

## **Board and Executive Expense Report**

Name Sean Chilton
Title SVP South Zone
Location Lethbridge

Expenses submitted during the month of January 2013

						Trave	el (1)			L		
Date	Source Document	Purpose	Airfa	are	Meals	Accomm	odation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	Various meetings		_	_		_	753	753	_	_	_
January 2013	P-Card	Various meetings		-	-		525	6	531	-	-	-
Total			\$	- \$	-	\$	525	\$ 759	\$ 1,284	\$ -	\$ -	\$ -

Total for

the Month \$ 1,284

Maximum meal expense claimed in the month	\$ -
Maximum daily hotel rate claimed in the month	\$ 162
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

SE	CTION	A: EMPL	OYEE DETAILS	Ifor AHS Staff C	NLY	Company of the Contract of the	AND THE PROPERTY OF THE PROPER	TANAMENTO PARAMENTE SENTENCE POR LABORA	a ki jini da kamana da bakan ma magaladayina ta ay asa bayab ya		
1 '	Enler e	mployee # [	old) and Employee # (E	People) if your payi	oil has miora	led to the Ne	w E-People payroli s	system E	xpense Date From	. Jan. 1, 2013 To	Jan. 30, 2013
	If you ar	re a new en	Employee # (E-People ployee and your payro	i if your payroii nes ni il is E-Paople vou wil	ot mignated to Louly have a	o the New E- n Employees	People payroll syste. B (E-Paople)		ravel Period from:		n, 30, 2013 Mar, 2015,
Nar	ne: Sear	Chilton		The second second second	MARY SHOW SHOW BELLEVIEW		Position (Title)	And in contrast of the parties of th	Out-of-Province Tre sident, South Zone	apay panganan nangang nangang BAG!	the state of the s
Loc	ation: C	RH Lethbri	dge	Dept: SVP South	Zone	DOFA Lev	el: 3a (frappicable		the same of the sa	siness Phone #:	Ext:
Em	oloyee#	(E-People):			Empl	oyee # (REOL	JIRED # prior to E-People	-		and as I florie in	EX(;
SE	CTION	E: FINAN	CE CODING & TO	TAL CLAIM	- Control Control	Printer of the second second second					
C	APITAL	PROJECT	CODING ONLY →	Project Nu Expenditure (	,		PAP SERVICIA AND APPEAL OF THE		Task Number xpenditure Type		
	*	Total - S	ection B: Travel -	Pg 2	Total	- Section	C&D: Other & F				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense		Location	Functional	Secondary/	Total	TOTAL REIMBL	IRSEMENT
2A	101	0162	71110100000	\$752.89			Centre (FC)	Expense	Expense	Total Section B	\$752.89
2B			71110100000	\$102.09			***			Total Section C&D	
2C		<u> </u>								Less Cash Advance	
2D										TOTAL CLAIM	\$752.89
				\$752.89		**User to en	ter Coding & \$ amo	ounts	Martin planten and the second		
		A STATE OF THE PERSON NAMED IN	luto fills from page 2A	2B, 2C & 2D			ields do not autoina		ion C&D		
SEC	TION F	AUTHO	RIZATION		A STATE OF THE PARTY OF THE PAR	***		The state of the s	And the second s		
Empl	oyee and	epproval s	ne of the person (other quatures required as wi	than claimant) that pr	epared the c	laim along wi	th phone number so	if there are any qu	estions contact can	be easily made.	**************************************
Clain	Prepare	ed by (PRIN)	ONLY) Brenda Case	1	-gamo, , o. aa	overth material	and residen # of the	Phone #		Ext	
I herel	y acknow	ledge (hat I )	ave read the 'Travel, Ho	pitality and Working Se	ession Expens	as Policy" of A	iberta Health Services		that the expenses cla	imed are in compliance with such	nalisa
	oyee Sig		ises listed at The	reen previously claim	ed by me or or	n my behalf fro	m Alberia Health Servi	ces or other organiz	ation.	and the membranes will start	policy.
			reviewed the expenses	and that grain and	d '11 11		The section of the se	Date 30-Jan-1	3		
White	ACO CIONI	t total with	eceipis snould be sent	by the approver direct	tly to Accour	na applicable its Payable fo	policies (Policy #'s 1 3 processina.	118, 1122).			T
Appro	oved By	PRINT ONL	D: Dr. Megrap for	Chais Mazurkewich	4			Position #		Phone #	Ext
Signa		-	- HOROCONO CONTRACTOR OF THE PARTY OF THE PA		1	Ţ	Itle EVP & COO			Date	
		PROT ONL	X):		mege	an DOFA	Lavel Z. Q	Position #	Anna Street Company of the Company o	Phone #	Ext
Signa			- Constitution of the Cons	0017	4		Ithe ENDIC	mo Cu	000	Date Jan 31	11-2
deaith the purp	and Person cose of adi	iai miumation 1 istering 4H	on this form to collected by S Procure to Ray program i	ARS under the decisionly of or more told and but one	d saction 26(b)	of the Health in	ormalion Act (rillA) and 5	reform 33(c) and 34()	) of the Freedom of life	maion and Protection of Privacy (FC contact Mark Palka, Director Account	Edward
0506 01	email Mei	tk Paku@ata	taheath services ca	- L		कारकार आक्र कर्ना है। जनसम्बद्धाः		ryour seems and pers	Car a vista at on please	contact Mark Palka. Director Accoun	Is Fayable at 780-735.
				•			-1 of 3 -				(*)

