal submission		(83)			(83)			
<b>Total</b>			\$ -	\$ (83)	\$ -	\$ 146	\$ 63	\$ -	\$ -	\$ -

**Total for the Month** \$ 63

Maximum meal expense claimed in the month \$ -  
 Maximum daily hotel rate claimed 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 small item technology purchases, books, etc.

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

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: 21-Dec-12 To 21-Jan-13  
 Travel Period from: 21-Dec-12 To 21-Jan-13 (if applicable)  
 Out-of-Province Travel

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

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

Employee # (E-People): Employee # (PRE-2012) 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	71110108037	\$146.45						Total Section B	\$146.45	
2B										Total Section C&D		
2C										Less Cash Advance	(\$83.15)	
2D										<b>TOTAL CLAIM</b>	<b>\$63.30</b>	
				\$146.45								

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) Sheryl 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 22 JANUARY 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 should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. [Signature] DOFA Level 26 Position # Phone #

Signature: Title EVP + CMO Date Jan 24/13

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 Process to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Polka, Director Accounts Payable at 780-725-0506 or e-mail: Mark.Polka@albertahealthservices.ca

### EXPENSE CLAIM DETAILS

<b>Enter Finance Coding</b> 101 • 0007 • 71110106037	Emp # (E-People) _____	Emp # (prior to E-people) n/a	Page <b>2A</b>
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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-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						
16-Jan-13	PPEC Meeting - Calgary	AB	Meeting									290.00
<b>SUBTOTALS</b>												Total Kms 290.00

<p style="text-align: center;"><b>MEAL PER DIEM RATES</b></p> <p style="font-size: small;">B = Breakfast = \$9.20   L = Lunch = \$11.60   D = Dinner = \$20.75   A = ALL MEALS = \$41.55          BL = Breakfast &amp; Lunch = \$20.80   BD = Breakfast &amp; Dinner = \$29.95   LD = Lunch &amp; Dinner = \$32.35</p>	<p style="font-size: small; text-align: center;">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)</p> <p style="text-align: right;"><b>\$0.505</b></p>
<p style="text-align: center;"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p style="font-size: x-small;">→ details of travel location to &amp; from must be included above under the purpose of travel column</p> <p style="text-align: center; font-weight: bold;">\$0.505 per km for under 5,000km/yr          \$0.47 per km for over 5,000km/yr          or per Union Agreement</p>	<p style="text-align: right;">Mileage \$      <b>\$146.45</b></p> <hr/> <p style="text-align: right;">Travel \$ Subtotal</p> <hr/> <p style="text-align: right;">Enter on page 1 TOTAL TRAVEL \$      <b>\$146.45</b></p>
<p style="font-size: x-small;"><b>Note:</b> Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form</p>	

January 22, 2013

To Whom It May Concern:

**Re: Expense Claim 22 Dec 2012 – 21 January 2013**

Noted Adjustment (\$83.15)

The adjustment of (-\$83.15) on the above noted claim is to offset the incorrect submission of meals on the 01 December 2012 Expense claim.

I have attached a copy of the email string between Lily Hung and Sheryl Hergott.

Thank you.

Sincerely,



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