

## Board and Executive Expense Report

**Name** Sean Chilton  
**Title** SVP South Zone  
**Location** Lethbridge  
 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 15 - 30, 2012	Expense Claim	Various meetings - mileage claim				\$ 361	\$ 361			
October 15 - 30, 2012	P-Card	Various meetings			355	6	361			
<b>Total</b>			-	-	355	367	722	-	-	-

**Total for the Month** \$ 722

Maximum meal expense claimed in the month \$ -  
 Maximum daily hotel rate claimed in the month \$ 189  
 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

CHILTON, SEAN Cardholder's Name	SVP Cardholder's Position/Title	Billing Reporting Period:	20/10/2012
SOUTH ZONE Cardholder's Dept	SUNLIFE PLACE Cardholder's Site/Location	Total Statement Amount:	\$360.80
SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/10/2012	298611204	ACCLAIM HOTEL, LODGING HOTELS, MOTELS, RESORTS	144.67	CAD	144.67	.00	.00	SCN Mtg - Core ODN - Calgary
18/10/2012	298788200	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29		Premier/Minister Visit - Parking
18/10/2012	298788201	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	210.13	CAD	210.13	10.01		Minister Announcement & various mtgs

<b>Signatures</b>	
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____
Signature of Cardholder Designate _____	Date of Signature _____
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).</li> </ul>	
CHILTON, SEAN Name of Cardholder _____	SVR Cardholder Position/Title _____
Signature of Cardholder _____	October 23, 2012 Date of Signature _____
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	
Kristina Russell Name of Approver Designate _____	Executive Admin Coordinator Approver Designate Position/Title _____
Signature of Approver Designate _____	Oct 26, 2012 Date of Signature _____
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).</li> </ul>	
Chris Klazurkewich Name of Approver _____	EUP: COO Approver Position/Title _____
Signature of Approver _____	Oct 26/12 Date of Signature _____
<b>Submit approved statement with attachments to Accounts Payable:</b>	
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
<b>Accounts Payable only:</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

**Acclaim Hotel Calgary Airport**  
 123 Freeport Blvd NE  
 Calgary, AB T3N 0A3  
 Ph: 403-291-8000 Fax: 403-532-9400  
 www.acclaimhotel.ca



GST #: 854914520RT0001

Sean Chilton  
 [Redacted]

Room	Folio	Check In	Check Out	Balance
Z10	139013	10/15/12	10/16/12	0.00
Master Folio		Government Rate (ID Required)		

Direct Bill: 151407203

Date	Room	Description	Voucher	Charges	Credits	Balance
10/15/12	210	Room Taxable		129.00	0.00	129.00
10/15/12	210	HTL - 3.000%		3.87	0.00	132.87
10/15/12	210	GST - 5.000%		6.64	0.00	139.51
10/15/12	210	ATL - 4.000%		5.16	0.00	144.67
10/16/12	210	Mastercard - ...0642 AP: 221442		0.00	144.67	0.00
		Balance Due				0.00
		Summary and Taxes				
		Taxable Sales				129.00
		HTL 3.00%				3.87
		GST 5.00%				6.64
		ATL 4.00%				5.16

*SCN Meeting - Case ODN  
 Calgary*

MKP  
 10/16/12 09:30 AM

*Thank you for staying at Acclaim Hotel  
 Have a great day!  
 Reservations 1 866 955 0008*

Premier / Ministers Visit - Mary  
2.M. AC. evening.

" PAC interviews  
- Ken Sauer Mrg  
- Engagement plan followup

ALBERTA HEALTH SERVICES  
MEDICINE HAT REGIONAL HOSPITAL  
PARKING SERVICES  
666 5TH STREET SW

POF1 13203  
Rcpt# 353  
10/18/12 19:54 L# 2 A# 1 Txn# 3348  
10/18/12 07:01 In 10/18/12 19:54 Out  
Tkt# 111986  
MHRH \$ 6.00  
Total Fee \$ 6.00  
MASTER CARD \$ 6.00-