## EXPENSE CLAIM DETAILS

E	inter Finance Coding 101 • 0162 •	71110100	000		Emp#(E-F	la a a la l							· ·
				ha b-					_ Emp # (prior	to E-people)		P	age 2A
total \$ amo	s incurred are for <b>multiple FC's</b> please use pages 2B, ount on slip, <u>PO NOT</u> separate any taxes (eg. GST).	Secondary/	Expense d	nere sno codes an	aua pe one r a not regulre:	C per page. C I in this sectio	R II	more line	s are required :	for the same F(	C use these i	additional pa	ages. Enter
SECTION	B: TRAVEL EXPENSES NOTE: If expense	ses do not fall	into these ca	tegories s	uch as Hospital	ity. Working Ses	sion	Relocation (	Continuing Education	y trio system.	and the DED	7010	
Select from	i ulopuown menu (column <b>Province</b> ) where expenses	Were Incurr	ed (Out of	N. Amer	ica = Inter'l)	ity i i di iii g doo	010111	Troicoadon, c	contribing Education	an, cosmess arsura	ruce go to SEC	TION C	
Ensure se	parate lines are used for claim items that differ in Provin	ice, US and	Out of No	rth Ame	rica.								
Date	Purpose of Travel	Province, US, or	What is travel	(9a)	Meal act type from o	(mndown)	A	Virfare					
dd-mmm-yy	55 characters maximum ~length of shaded area	Out of	related	Туре	w/receipt	wio receipt or	0.000	us/LRT	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
7110		N.America	to?	туре	wreceipt	per dlam	Р	arking		- Jul			(vii)
7-Jan-13	Lethbridge to Medicine Hat (Leadership Retreat)	AB	Meeting										167.00
8-Jan-13	Medicine Hat to Brooks (Newell Foundation Mtg)	AB	Meeting										106.00
9-Jan-13	Brooks to MH (Bariatric Opening & EMS Mtg.)	AB	Meeting										106.00
10-Jan-13	MH to Lethbridge	AB	Meeting										167.00
22-Jan-13	Lethbridge to Oyen (return) EMS Meeting	AB-	Meeting										860.00
30-Jan-13	Lethbridge to Magrath (EMS Meeting)	AB	Meeting				3						36.50
30-Jan-13	Magrath to Warner (EMS Meeting)	AB	Meeting										60.40
30-Jan-13	Warner to Raymond (EMS Meeting)	AB	Meeting				-						64.10
30-Jan-13	Raymond to Lethbridge	AB	Meeting										34.90
									· · · · · · · · · · · · · · · · · · ·				
													***************************************
									· · · · · · · · · · · · · · · · · · ·				
				-									
		S	UBTOT	ALS									Total Kms 1601.90
an walkers	MEAL PER DIE	M RATES			Assembly of the second		-		ate = \$0 EDE loss	00 47 less 0D se			1001.90
	B = Breakfast = \$9.20 L = Lunch = \$11,60 D = 0	inner = \$20.	75 <u>A = A</u>	LL MEAL	<u>.5</u> = \$41.55		- 1		nter \$0.505 km,		te per Union Alleage detail:		\$0.470
	BL = Breakfast & Lunch = \$20.80 BD = Breakfast & C	inner = \$29.9	5 LD=1	unch & C	<u> </u>	5	- 11					Mileage \$	\$752.89
	MILEAGE - Business Kilometre Rate	for Person	ally-Owns	d Vehic	le .		=				7		\$10£.00
	→ details of travel location to & from must be include	ebnu evads be	the purposi	e of travel	column		-					\$ Subtotal	
	\$0.505 per km for <u>und</u>	der 5,000km	<u>Nr</u>				- 11			Enter on p	age 1 TOTAL	TRAVEL \$	\$752.89
	\$0.47 per km for <u>ove</u> or <u>per Union Ac</u>		(C					Note:	Total will auto fill	into og 1, Sectio	n E, If form co	ompleted elec	tronically -
-	G per Union Ac	i celliel#	- //-				ᆈ		Addition	nal pg 2s can be	found at end	of form	,
Company of the Parket of the P		ARROGANIA DALLA	A STATE OF THE PARTY.			The second second		-					

