

Board and Executive Expense Report

Name Sean Chilton
Title SVP South Zone
Location Lethbridge

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)
December 2012	Expense Claim	Travel for various meetings				1,108	1,108			
November to December 2012	P-Card	Various meetings			390	116	506			
Total			\$ -	\$ -	\$ 390	\$ 1,224	\$ 1,614	\$ -	\$ -	\$ -
Total for the Month	\$	1,614								

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 179
 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

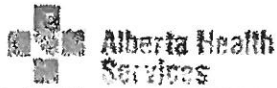
3) Hosting and Hospitality expenses

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: Dec. 1, 2012 To Dec. 31, 2012
 Travel Period from: Dec. 1, 2012 To Dec. 31, 2012 (if applicable)
 Out-of-Province Travel

Name: Sean Chilton Position (Title): Senior Vice President, South Zone
 Location: GRH, Lethbridge Dept: SVP South Zone DOFA Level: 3a (if applicable) Union: QOS Business Phone #: Ext:
 Employee # (E-People): Employee # (REQUIRED # prior to E-People migration):

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	Total Section B	Total Section C&D	
2A	101	0162	71110100000	\$1,107.70						\$1,107.70		
2B												
2C												
2D												
				\$1,107.70								

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

TOTAL REIMBURSEMENT
 Total Section B: \$1,107.70
 Total Section C&D:
 Less Cash Advance:
TOTAL CLAIM: \$1,107.70

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 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 are not previously claimed by me or on my behalf from Alberta Health Services or other organization.
 Employee Signature: Date 31-Dec-12

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): Chris Mazurkewich DOFA Level 2a Position # Phone # Ext
 Signature: Chris Mazurkewich Title EVP & COO Date Jan 2/13

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 22(2) 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 Procedure to Pay program. For more information, question or comment about the 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

Handwritten initials

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 - 0162 - 71110100000 Emp # (E-People) _____ Emp # (prior to 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 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 <small>85 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						
6-Dec-12	Lethbridge to Edmonton (Budget Mtg, ODN SCN mtg)	AB	Meeting									515.00
7-Dec-12	Edmonton to Lethbridge	AB	Meeting									515.00
11-Dec-12	Lethbridge to Magrath return (EMS Discussion)	AB	Meeting									69.80
13-Dec-12	Lethbridge to Medicine Hat (EMS Meetings)	AB	Meeting									167.00
14-Dec-12	Med Hat to Edmonton (Pat. Safety Strategy Mtg- 17th)	AB	Meeting									573.00
17-Dec-12	Edmonton to Lethbridge	AB	Meeting									515.00
SUBTOTALS												Total Kms 2356.80

MEAL PER DIEM RATES
 B = Breakfast = \$9.20 L = Lunch = \$11.80 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 \$0.805 per km for under 5,000km/yr
 \$0.47 per km for over 5,000km/yr
 or per Union Agreement

Enter \$0.506 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.470
Mileage \$	\$1,107.70
Travel \$ Subtotal	
Enter on page 1 TOTAL TRAVEL \$	\$1,107.70

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

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>CHILTON, SEAN</u> Cardholder's Name	<u>SVP</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/12/2012</u>	
<u>SOUTH ZONE</u> Cardholder's Dept	<u>SUNLIFE PLACE</u> Cardholder's Site/Location	Total Statement Amount: <u>\$505.56</u>	
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 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	801876974	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67		Med Staff Engagement
23/11/2012	801891904	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	1.10	.00	Cap Project Prioritization
23/11/2012	802470793	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	57.50	CAD	57.50	2.74		Cap Projects Prioritization - Taxi
26/11/2012	802184789	DELUXE CENTRAL TAXI, LIMOUSINES AND TAXICABS	15.00	CAD	15.00	.71		HAC Mtg Taxi From Airport
01/12/2012	802618545	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	199.01	CAD	199.01	9.48		PMI Course - Med Hat
14/12/2012	803775718	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29		Med Hat Foundation Mtg & EMS Mtg
14/12/2012	803914599	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	191.05	CAD	191.05	9.10		EMS Mtg & Med Hat Foundation Mtg.

