

## 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 December 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)
Dec-14	P-Card	Meetings		13	1,018	29	1,060			
Dec-14	Expense Claim	Meetings	757	353	1,652	623	3,385			
<b>Total</b>			\$ 757	\$ 366	\$ 2,670	\$ 652	\$ 4,445	\$ -	\$ -	\$ -

**Total for the Month**      \$      4,445

Maximum daily single meal expense claimed in the month      \$      21  
 Maximum daily base hotel rate claimed in the month      \$      343  
 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>			
LUNDALL, EVAN	CENTRAL ZONE MEDICAL	Billing Reporting Period:	20/12/2014
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	AHS MICHENER BEND	Total Statement Amount:	\$1,059.54
Cardholder's Dept	Cardholder's Site/Location		
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/12/2014	373329892	RENAISSANCE EDMONTON A, RENAISSANCE HOTELS	255.64	CAD	255.64	.00	.00	Hotel Accommodation - PPEC Mtg
04/12/2014	373329893	RENAISSANCE EDMONTON A, RENAISSANCE HOTELS	-21.00	CAD	-21.00	.00		Credit for Parking charge; on original invoice
17/12/2014	374530620	TRAVEL RESERVATION, TRAVEL AGENCIES AND TOUR OPERATORS	614.14	CAD	614.14	.00	.00	attending Cabin Fever conference at Kananaskis
17/12/2014	374676126	THE WESTIN EDMONTON, WESTIN HOTELS	210.76	CAD	210.76	31.29	.00	Hotel accommodation - mtgs at 0800 next day

**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 Hecott  
Name of Cardholder Designate

E.A.  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

Jan 7, 2015  
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.

LUNDAL, EVAN  
Name of Cardholder

CENTRAL ZONE MEDICAL  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

[Date]  
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 Nix  
Name of Approver

VPO Quality + CMO  
Approver Position/Title

[Signature]  
Signature of Approver

Jan 9/14  
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  
711 Street Plaza  
11th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable only:**

Reference #: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Code: \_\_\_\_\_

[REDACTED]		LUNDALL/EVAN/DR	209.00	12/03/14	12:05	[REDACTED]
[REDACTED]		Name	Rate	Depart	Time	ACCT#
[REDACTED]		ALBERTA HEALTH SERVI		12/02/14	18:40	
[REDACTED]		Arrive		Time		
[REDACTED]		WITH GROUP				
Room Clerk	[REDACTED]	[REDACTED]	Payment			RWD#:
DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE	
12/02	ROOM	821, 1	209.00			
12/02	GST ROOM	821, 1	10.45			
12/02	TRSM LEV	821, 1	8.36			
12/02	DMF	821, 1	6.27			
12/02	GST DMF	821, 1	.31			
12/02	TL DMF	821, 1	.25			
12/03	CCARD-MC			255.64		
PAYMENT RECEIVED BY: MASTERCARD						
12/03	CCARD-MC		21.00			
PAYMENT RECEIVED BY: MASTERCARD						
						.00

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
 SHERYL.HERGOTT@ALBERTAHEALTHSERVICES.CA  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM

*Net charge : 234.64.*

*Attended PPEC Mtg - Edmonton*

*- was charged \$21.00 for parking; was later credited \$21.00 on Mastercard.*





**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE  
Distributed Learning and Rural Initiatives

**CABIN FEVER 2015  
FACULTY DEVELOPMENT  
WORKSHOP**

**February 6-8, 2015**  
Delta Lodge at Kananaskis Village, AB

<https://cumming.ucalgary.ca/ruralmedicine/CF2015>

**Registration Deadline: JAN 15, 2015**

## Sheryl Hergott

---

**From:** customercare@easytobook.com  
**Sent:** December 16, 2014 12:21 PM  
**To:** Sheryl Hergott  
**Subject:** Your Reservation Has Been Confirmed – Itinerary Number [REDACTED]  
**Attachments:** ATT00001.png; ATT00007.css



## Your reservation is confirmed and your card has been charged

The booking you recently made on the easytobook website is confirmed. Your reservation details are below.

**Customer name:** Dr.Evan Lundall  
**Customer email:** sheryl.hergott@albertahealthservices.ca  
**Itinerary Number:** [REDACTED]

Please refer to your itinerary number if you contact customer service for any reason.



[View or cancel your reservation online](#)

### Hotel



#### Delta Lodge at Kananaskis



517 reviews

**Address:** 1 Centennial Drive, Kananaskis, AB, CA

**Phone:**

**Fax:** [REDACTED]

**Check-in:** Feb 5, 2015 4:00 PM

**Check-out:** Feb 8, 2015 11:00 AM

**Number of nights:** 3

**Number of guests:** [REDACTED]



[Driving Directions](#)

Property Details

Fitness Center • Babysitting • Spa tub • Accessible path of travel • Accessible bathroom • Roll-in shower • In-Room accessibility