Approval No.: 215446...  
Reference No.: 000001323  
Change Due \$ 0.00  
THANK YOU  
DRIVE SAFELY  
COMMENTS OR CONCERNS  
403.502.8648  
PARKING@ALBERTAHEALTHSERVICES.CA

ALBERTA HEALTH SERVICES  
MEDICINE HAT REGIONAL HOSPITAL  
PARKING SERVICES  
666 5TH STREET SW

POF1 13203  
Rcpt# 15  
08/13/12 15:48 L# 2 A# 1 Txn# 120  
08/13/12 09:51 In 08/13/12 15:48 Out  
Tkt# 103827  
MHRH \$ 6.00  
Total Fee \$ 6.00  
MASTER CARD \$ 6.00-

Approval No.: 174907...  
Reference No.: 000000877  
Change Due \$ 0.00  
THANK YOU  
DRIVE SAFELY  
COMMENTS OR CONCERNS  
403.502.8648  
PARKING@ALBERTAHEALTHSERVICES.CA

Missing receipt  
From 20-09-2012  
statement.

- Medicine Hat Premier/Ministers Capital Project announcement
- ZMAC
- Human Resources - Succession planning
- Budget Meeting - kind of scary



11 10-18-12

<b>Sean Chilton</b>	Folio No. : 110309	Room No. : 117
	A/R Number :	Arrival : 10-17-12
	Group Code :	Departure : 10-18-12
	Company :	Conf. No. : 65237429
	Membership No. : PC	Rate Code : IGCOR
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-17-12	*Accommodation	189.00	
10-17-12	DMF	3.78	
10-17-12	GST	9.64	
10-17-12	Tourism Levy	7.71	
10-18-12	MasterCard		210.13

Thank you for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

<b>Total</b>	<b>210.13</b>	<b>210.13</b>
<b>Balance</b>	<b>0.00</b>	

**Guest Signature:**

I have received the goods and / or services in the amount shown hereon, I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges, if a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Medicine Hat  
 #9 Strehan Bay  
 Medicine Hat, Alberta T1B 4Y2  
 Telephone: (403) 504-5151 Fax: (403) 504-0055  
 Toll Free: 1-877-504-5151  
 g.s.t. no. 896 932 449

**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM**

**SECTION A - Employee Details (for AHS Staff ONLY)** Travel Period from: 15-Oct-12 to 30-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: Sean Chilton      Position (Title): SVP South Zone      Employee # (E-People):      Employee # (Legacy):

Location: CRH, Lethbridge      Dept: SVP South Zone      Union: OOB      Business Phone #:      Ext:      Out-of-Province Travel: No

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu      Peace Country

**SECTION E Finance Coding & Total Claim**

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

**Total - Section B - Travel - Pg 2**

Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0182	71110100000	\$360.57
2B				
2C				
2D				
				\$360.57

**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	\$360.57
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$360.57</b>

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) Brenda Case      Phone #      Ext

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *[Signature]*      Date November 1, 2012

I hereby certify that I have reviewed the expenses 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) Chris Mazurkewich      DOFA Level 2a      Position #      Phone #      Ext

Signature *[Signature]*      Title EVP & COO      Date Nov 14/12

Approved By (PRINT ONLY)      DOFA Level      Position #      Phone #      Ext

Signature      Title      Date

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**EXPENSE CLAIM DETAILS**

Enter Finance Coding

101 • 0162 • 71110100000

Emp # (E-People)

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!).  
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 65 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						
15-Oct-12	Lethbridge to Calgary - ODN Core Team	AB	Meeting									208.00
17-Oct-12	Lethbridge to Medicine Hat - Premier Announcement	AB	Meeting									167.00
18-Oct-12	Medicine Hat to Lethbridge	AB	Meeting									167.00
25-Oct-12	Lethbridge to Magrath (return) - Ambulance Services	AB	Meeting									70.00
30-Oct-12	Lethbridge to Taber (return) - Ambulance Discussion	AB	Meeting									102.00
<b>SUBTOTALS</b>												Total Kms 714.00

**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 \$0.505 OR rate per Union Agreement

\$0.505

Mileage \$

\$360.57

Travel \$ Subtotal

Enter on page 1 TOTAL TRAVEL \$

\$360.57

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