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 transaction(s) to the proper cost centre. 		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	Date of Signature _____	
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). 		
CHILTON, SEAN Name of Cardholder _____	SVP Cardholder Position/Title _____	
Signature of Cardholder _____	Date of Signature _____	
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 		
Kristina Russell Name of Approver Designate _____	Exec. Admin Coordinator Approver Designate Position/Title _____	
Signature of Approver Designate _____	Date of Signature _____	
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). 		
Chris Mazurkewich Name of Approver _____	EVP & COO Approver Position/Title _____	
Signature of Approver _____	Date of Signature _____	
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 3E4	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date _____

①
 DISPLAY THIS SIDE UP ON DASHBOARD

Mtg for Medical Staff Engagement
 DETACH RECEIPT FROM TICKET

EXPIRATION DATE
 23/11/12 06:00 AM

DATE ISSUED TIME ISSUED AMOUNT PAID
 22/11/12 07:43 AM \$ 14.00

AMOUNT PAID
 \$ 14.00 04000000 07:43 AM

CREDIT CARD NUMBER
 LIT M



1311039

NON TRANSFERABLE

1311039

RECEIPT GST#R108102831

Capital Projects Prioritization Workshop -

ASSOCIATED CAB ALTA LTD
 387 - 41 AVE NE (403) 299-1111
 INSIST ON THE PROFESSIONALS

DATE: 28/12/11/23
 PICK-UP TIME: 15:00
 DROP-OFF TIME: 15:31
 TRIP ID: 8
 LOCATION: 073800-45024103707
 CAR NUMBER: #515
 CARD TYPE: [REDACTED]
 CARD: [REDACTED]
 EXPIRY: [REDACTED]
 AUTH: AP173134

FARE (\$): 58.18
 EXTRA (\$): 8.00
 SUBTTL (\$): 58.18

TIP (\$): 7.50

TOTAL (\$): 57.68

SIGNATURE *[Signature]*

FOR ONLINE TAXI BOOKINGS VISIT
 OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY (4)

SPIN CHILTON
 AP HEALTH SERVICES

05 680

DESCRIPTION	AMOUNT - MONY
SALES DRAFT/FACITURE	12.50
TAX	1.50
TOTAL	14.00

VISA

GST# R128599776 *Capital Project*
 Edmonton Airports
 Can-TSJ 272 Edmonton
 Tax Code CASX

PO# 1st Fl 23/11/12 17:25
 Receipt 051869

Short-term parking tkt
 DL - No. 076324
 23/11/12 05:45 -
 24/11/12 05:44 -
 Period 1d0h0'
 (Tax) \$23.00

Total \$23.00

Payment Received
 MC \$23.00

Merch: 82005340013
 Auth: 192741
 Type: Swiped

Sub Total \$21.90
 Tax 5% 1.10

5

PMT Course
Medicine Hat
29th - 30th Nov 2012



5 11-30-12

Sean Chilton	Folio No. :	[REDACTED]	Room No. :	310
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	11-29-12
CA	Group Code :	[REDACTED]	Departure :	11-30-12
	Company :	[REDACTED]	Conf. No. :	66531901
	Membership No. :	[REDACTED]	Rate Code :	IGCOR
	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
11-29-12	*Accommodation	179.00	
11-29-12	DMF	3.58	
11-29-12	GST	9.13	
11-29-12	Tourism Levy	7.30	
11-30-12	MasterCard [REDACTED]		199.01
Total		199.01	199.01
Balance		0.00	

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. We look forward to welcoming you back soon.

Guest Signature: _____
 I have received the goods and / or services in the amount shown heron. 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 Strachan 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

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Medicine Hat foundation mtg
and
EMS team meeting

Park Fee
MHC mtg

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

POF1 #3202
Rcpt# 1114
12/14/12 13:36 L# 2 A# 1 Txn# 13895
12/14/12 07:51 In 12/14/12 13:36 out
Tkt# 126036

MHRH	\$ 6.00
Total Fee	\$ 6.00
MASTER CARD	\$ 6.00-

Approval No.: 153735
Reference No.: 000000647
Change Due \$ 0.00

THANK YOU
DRIVE SAFELY
COMMENTS OR CONCERNS
403.602.8848
provincialparking@
albertahealthservices.ca

7

EMS operations Mtg
and
Medicine Hat Foundation
Mtg.
15th + 16th December
2012



14

12-14-12

Sean Chilton	Folio No. :	[REDACTED]	Room No. :	317
[REDACTED]	A/R Number :		Arrival :	12-13-12
CA	Group Code :		Departure :	12-14-12
	Company :		Conf. No. :	63403456
	Membership No. :	[REDACTED]	Rate Code :	IDAVT
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
12-13-12	*Accommodation	171.84	
12-13-12	DMF	3.44	
12-13-12	GST	8.76	
12-13-12	Tourism Levy	7.01	
12-14-12	MasterCard [REDACTED]		191.05
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 . We look forward to welcoming you back soon.		Total	191.05
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. 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 Strachan 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