

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 October 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)
Oct-14	P-Card	Meetings			1,052	14	1,066			
Oct-14	Expense Claim	Meetings		32	678		710			
Total			\$ -	\$ 32	\$ 1,730	\$ 14	\$ 1,776	\$ -	\$ -	\$ -

Total for the Month \$ 1,776

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 229
 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

LUNDALL, EVAN Cardholder's Name	CENTRAL ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period: <u>20/10/2014</u>
MEDICAL AFFAIRS Cardholder's Dept	AHS MICHENER BEND Cardholder's Site/Location	Total Statement Amount: \$1,069.62 \$ 1065.62
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA 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
19/09/2014	364938707	RADISSON AIRPORT HOTEL, RADISSON	167.28	CAD	167.28	7.97		Hotel - CMO meeting - Calgary
01/10/2014	366319675	DELTA CALGARY AIRPORT, DELTA HOTELS	257.09	CAD	257.09	00	00	Attended PPEC meeting - Calgary
03/10/2014	366502584	DELTA CALGARY AIRPORT, DELTA HOTELS	229.84	CAD	229.84 \$ 225.94	00	00	Attended PCN Leads Forum - Calgary
17/10/2014	368011533	DELTA EDMONTON SOUTH H, DELTA HOTELS	415.41	CAD	415.41	00	00	Attend PMI education session

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.

Sheral Hegatt
Name of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Oct 22, 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

CENTRAL ZONE MEDICAL
Cardholder Position/Title

[Signature]
Signature of Cardholder

22/10/14
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
Name of Approver

VP Quality + Ch10
Approver Position/Title

[Signature]
Signature of Approver

Oct 24/14
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 (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
 - 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
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 0E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____



Evan Lindall

Room No. : [REDACTED]
Arrival : 09-18-14
Departure : 09-19-14
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. :
A/R Number :
Group Code : [REDACTED]
Company Name : Alberta Health Services (AHS)

09-19-14 03:14:15 AM EST

Date	Text	Charges	Credits
09-18-14	Room	149.00	
09-18-14	Marketing Fee	4.47	
09-18-14	GST Tax	7.67	
09-18-14	Alberta Tourism Levy	6.14	
09-19-14	Mastercard		167.28
Total		167.28	167.28
Balance			0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

Attended CMD Meeting - Edmonton - Sept 18 + 19, 2014

Radisson Hotel & Conference Centre Calgary Airport East
6620 36th Street NE
Calgary, AB T3J 4C8
Telephone: (403) 475-1111 Fax: (403) 719-3855
GST #: 82338 3401 RT0001

Radisson

Thank you for staying with us.
If we did well, please think of
us next time.

Express checkout for
room #

Your statement is current as of 4am. Any charges made
after that will be added to your credit card. Your voucher
will be signed 'Signature on file'.

Leave your key in your room, but feel free to stop by the
front desk if you have any questions.

Club
CARLSONSM 

Enjoy more points, more partners and more
places with Club CarlsonSM – the global hotel
rewards program from the Carlson Rezidor Hotel
Group. Join today to experience a collection
of exceptional benefits, services and privileges
at more than 1,000 hotels worldwide.

clubcarlson.com Find us on  

 100% satisfaction
guarantee

If you aren't satisfied with something, please let one of our staff know
during your stay and we'll make it right or you won't pay. It's guaranteed.



Radisson.com 1-800-333-3333



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
 Tel: 403-291-2600 Fax: 403-250-6121

AB HEALTH SERVICES
 Dr Evan Lundall

Room: [REDACTED]
 Folio: [REDACTED]
 Cashier: [REDACTED]
 Arrival: 09-30-14
 Departure: 10-01-14

Date	Description	Additional Information	Charges	Credits
09-30-14	Room Charge		229.00	
09-30-14	Room Destination Marketing Fee		6.87	
09-30-14	Room Tourism Levy		9.43	
09-30-14	Room GST		11.79	
10-01-14	Cash			[REDACTED]
10-01-14	Compass	[REDACTED]	[REDACTED]	
10-01-14	Mastercard	[REDACTED]		257.09
Total			[REDACTED] 9	[REDACTED]
Balance Due			0.00	CDN

GST Summary	
Reg No:807209770 RT0001	
Room	11.79
F&B	0.00
Other	0.00
Total	11.79

Attended PPEC Mtg - Oct 1 - /14.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



DELTA

CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
 Tel: 403-291-2600 Fax: 403-250-6121

AB HEALTH SERVICES
 Dr Evan Lundall

Room:
 Foio:
 Cashier:
 Arrival: 10-02-14
 Departure: 10-03-14

Date	Description	Additional Information	Charges	Credits
10-02-14	Parkade Parking		13.00	
10-02-14	Miscellaneous GST		0.65	
10-02-14	Room Charge		189.00	
10-02-14	Room Destination Marketing Fee		5.67	
10-02-14	Room Tourism Levy		7.79	
10-02-14	Room GST		9.73	
10-03-14	Compass Restaurant Gratuity		4.00	
10-03-14	Mastercard			
Total			229.84	229.84
Balance Due			0.00	CDN

paid back by personal cheque
 229.84 = 229.84

GST Summary	
Reg No:807209770 RT0001	
Room	9.73
F&B	0.00
Other	0.65
Total	10.38

Attended PCN Leads Forum - Calgary.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Date: October 23, 2014
To: Public Disclosure
From: Dr Evan Lundall, Central Zone Medical Director
RE: Rationale for Room Rate –

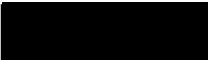
I attended the PPEC meeting – on October 1, 2014. I stayed at the Delta Calgary Airport Hotel on September 30, 2014. The AHS Government rate for that day was \$229.00

I stayed at this hotel because the meeting was being held at this site.

