

## Official Administrator and Executive Expense Report

**Name** Dr. Evan Lundall  
**Title** Zone Medical Director, Central Zone  
**Location** Red Deer

Expenses submitted during the month of July 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)
Jul-14	P-Card	Meetings		7		14	21			
Jul-14	Expense Claim	Meetings		12		200	212			
<b>Total</b>			\$ -	\$ 19	\$ -	\$ 214	\$ 233	\$ -	\$ -	\$ -

**Total for the Month**      \$            233

Maximum daily single meal expense claimed in the month      \$            12  
 Maximum daily base hotel rate claimed in the month            \$            -  
 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

<u>LUNDALL, EVAN</u> Cardholder's Name	<u>CENTRAL ZONE MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/07/2014</u>
<u>MEDICAL AFFAIRS</u> Cardholder's Dept	<u>AHS MICHENER BEND</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$20.59</u>
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>		

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freigh Description
27/06/2014	356484776	MPARK0002025#U. AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67	00 Parking: 1:1 meeting with Dr Yiu - Edmonton

Transactions without Receipts or supporting documentation							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freigh Description
30/06/2014	356838073	TIM HORTONS 1517 QTH. FAST-FOOD RESTAURANTS	6.59	CAD	6.59	.00	00 Meeting with Dr Heisler (CPSA), Dr Keller (FMD) Lacombe

**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

[Signature]  
Signature of Cardholder Designate

Exec. Assistant  
Cardholder Designate Position Title

July 28, 2014  
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

[Signature]  
Signature of Cardholder

CENTRAL ZONE MEDICAL  
Cardholder Position Title

28 July 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 Hiu  
Name of Approver

[Signature]  
Signature of Approver

VP Quality + CMO  
Approver Position Title

July 29, 2014  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> <li>And where applicable:           <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> <li>Business reasons for travel require detailed description - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </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>
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**Accounts Payable Only:**

Reference #:	Reviewed by:	Date:
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**Date:** July 25, 2014  
**To:** Public Disclosure  
**From:** Dr Evan Lundall,  
Central Zone Medical Director  
**RE:**  
ATTESTATION OF MISSING RECEIPT

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ATTESTATION OF MISSING RECEIPT

**Re: Coffee receipt – Tim Hortons – Lacombe - \$6.59 on 30 June 2014**

Dr Evan Lundall met with:

Dr Own Heisler – College of Physicians and Surgeons of Alberta  
Dr. Ron Keller – Lacombe Facility Medical Director

to discuss medical staffing issues at the Lacombe Hospital.

Thank you.

A handwritten signature in black ink, appearing to read 'E. Lundall', written over the typed name 'Dr. Evan Lundall'.

Dr. Evan Lundall  
Medical Affairs, Central Zone

P-Card  
PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time  
10:28 AM  
JUN 27, 2014

Purchase Date/Time: 08:28am Jun 27, 2014  
Total Parking: \$13.33  
Total gst: \$0.67  
Total Due: \$14.00  
Total Paid: \$14.00  
Ticket #: 16016601  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1  
Rate: \$14 - 2 Hours  
Payment Type: Card



*Meelij Dr Yui*

RECEIPT  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES  
Expiration Date/Time: 10:28am Jun 27, 2014  
Purchase Date/Time: 08:28am Jun 27, 2014  
Total Parking: \$13.33  
Total gst: \$0.67  
Total Due: \$14.00  
Total Paid: \$14.00  
Ticket #: 16016601  
Setting: Lot 256  
Mach Name: Meter 1  
Rate: \$14 - 2 Hours  
Payment Type: Card





# 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: 21-Jun-14 To 21-Jul-14  
 Travel Period from: 21-Jun-14 To 21-Jul-14  
 Out-of-Province Travel

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director  
 Location: Michener Bend, Red Deer Dept: Medical Affairs DOFA Level: [Redacted] Business Phone: [Redacted] Ext: [Redacted]  
 Employee # (E-People): [Redacted]

## 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	Total Section B	Total Section C&D	
2A	101	0015	71110106045	\$211.58						\$211.58		
2B												
2C												
2D												
				\$211.58								

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 affirm that the expenses incurred in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or my behalf from Alberta Health Services or any other organization.  
 I affirm that the expenses submitted in this claim have been incurred by me or my behalf from Alberta Health Services and that this claim has not been previously claimed by me or my behalf from Alberta Health Services or any other organization.

I, by signing this form, affirm that I am responsible for all the above statements.  
 Employee Signature: [Signature] Date: 28 July 2014

I affirm that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy - Document # 1277" and that the expenses submitted in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or my behalf from Alberta Health Services or any other organization.

I, by signing this form, affirm that I am responsible for all the above statements.  
 Approved By (PRINT ONLY): Dr. Verma Vij DOFA Level: [Redacted]  
 Signature: [Signature] Title: VPE Quality + CMO Date: July 30/14

I affirm that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy - Document # 1277" and that the expenses submitted in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or my behalf from Alberta Health Services or any other organization.

I, by signing this form, affirm that I am responsible for all the above statements.  
 Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health and Personal information on this form is covered by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 23(c) and 24(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively for the purpose of administering AHS' Procedure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding	101	0015	71110106046	Emp # (E-People)		Page 2A
If expenses incurred are for <b>multiple FC's</b> please use pages 2B,2C,2D (after pg3) as there should be one FC per page <b>OR</b> if <b>more lines</b> are required for the same FC use these additional pages. Enter total \$ amount on slip. <b>DO NOT separate any taxes</b> (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 = Inter'l)  
 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-mmm-yy	Business Reason for Travel - Detailed Description Required <small>(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</small>	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	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							
27-Jun-14	Travel from Red Deer to Edmonton - Meeting with CMO - Dr. Verna Yiu	AB - Provinc	Meeting	Yes	L-\$11.60	\$11.60									300.00
30-Jun-14	Meeting with Dr. O Heister (CPSA), Dr Keller - Lascombe	AB - Provinc	Meeting	Yes											46.00
17-Jul-14	Meeting - Lacombe Medical Staff Meeting	AB - Local	Meeting	Yes											50.00
<b>SUBTOTALS</b>							\$11.60								Total Kms 396.00

**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 <small>(see Mileage details to the left)</small>	\$0.505
Mileage \$	\$199.98
Travel \$ Subtotal	\$11.60
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>	<b>\$211.58</b>

**Note:** Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

**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)**