

## 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 September 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)
Sep-14	P-Card	Meetings		41			41			
Sep-14	Expense Claim	Meetings				347	347			
<b>Total</b>			\$ -	\$ 41	\$ -	\$ 347	\$ 388	\$ -	\$ -	\$ -

**Total for the Month**      \$        388

Maximum daily single meal expense claimed in the month      \$        41    3 people  
 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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>LUNDALL, EVAN</u>	<u>CENTRAL ZONE MEDICAL</u>	Billing Reporting Period:	<u>20/09/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>AHS MICHENER BEND</u>	Total Statement Amount:	<u>\$41.41</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #	<u>[REDACTED]</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
17/09/2014	004763455	CILANTRO KITCHEN & BAR, EATING PLACES, RESTAURANTS	41.41	CAD	41.41	1.97		Luncheon meeting with Dr Turner and Dr Shaheen Jinah-Rajabal

**Signatures**

**Cardholder Designate (If Applicable)**

By signing this statement

- I hereby certify that I have reviewed and accepted this statement in SMO Online to the best of my ability in accordance to AHS Corporate Policies Program User Guide and Training. I have allocated the transaction to the proper cost centre.

Sheryl Hergott  
Name of Cardholder Designate

Exec. Assistant  
Cardholder Designate Position Title

[Signature]  
Signature of Cardholder Designate

Sept 23/14  
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 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

CENTRAL ZONE MEDICAL  
Cardholder Position Title

[Signature]  
Signature of Cardholder

24 Sept 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 Yiu  
Name of Approver

VP Quality + CMO  
Approver Position Title

[Signature]  
Signature of Approver

Sept 26/14  
Date of Signature

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

**Attach:**

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (for 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
- Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

**Address:**

Alberta Health Services  
Accounts Payable  
700 Street Plaza  
10th Floor, North Tower, 10000-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable only:**

Reference #:

Reviewed by:

Date:

meeting with

CILANTRO KITCHEN & BAR  
5509 46 ST  
OLDS AB

DR TURNER

CARD # [REDACTED]  
CARD TYPE VISA MASTERCARD  
DATE 2014-09-17  
TIME 6767 14:43:57  
CLERK ID [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$36.01  
TIP \$5.40  
TOTAL

**\$41.41**

MasterCard  
A0000000041010  
3B0674E875A8E096  
0000008000-EB00  
5A7D04E507FF32D4

APPROVED

AUTH# [REDACTED] 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

Luncheon Meeting:

- 1) Dr Lundall
- 2) Dr Turner
- 3) Dr Shahan Jinh-Rajabali

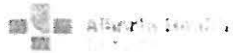
CILANTRO  
Kitchen & Bar  
5509 - 46 Street Olds, AB  
GST # 847959335

Check: [REDACTED]  
Table: 01  
Server: [REDACTED]  
09/17/14 02:44pm

---[Seat 1]---	
2 SODA WATER	\$5.90
1 SMK MEAT	\$12.95
1 CILAN CK SALAD	\$12.95
1 COFFEE	\$2.50

Subtotal:	\$34.30
Tax::	\$1.71
Sub w/Tax:	\$36.01
Total:	<b>\$36.01</b>

Planning a party?  
We would be pleased to arrange  
a special menu for you  
Thank you!



# 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: 22-Aug-14 To 22-Sep-14  
 Travel Period from: 22-Aug-14 To 22-Sep-14  
 Out-of-Province Travel

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

**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	C015	71110106046	\$347.44						\$347.44		
2B												
2C												
2D												
				\$347.44								

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**

Employee Signature: *[Signature]* Date: *Sept 25, 2014*

Approved By (PRINT ONLY): Dr. Verna Yip DOFA Level: [Redacted] Position: [Redacted] Phone: [Redacted]  
 Signature: *[Signature]* Title: VP Quality + CMO Date: Sept 26/14

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level: \_\_\_\_\_ Position #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Health Information Services and Privacy Office is a service provided by AHS under the authority of section 203 of the Health Information Act (HIA) and sections 73(2) and 34(2) of the Freedom of Information Act. Contact: Privacy (FOIP/AI), respectively, for the purpose of administering AHS Privacy Policy.

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 T5J 3E4



- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding	101	0015	71110106046	Emp # (E-People)			Page 2A
<i>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</i>							

**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) 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						
11-Sep-14	SCN Connects Conference - Banff - sEpt 11 - 13	AB - Provinc	Conf	Yes										532.00
17-Sep-14	Meeting with Dr Turner and Dr Jinah Rajatani - Oids AB	AB - Provinc	Meeting	Yes										156.00
<b>SUBTOTALS</b>														Total Kms 688.00

<b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b> → 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 <i>(see Mileage details to the left)</i>								
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: right;"><b>Mileage \$</b></td> <td style="width:20%; text-align: right;"><b>\$347.44</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Travel \$ Subtotal</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>Auto fills on page 1 - TOTAL TRAVEL \$</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>\$347.44</b></td> </tr> </table>		<b>Mileage \$</b>	<b>\$347.44</b>	<b>Travel \$ Subtotal</b>		<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>		<b>\$347.44</b>	
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<b>Travel \$ Subtotal</b>									
<b>Auto fills on page 1 - TOTAL TRAVEL \$</b>									
<b>\$347.44</b>									

**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)