# P-Card details Online ® Cardholder Statement Report

Instruction:			
<ul> <li>Attached ALL original deta</li> </ul>	ailed receipts and supporting documents in the	same order as it appears on this stat	ement
Cardholder AND Approve	's signatures required where indicated below		
CHILTON, SEAN	SVP		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/01/2013
SOUTH ZONE	SUNLIFE PLACE		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$530.87
SEAN.CHILTON@ALBERTAHE	EALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freight Description
09/01/2013	305473195	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	180.37	CAD	180.37	8.59	SZ Leadership Retreat
09/01/2013	305645891	BROOKS RAMADA, RAMADA INNS	168,39	CAD	168.39	8.02	Newell Foundation & Brooks site
10/01/2013	305645892	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29	Bariatric Opening MH
10/01/2013	305645893	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	176.11	CAD	176.11	8.39	MH Bariatric Opening & EMS Mtg

# طetails Online & Cardholder Statement Report

Signatures			
Cardholder Designate (if Applicable)			and the state of t
Dy signing this statement			
hereby cortife that the	<b>●</b> 0.00000000000000000000000000000000000		
Policies, Program User Guide and Trave	reconciled this staten	nent in BMO details Onlined to the heat of	
	ang. I have allocated th	ment in BMO details Online® to the best of my ability in accordance to transaction(s) to the proper cost centre	AHS Corporate
Name of Cardholder Designate			
		Cardholder Designate Position/Title	
Secretary			
Signature of Cardholder Designate		Date of Signature	
Cardholder		Date of Signature	
By signing this statement			
I hereby certify that the P-Card issued to	he was read for local	nate business purposes in accordance to AHS Corporate Policies and	
Frogram User Guide.	used for legitin	hate business purposes in accordance to AHS Corporate Policies and	ALION O
acknowledge that the above Cardholder	Designate has comple	eled reviews and reconciliation in BMO details Online® on my behalf (	And PiCard
CHILTON, SEAN	o was somple	red reviews and reconciliation in BMO details Online® on my behalf it	of application
Name (		SVP	u applicable)
Trans flather		Cardholder Position/Title	
Signature of Cardholder		Jan. 23, 2013	
Approver Designate (if Applicable)		Date of Signature	
Ly Signiff integrations			
" I hereby certify that I have rouse		in BMO details Online® in accordance to AHS Corporate Policies, Pro	-
Guide and Training on behalf of a authorize	proved this statement	in BMO details Online® in accordance to the	
distinction D	o approver	Traccordance to AHS Corporate Policies, Pri	ogram User
Name of Approver Designate			
The Ut Approver Designate		E.A.C to EUP COO Approver Designate Position/Title	
-Klund Ol			
Signature of Approver Designate		Date of Signature	1
The state of the s		Date of Signature	
Approver		- Janata, o	Til tour
sy signing this statement			
Program User Guide and Issued to be	was used for legitimate	business purposes in accordance to AHS Corporate Policies and AH	ŧ
acknowledge the	transactions as listed	dustriess purposes in accordance to AHS Corporate Policies and AH	9 B Cm
acknowledge that the above Approver Design	gnate has completed re	t.  Eviews and approvals in BMO details Online® on my behalf (if applications)	3 F-Care
	The Court of the	cycles and approvals in BMO details Online® on my behalf (if applica	hlai
Name of Approver		the application of the applicati	ioroj.
	- The same of the	Approver Position, Title	1
		24/14	1
Signature of enprover		Las Cill	1
		Date of Signature	1
bruit approved statement with attachments to A	consiste D		
ach:	-vons rayable:		Contract to the contract of th
		The state of the s	
Original itemized receipts		Hadrage.	, , , , , ,
Original itemized receipts Signed Cartholder Statement Daniel	on of all	Address:	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report)	es of electronic	Alberta Health Services	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable	es of electronic	Alberta Health Services Accounts Payable	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable Copies of pre-approvels for travel		Alberta Health Services Accounts Payable 7th Street Plaza	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Co		Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Co		Alberta Health Services Accounts Payable	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable Copies of pre-approvels for travel		Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Se Return, refund and/or credit receipts Disputes letter		Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street	
Original itemized receipts Signed Cardholder Statement Report (or copid signatures if signatures are not on report) And where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Se Return, refund and/or credit receipts Disputes letter  Disputes Payable only:		Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street	
Original itemized receipts Signed Cardholder Statement Report (or copic signatures if signatures are not on report) And where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Se Return, refund and/or credit receipts Disputes letter		Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street	





