

Board and Executive Expense Report

Name Sean Chilton
Title SVP South Zone
Location Lethbridge

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	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

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: Jan. 1, 2013 To Jan. 30, 2013
 Travel Period from: Jan. 1, 2013 To Jan. 30, 2013 (if applicable)
 Out-of-Province Travel

Name: Sean Chilton Position (Title): Senior Vice President, South Zone
 Location: CRH Lethbridge Dept: SVP South Zone DOFA Level: 3a (if applicable) Union: OCS 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 _____ Project Task Number _____
 Expenditure Organization _____ 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	0162	71110100000	\$752.89						Total Section B	\$752.89	
2B										Total Section C&D		
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$752.89	
				\$752.89								

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

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 at _____ were previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: _____ Date 30-Jan-13

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1116, 1122).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Meghan for Chris Mazurkewich DOFA Level 2a Position # _____ Phone # _____ Ext _____
 Signature: _____ Title EVP & COO Date _____

Approved By (PRINT ONLY): _____ DOFA Level 2A Position # _____ Phone # _____ Ext _____
 Signature: _____ Title EVP & COO (New Ops) Date Jan 31/13

Health and Personal information on this form is collected by AHS under the authority of section 26(b) of the Health Information Act (HIA) and sections 33(c) and 34(1) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Province Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

LF

Instruction:			
<ul style="list-style-type: none"> • 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>	<u>SVP</u>	Billing Reporting Period:	<u>20/01/2013</u>
Cardholder's Name	Cardholder's Position/Title		
<u>SOUTH ZONE</u>	<u>SUNLIFE PLACE</u>	Total Statement Amount:	<u>\$530.87</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
09/01/2013	805473195	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	180.37	CAD	180.37	8.59		SZ Leadership Retreat
09/01/2013	805645891	BROOKS RAMADA, RAMADA INNS	168.39	CAD	168.39	8.02		Newell Foundation & Brooks site visit
10/01/2013	805645892	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29		Bariatric Opening MH
10/01/2013	805645893	HOLIDAY INN EXPRESS, LODGING HOTELS, MOTELS, RESORTS	176.11	CAD	176.11	8.39		MH Bariatric Opening & EMS Mtg

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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

- 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: _____

Sean Chilton

SVP

Cardholder Position/Title _____

Jan. 23, 2013

Date of Signature _____

Approver Designate (if Applicable)

By signing this statement

- 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 _____

E.A.C to EUP/COO

Approver Designate Position/Title _____

K Russell

Signature of Approver Designate _____

Jan 23, 2013

Date of Signature _____

Approver

By signing this statement

- 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).

Name of Approver _____

Signature of Approver _____

Approver Position/Title _____

Jan 24/13

Date of Signature _____

Submit approved statements with attachments to Accounts Payable:

Attach:

- Original itemized receipts
 - 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
 - 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: _____

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Medicine Hat
SZ exec leadership
Meeting 7th + 8th Jan 2013

01-08-13

Sean Chilton	Folio No. :	Room No. :	421
	A/R Number :	Arrival :	01-07-13
	Group Code :	Departure :	01-08-13
	Company :	Conf. No. :	62027850
	Membership No. :	Rate Code :	IDAVT
	Invoice No. :	Page No. :	1 of 1

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	
Total		180.37	0.00
Balance		180.37	

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

2.



8/1/13 Newell Foundation Meeting
9/1/14 Brooks Site Visit
Home Care / Hospital

RAMADA BROOKS

1319 2ND ST WEST
BROOKS AB T1R 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: [REDACTED]

Address: [REDACTED]

Room: 419 Room Type: NK2, 1 KING NSMK JACUZZI Nights: 1 Guests: 1/0
Rate Plan: RACK Daily Rate: \$149.99 + \$18.40 Tax GTD: MC - MASTER CARD
Arrival: 1/8/2013 (Tue) Departure: 1/9/2013 (Wed)

Room Rate:
1/8/2013 (Tue) - 1/8/2013 (Tue) \$149.99 + \$18.40 Tax per night.

Date	Code	Description	Amount	Balance
1/8/2013	RM	ROOM CHARGE	\$149.99	\$149.99
1/8/2013	TAX1	GST	\$7.50	\$157.49
1/8/2013	TAX3	DMF	\$4.50	\$161.99
1/8/2013	TAX2	TOURISM	\$6.00	\$167.99
1/8/2013	DTX1	GST ON DMF	\$0.22	\$168.21
1/8/2013	DTX2	HOTEL TAX ON DMF	\$0.18	\$168.39
1/9/2013	MC	MASTER CARD	(\$168.39)	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	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: _____

(1) 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 any personal valuables of any kind.
"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 Basic Clinic
Opening
EMS Air Ambulance

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

POF1 #3202

Rcpt# 56

01/10/13 16:06 L# 2 A# 1 Txn# 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 Due \$ 0.00

THANK YOU

DRIVE SAFELY

COMMENTS OR CONCERNS

403.502.8648

provincialparking@

albertahealthservices.ca

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4.



Medicine Hat
Bariatric Clinic opening
EMS air ambulance
on 10/01/13.
following Brock's mtg

01-10-13

Sean Chilton [Redacted]	Folio No. :		Room No. :	419
	A/R Number :		Arrival :	01-09-13
	Group Code :		Departure :	01-10-13
	Company :		Conf. No. :	62794788
	Membership No. :	[Redacted]	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	8.46	
Total		176.11	0.00
Balance		176.11	

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.

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#9 Strachan Bay
Medicine Hat, Alberta T1B 4Y2
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Toll Free: 1-877-504-5151
g.s.t. no. 896 932 449