

Official Administrator and Executive Expense Report

Name Dr. Evan Lundall
Title ZMD, Central Zone
Location Red Deer

Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	P-Card	Meetings		62	95		157			
Jan-14	Expense Claim	Meetings				581	581			
Total			\$ -	\$ 62	\$ 95	\$ 581	\$ 738	\$ -	\$ -	\$ -

Total for the Month \$ 738

Maximum meal expense claimed in the month \$ 39 2 persons
 Maximum daily hotel rate claimed in the month \$ 95
 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

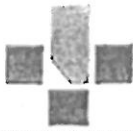
3) Hosting and Hospitality expenses

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

LUNDALL, EVAN

Cardholder's Name

CENTRAL ZONE MEDICAL

Cardholder's Position/Title

Billing Reporting Period: 20/01/2014

MEDICAL AFFAIRS

Cardholder's Dept

AHS MICHENER BEND

Cardholder's Site/Location

Total Statement Amount: \$157.17

EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
08/01/2014	339153575	EAST SIDE MARIO S - CA, EATING PLACES RESTAURANTS	24.14	CAD	24.14	.00	.00	Supper - travelling to Vegreville for Disclosure meeting ✓
07/01/2014	339153573	BARN LOFT INN, LODGING HOTELS, MOTELS, RESORTS	94.50	CAD	94.50	4.50		Accommodation - attended Disclosure meeting with Dr Trew; meeting at 0830 in Viking ✓
07/01/2014	339153574	MONTE CARLO RESTAURANT, EATING PLACES, RESTAURANTS	38.53	CAD	38.53	1.83	.00	Luncheon meeting with Dr Smith in Camrose ✓

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO 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.

Sheryl Hergott

Name of Cardholder Designate

Exec. Assistant

Cardholder Designate Position/Title

[Signature]

Signature of Cardholder Designate

Jan 23/14

Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

LUNDALL, EVAN

Name of Cardholder

CENTRAL ZONE MEDICAL

Cardholder Position/Title

[Signature]

Signature of Cardholder

27 JAN 2014

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Verna Hin

Name of Approver

VP Quality + CMO

Approver Position/Title

[Signature]

Signature of Approver

Jan 30/14

Date of Signature

Submit approved statement with attachments to Accounts Payable.

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

ESM - Camrose
7300, 48th Ave, Unit 600
780-608-9629

MON JANUARY 6, 2014
CHECK [REDACTED]

TABLE [REDACTED]
CUSTOMER # [REDACTED]

1 8oz NEW YORK \$19.99
G.S.T. \$1.00
TOTAL \$20.99

How did we do?

Please give us 30-Second feedback
right from your phone! Just type

telusnow.ca/273612
into your mobile browser

Thank you for your time.

2 for 1 appies 8-close
Monday - Thursday
HAVE YOU TRIED ONE OF OUR
NEW STUFFED PASTAS YET???
Follow us Twitter @esmcamrose
and on Facebook
Time: 19:10 2 CUSTOMERS
2 CHECKS

THANK YOU
GST # 883983900RT0001

YOU HAVE BEEN SERVED
BY : [REDACTED]

EAST SIDE MARIO'S
7300 48TH AVE UNIT 600
CAMROSE, AB T4V4W2
7806089629

SALE

Server #: [REDACTED]
MID: 97168040012
TID: 009 REF#: [REDACTED]
Batch #: 021
01/06/14 19:11:26
APPR CODE: [REDACTED]
MASTERCARD [REDACTED] **

AMOUNT \$20.99
TIP \$3.15
TOTAL \$24.14

APPROVED

MasterCard
AID: [REDACTED]
TVR: [REDACTED]
TS: [REDACTED]

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

Supper - Travelling
to Vegreville for
meeting on Jan 7/14
in Viking.
'Disclosure' Meeting
with Dr. Trew.

Barn Loft Inn Box 1731 Vegreville, AB T9C 1S8 Tel/Fax: (780) 632-3345				
NOM NAME		DATE		
ADDRESS				
VERBES P&R SOLD BY	C.D. COD	A.PAYER CHARGE	ACOMPTÉ ON A/COUNT	MONTANT REÇU AMOUNT FND
1		1 night stay + Breakfast		
2		(Incl. Breakfast)		
3				90 00
4		5% GST		4 50
5				94 50
6		Paid		
7		Thanks!		
8				
9				
10		02/16		
11				
12				
N° D'ENREG.				
TAX REG. NO.				
		TOTAL		
		SIGNATURE		

Accommodation for Jan 6/14
Attended 'Disclosure' meeting
with Dr Trew @ 0930 - Jan 7/14
in Vikiing.

F. 16.1

CHECK NO.

5-11

SALE

REF#:

13:39:16

MASTERCARD

Chip

\$38.53

APPROVED

MasterCard

AID:

TVR:

TSE:

THANK YOU / MERCI

CUSTOMER COPY

33.50

\$

RECEIPT

Monte Carlo RESTAURANT
4907-48 Avenue, Camrose Phone 672-1040
GST # R39798453 RT 0001

Lunch meeting with
Dr V. Smith in Camrose
on way back from
Viking.

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-Jan-14 To 19-Jan-14
 Travel Period from: To (if applicable)
 Out-of-Province Travel

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director
 Location: Red Deer Dept: Medical Affairs DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

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

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	Total Section B	Total Section C&D
2A	101	0015	71110106046	\$581.26						\$581.26	
2B											
2C											
2D											
				\$581.26							

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I, the undersigned, certify that the above information is true and correct and that the expenses claimed are for the purpose of the Travel, Hospitality & Working Session Expense Claim.

Employee Signature: Date: 27 Jan 2014

Approved By (PRINT ONLY): Dr. Verna Yip DOFA Level: Position #: Phone #: Signature: Title: VP, Quality + CRO Date: Feb 7/14

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: 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 Procedure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0015 71110106046	Emp # (E-People)				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 Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C										
Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Interl) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.				Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page										
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
6-Jan-14	Travel to Wetaskiwin-Vegreville-Viking-Camrose-Red Deer to attend physician meetings and Disclosure meeting in Viking	AB	Meeting	Yes									540.00	
17-Jan-14	Attended Red Deer PCN Board Retreat - Presentation After Hours Care Coordination - Banff AB	AB	Meeting	Yes									611.00	
SUBTOTALS													Total Kms 1151.00	
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle - details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement					Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)					\$0.505				
					Mileage \$					\$581.26				
					Travel \$ Subtotal									
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3					Auto fills on page 1 - TOTAL TRAVEL \$					\$581.26				
Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)														