**Additional Amenities:**

24-hour business center • 24-hour front desk • ATM/banking • Accessible bathroom • Accessible parking • Accessible path of travel • Arcade/game room • Babysitting or childcare (surcharge) • Billiards or pool table • Breakfast available (surcharge) • Children&apos;s club • Coffee shop or café • Complimentary newspapers in lobby • Conference space • Conference space size (feet) - 22000 • Conference space size (meters) - 1980 • Dry cleaning/laundry service • Elevator/lift • Express check-in • Express check-out • Fireplace in lobby • Free RV, bus, truck parking • Free Wi-Fi • Full-service spa • Gift shops or newsstand • Grocery/convenience store • Health club • In-room accessibility • Indoor pool • Laundry facilities • Limo or Town Car service available • Meeting rooms • Multilingual staff • Number of bars/lounges - 2 • Number of buildings/towers - 3 • Number of floors - 3 • Number of meeting rooms - 20 • Number of restaurants - 4 • Pets allowed • Picnic area • Porter/bellhop • Roll-in shower • Safe-deposit box at front desk • Sauna • Shopping on site • Ski passes available • Ski shuttle (complimentary) • Ski storage • Smoke-free property • Spa treatment room(s) • Spa tub • Steam room • Supervised childcare/activities • Television in lobby • Tennis on site • Total number of rooms - 412 • Tours/ticket assistance • Turkish bath/Hamman • Valet parking (surcharge) • Wedding services • Year Built 1987

**Room Details**

#	Room Type	Reserved for	Status	Confirmation number	Refundable?
1	[REDACTED]	Dr.Evan Lundall, [REDACTED]	Confirmed	[REDACTED]	es

\*Please note: Preferences and special requests cannot be guaranteed. Special requests are subject to availability upon check-in and may incur additional charges.

**Charges**

**Cost per night and per room in CADC\$** ( Excluding tax recovery charges and service fees )

Dates	Room 1	Total per night
2/5/2015	C\$169.00	C\$169.00
2/6/2015	C\$189.00	C\$189.00
2/7/2015	C\$189.00	C\$189.00
<b>Total Per room</b>	<b>C\$547.00</b>	<b>C\$547.00</b>

**Other Charges, fees and savings in CADC\$**

Item	Cost
Tax Recovery Charges and Service Fees	C\$67.14

**Total cost for entire stay in CADC\$** ( Including tax recovery charges and service fees )

Payment status	Total cost of stay
Paid	C\$614.14

### Payment information

We have charged your credit card for the full payment of this reservation.

**Payment card name:** Dr.Evan Lundall

**Billing Address**

**Phone number:**



The above charges to your credit card were made by Travelscape, LLC. View our full [Terms & Conditions](#).

### Cancellation Policy

#### Room 1

We understand that sometimes your travel plans change. We do not charge a change or cancel fee. However, this property imposes the following penalty to its customers that we are required to pass on: Cancellations or changes made after 11:59 PM ((GMT-07:00) Mountain Time (US & Canada)) on Feb 2, 2015 are subject to a 1 Night Room & Tax penalty. The property makes no refunds for no shows or early checkouts.

### Customer Support Contact Information

[View or cancel your reservation online](#)



The Westin Edmonton  
 10135 100 St  
 Edmonton, AB T5J 0N7  
 780-426-3636  
<http://www.westin.com/edmonton>



Lundall, Evan

Page Number 1  
 Guest Number [REDACTED]  
 Folio ID [REDACTED]  
 No. Of Guest [REDACTED]  
 Room Number [REDACTED]

Invoice Nbr [REDACTED]  
 Arrive Date 12-15-2014 20:17  
 Depart Date 12-16-2014 15:00  
 Agent [REDACTED]

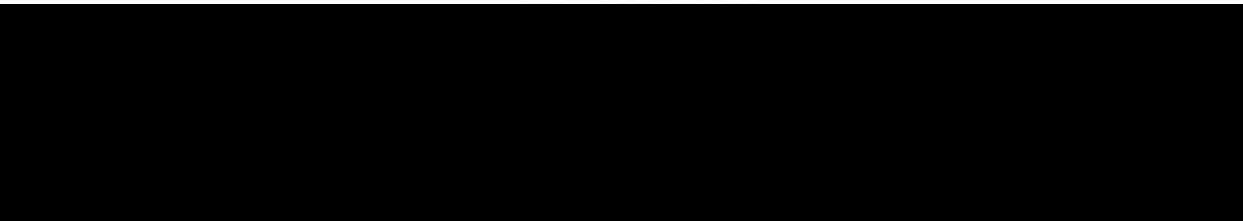
Invoice

Date	Reference	Description	Charges	Credits
12-15-2014	[REDACTED]	Room Charge	\$149.00	
12-15-2014	[REDACTED]	GST	\$7.67	
12-15-2014	[REDACTED]	DMF	\$4.47	
12-15-2014	[REDACTED]	Tourism Levy	\$6.14	
12-16-2014	[REDACTED]	Share Restaurant	\$13.03	
12-16-2014	12/16/14	Parking Self	\$29.00	
12-16-2014	12/16/14	GST	\$1.45	
12-16-2014	MC	Mastercard		\$-210.76
		** Total	\$210.76	\$-210.76
		** Balance	\$-0.00	