Thank you.



Dr. Evan Lundall



Delta Calgary Airport Hotel

10-23-14

00:00

Check Detail

```

      ^^[Delta]
      Compass Restaurant
      (403) 291-2600
      [REDACTED] 3
-----
      11 /1      2963
      [REDACTED]
      [REDACTED]
      Breakfast [REDACTED]
      FOOD [REDACTED]
      GST [REDACTED]
      Payment [REDACTED]
      Charge Tips      4.00
      515/Lundall
      ROOM CHARGE      4.00
      [REDACTED]
-----

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Breakfast charges paid personally by Dr Cundall.




DELTA


EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

4404 Gateway Boulevard, Edmonton, Alberta, T6H 5C2
Tel: 780-434-6415 Fax: 780-436-9247

AB HEALTH SERVICES
Dr Evan Lundall



Room: 
Folio: 
Cashier: 
Arrival: 10-15-14
Departure: 10-17-14

Date	Description	Additional Information	Charges	Credits
10-15-14	Room Charge		205.00	
10-15-14	Room Destination Marketing Fee		6.15	
10-15-14	Room GST		10.56	
10-15-14	AB Tourism Levy		8.45	
10-16-14	Room Charge		165.00	
10-16-14	Room Destination Marketing Fee		4.95	
10-16-14	Room GST		8.50	
10-16-14	AB Tourism Levy		6.80	
10-17-14	Mastercard			415.41

GST Summary	
Registration No: 865717755	
Room	19.06
F&B	0.00
Other	0.00
Total	19.06

Total	415.41	415.41
Balance Due	0.00	CDN

Attended - P.M.I. - "Physician As Coach" - Oct 16+17, 2014

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Date: October 23, 2014
To: Public Disclosure
From: Dr Evan Lundall, Central Zone Medical Director
RE: Rationale for Room Rate –

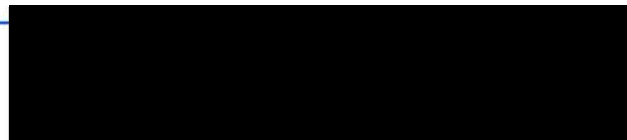
I attended the PMI – Physician as Coach in Edmonton on October 16/17, 2014.

I stayed at the Delta Edmonton South; the AHS Government rate for October 15, 2014 was \$205.00.

Thank you.



Dr. Evan Lundall



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-Sep-14 To 21-Oct-14
 Travel Period from: 20-Sep-14 To 21-Oct-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: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

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	0015	71110106046	\$710.06						\$710.06		
2B												
2C												
2D												
				\$710.06								

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 declare that I have read and understood the Travel, Hospitality & Working Session Expense Policy (112) of Alberta Health Services and confirm expenses being claimed are consistent with the principles and mandatory requirements of the policy.

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I, by signing this form, certify that I am responsible for the above statement.

Employee Signature: *E Lundall* Date: *Oct 22, 2014*

I declare that I have read and understood the Travel, Hospitality & Working Session Expense Policy (112) of Alberta Health Services and confirm expenses being claimed are consistent with the principles and mandatory requirements of the policy.

I declare that I have read and understood the Travel, Hospitality & Working Session Expense Policy (112) of Alberta Health Services and confirm expenses being claimed are consistent with the principles and mandatory requirements of the policy.

Approved By (PRINT ONLY): *Dr. Verna Yip* DOFA Level: Position #: Phone #: Title: *VP Equality + CHIO* Date: *Oct 24/14*

I, by signing this form, certify that I am responsible for the above statement.

Signature: Title: Date:

I declare that I have read and understood the Travel, Hospitality & Working Session Expense Policy (112) of Alberta Health Services and confirm expenses being claimed are consistent with the principles and mandatory requirements of the policy.

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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 20(b) 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 purposes of administering AHS Procure 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 T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0015 71110106046 Emp # (E-People)

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 (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.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (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	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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												
				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								
23-Sep-14	Travel to Olds to meet with Premier, Minister of Health	AB - Provinc	Meeting	Yes	L-\$11.60	\$11.60										156.00
18-Sep-04	Travel to Calgary - CMO meeting - 2 days	AB - Provinc	Meeting	Yes												286.00
30-Sep-14	Travel to Calgary - PPEC meeting	AB - Provinc	Meeting	Yes												300.00
3-Oct-14	Travel to Calgary - Primary Care Network Forum	AB - Provinc	Meeting	Yes												300.00
15-Oct-14	Travel to Edmonton - attended TEAMCARE Launch; 2 day PMI Oct 16-17	AB - Provinc	Educ	Yes	D-\$20.75	\$20.75										300.00
SUBTOTALS							\$32.35									Total Kms 1342.00

<p>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</p> <p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
	Mileage \$	\$677.71
	Travel \$ Subtotal	\$32.35
	Auto fills on page 1 - TOTAL TRAVEL \$	\$710.06

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)