

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 November 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)
Nov-14	P-Card	Meetings			298		298			
Nov-14	Expense Claim	Meetings				419	419			
Total			\$ -	\$ -	\$ 298	\$ 419	\$ 717	\$ -	\$ -	\$ -

Total for the Month \$ 717

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 155
 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:			
<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 			
LUNDALL, EVAN	CENTRAL ZONE MEDICAL	Billing Reporting Period:	2/11/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	AHS MICHENER BEND	Total Statement Amount:	\$ 198.28
Cardholder's Dept	Cardholder's Site/Location		
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card # XXXXXXXXXX	
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/10/2014	868776257	DELTA EDMONTON SOUTH H. DELTA HOTELS	174.02	CAD	174.02	.00		Hotel - attended "2014 Foundations Leadership Forum - 2 day event"
29/10/2014	869375668	NISKU INN, LODGING HOTELS, MOTELS, RESORTS	124.28	CAD	124.28	5.92		Hotel accommodation - attended Senior Leadership Team Meeting

Signatures

Cardholder Designate (If Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMC 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 center.

Sheryl Bergott
Name of Cardholder Designate

EW Catalyst
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Nov 21, 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

CENTRAL ZONE MEDICAL

Name of Cardholder

Cardholder Position/Title

[Signature]
Signature of Cardholder

25 NOV 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. Veronique Yip
Name of Approver

VP Quality + CMO
Approver Position/Title

[Signature]
Signature of Approver

Nov 27/14
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
11th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____



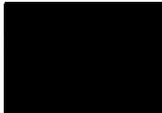
DELTA

EDMONTON SOUTH
HOTEL AND CONFERENCE CENTRE

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

Alberta Health Services
Dr. Evan Lundall



Room: 
Folio:
Cashier:
Arrival: 10-23-14
Departure: 10-24-14

Group: 

Date	Description	Additional Information	Charges	Credits
10-23-14	Room Charge		155.00	
10-23-14	Room Destination Marketing Fee		4.65	
10-23-14	Room GST		7.98	
10-23-14	AB Tourism Levy		6.39	
10-24-14	Mastercard			174.02

GST Summary	
Registration No: 865717755	
Room	7.98
F&B	0.00
Other	0.00
Total	7.98

Total	174.02	174.02
Balance Due	0.00	CDN

2014 Foundations Leadership Forum.

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.

Nisku Inn & Conference Centre

1101 - 4 St
 Nisku, AB T9E 7N1
 Ph: (780) 955-7744 Fax: (780) 955-7743
 info@niskuinn.com



TAX ID: GST #: 833923162

Dr. Evan Lundall



Room	Folio	CheckIn	CheckOut	Balance
		10/28/2014	10/29/2014	0.00
Master Folio		Government Rate		

Date	Room	Description / Voucher	Charges	Credits	Balance
10/28/2014	277	Room	114.00	0.00	114.00
10/28/2014	277	GST - 5.000%	5.70	0.00	119.70
10/28/2014	277	Room Tax - 4.000%	4.56	0.00	124.26
10/29/2014	277	Mastercard	0.00	124.26	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales			114.00
		GST 5.00%			5.70
		Room Tax 4.00%			4.56

Senior Leadership Team Meeting

NISKU INN
 1101 4TH ST.
 NISKU AB

CARD TYPE
 DATE 2014/10/29
 TIME 0838 13:07:42
 CASHIER ID
 RECEIPT NUMBER

3-DIGIT AUTH COMPLETION
 TOTAL \$124.26

MasterCard
 0000000041010

APPROVED
 AUTH# 01-027
 THANK YOU

CARDHOLDER COPY

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-Oct-14 To 21-Nov-14
 Travel Period from: 22-Oct-14 To 21-Nov-14
 Out-of-Province Travel

Name: Dr. Evan Ludall Position (Title): Central Zone Medical Director
 Location: [Redacted] Dept: Medical Affairs DOFA Level: [Redacted] Union: [Redacted]
 Employee # [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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0015	71110106046	\$418.65					
2B									
2C									
2D									
				\$418.65					

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: **User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT	
Total Section B	\$418.65
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$418.65

SECTION F: AUTHORIZATION

I warrant that the information provided on this form is true and correct to the best of my knowledge and belief, and that I am not being reimbursed for the same by any other source. I warrant that the information provided on this form is true and correct to the best of my knowledge and belief, and that I am not being reimbursed for the same by any other source.

Employee Signature: *[Signature]* Date: 25 Nov 2014

Approved by (PRINT ONLY): _____ DOFA Level: [Redacted]
 Signature: *[Signature]* Title: VP Quality + CMO Date: Nov 27/14

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 26(1) of the Health Information Act (HIA) and sections 33(1) and 34(1) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose 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

- 1 of 3-
EXPENSE CLAIM DETAILS

Enter Finance Coding <u>101</u> <u>0015</u> <u>71110106046</u>	Emp # (E-People) [REDACTED]	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.

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-Oct-14	Red Deer to Camrose (Physician Meeting); drive to Edmonton to attend "2014 Foundations Leadership Forum"; return to Red Deer	AB - Local	Meeting	Yes										395.00
29-Oct-14	Travel Nisku - Senior Leadership Meeting	AB - Local	Meeting	Yes										260.00
7-Nov-14	Travel to Wetskiwin - Central Zone Primary Health Care Forum	AB - Local	Meeting	Yes										174.00
SUBTOTALS													Total Kms	829.00

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 <i>(see Mileage details to the left)</i>
	Mileage \$ \$418.65
	Travel \$ Subtotal
	Auto fills on page 1 - TOTAL TRAVEL \$ \$418.65

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)