Medicine Hat

82 exec leadership

Meeting 7m + 8m San 2013

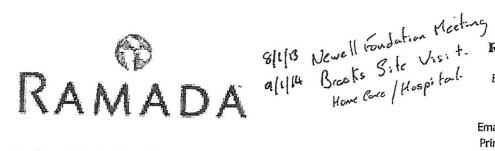
01-08-13

Date	Description		Charges	Credits
01-07-13	*Accommodation		162.24	
01-07-13	DMF		3.24	
01-07-13	GST		8.27	
01-07-13	Tourism Levy		6,62	
will automa	hank you for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay vill automatically be credited to your account. To make additional reservations online,		180.37	0.00
We look for	r account information or view your statement please visit www. priorityclub.com. ward to welcoming you back soon.	Balance	180.37	

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



RAMADA BROOKS

1319 2ND ST WEST BROOKS AB TIR 1P7 CA Phone: 403-362-6440

Fax: 403-362-6480 Email: gm@ramadabrooks.com Printed: 1/9/2013 7:55:12 AM

# Folio (Detailed)

Name:

CHILTON, SEAN.

Confirmation Number:

67725745

Account Number:

Address:

Room:

Arrival:

Rate Plan:

419 RACK

1/8/2013 (Tue)

Room Type:

Daily Rate: Departure:

NK2, 1 KING NSMK JACUZZI

\$149.99 + \$18.40 Tax 1/9/2013 (Wed)

Nights:

Guests: 1/0

GTD: MC - MASTER CARD

Room Rate:

1/8/2013 (Tue) - 1/8/2013 (Tue)

\$149.99 + \$18.40 Tax per night.

1/9/2013 MC MASTER CARD \$0.18 \$168.39 \$0.00
--

miniary						
<b>Room</b>	<b>Tax</b>	<b>F&amp;B</b>	Other	CC	<b>Cash</b>	DB
\$149.99	\$18.40	\$0.00	\$0.00	(\$168.39)	\$0.00	\$0.00

By signing below, I agree to these terms and conditions.

**Guest Signature:** 

<sup>(1)</sup> Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or

<sup>&</sup>quot;We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy.".

10/1/13 Barretic Clinic Oppening Ambulance

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

POF1 #3202 Rcpt# 56 01/10/13 15:06 L# 2 A# 1 lxn# 596 01/10/13 08:58 In 01/10/13 15:06 Out Tkt# 131476

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

Approval No.:170704\_\_
Reference No.:0000000951
Change Oue \$ 0.00
THANK YOU
DRIVE SAFELY
COMMENTS OR CONCERNS
403.502.8648
provincialparking@
albertahealthservices.ca



Medicine Hat

Buriatric Clinic opposity

EMS air ambulance;

on 10/01/13.

follow-y Brocks mtg

01-10-13

Sean Chilton Folio No. Room No. : 419 A/R Number Arrival : 01-09-13 Group Code Departure : 01-10-13 Company Conf. No. : 62794788 Membership No.: Rate Code: IDAVT Invoice No. Page No. : 1 of 1

Date	Description		Charges	Credits
01-09-13	*Accommodation		158.40	
01-09-13	DMF		3.17	
01-09-13	GST		8.08	
01-09-13	Tourism Levy		6.46	
wili automa	for staying at Holiday Inn Express Medicine Hat. Qualifying points for this stay trically be credited to your account. To make additional reservations online,	Total	176,11	0.00
We look for	r account information or view your statement please visit www. priorityclub.com. ward to welcoming you back soon.	Balance	176.11	

## **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.