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total	Payment
12-15-2014	\$149.00	\$7.67	\$6.14	\$0.00	\$0.00	\$4.47	\$167.28	\$0.00
12-16-2014	\$0.00	\$0.00	\$0.00	\$13.03	\$0.00	\$30.45	\$43.48	\$-210.76
Total	\$149.00	\$7.67	\$6.14	\$13.03	\$0.00	\$34.92	\$210.76	\$-210.76



Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

FIND CLARITY, BOOST HAPPINESS - Like a gym membership for your mind, Headspace gives you simple tools to feel happier, work smarter and sleep better. Get some Headspace at [westin.com/headspace](http://westin.com/headspace)

Continued on the next page

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
780-426-3636  
<http://www.westin.com/edmonton>



Lundall, Evan  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

Page Number  
Guest Number  
Folio ID  
No. Of Guest  
Room Number

[Redacted]

Invoice

Invoice Nbr [Redacted]  
Arrive Date 12-15-2014 20:17  
Depart Date 12-16-2014 15:00  
Agent [Redacted]

Attended meetings in Edmonton: on Dec 16/14

0800 - Sponsorship Meeting  
AHS / CPSA.

1300 - RPAP Meeting.

THE WESTIN EDMONTON  
Share Restaurant  
GST# 861336493RT0005

THE WESTIN EDMONTON  
Share Restaurant  
GST# 861336493RT0005

[REDACTED] 1  
-----  
70 GST 1  
16DEC'14 7:29AM

206 April 2  
-----  
[REDACTED] GST 1  
16DEC'14 7:29AM

1 Stl Cut Oatmeal 10.50  
FOOD 10.50  
Tax 0.53  
Total Due \$ 11.03

1 Stl Cut Oatmeal 10.50  
FOOD 10.50  
Tax 0.53  
Payment 13.03  
Open \$ Srvc Chg 2.00

Gratuity: 2.00  
Total: \$ 13.03

LUNDALL, [REDACTED]  
Rm Chrg / Master 13.03  
--- [REDACTED] CLOSED 16DEC 9:58AM ---

Room # [REDACTED]

Name Print *J Lundall*

Signature *J Lundall*

Checkout folio emailed? -----

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 you or payroll has not migrated to the New E-People payroll system  
 \* If you are a new E-employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 22-Nov-14 To 29-Dec-14  
 Travel Period from: 22-Nov-14 To 29-Dec-14  
 Out-of-Province Travel

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director

Location: [Redacted] Dept: Medical Affairs DOFA Level: [Redacted] Union: OOS Busine: [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					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	1U1	0015	71110106046	\$641.37						\$641.37		
2B												
2C												
2D												
				\$641.37								

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: 13 Jan 2015

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted]

Signature: [Signature] Title: VPE Quality & CMO Date: Jan 13/15

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 22(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), 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 T5J 3E4

- 1 of 3 -  
EXPENSE CLAIM DETAILS

Enter Finance Coding	101 0015	71110106046	Emp # (E-People)	Page 2A
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*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); 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 <small>(DD-Month-YY)</small>	Business Reason for Travel - Detailed Description Required <small>(include destination with Abbreviated (if local) who/when was necessary and detailed explanation of reasons. A description of job '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? <small>(Yes/No)</small>	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/RT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal type	with receipt							
3-Dec-14	Travel - Red Deer to Edmonton - attended PPEC meeting	AB - Local	Meeting	Yes											300.00
17-Dec-14	Meeting - Edmonton - CPSA/AH/AHS Sponsorship Meeting	AB - Local	Meeting	Yes	B1-\$20.80	\$20.80									310.00
19-Dec-14	Medical Staff Meeting - Rocky Mountain House	AB - Local	Meeting	Yes	B-\$9.20	\$9.20									170.00
29-Dec-14	Attended Disclosure Meeting - Edmonton	AB - Local	Educa	Yes	LD-\$32.35	\$32.35						\$28.57			310.00
<b>SUBTOTALS</b>						\$62.35						\$28.57			Total Kms 1090.00

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p align="center"><small>- details of travel location to &amp; from must be included above under the purpose of travel column</small></p> <p align="center"><small>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</small></p>	<p align="center">Enter \$0.605 km, \$0.47 km OR rate per Union Agreement <small>(see Mileage details to the left)</small></p> <p align="right">Mileage \$    \$550.45</p>
<p align="center"><small>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</small></p>	
<p align="right">Travel \$ Subtotal    \$90.92</p> <p align="right">Auto fills on page 1 - TOTAL TRAVEL \$    \$641.37</p>	

**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)**

**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES



Expiration Date/Time

**06:00 PM**  
**DEC 29, 2014**

Purchase Date/Time: 12:06pm Dec 29, 2014  
Total Parking: \$28.57  
Total gst: \$1.43  
Total Due: \$30.00  
Total Paid: \$30.00  
Ticket # [Redacted]  
S/N # [Redacted]  
Setting: Lot 256  
Mach Name: Meter 1

Rate: \$30 - All Day  
Payment Type: Card



Dec 29, 2014  
Attended Disclosure  
Meeting - Edmonton.

### TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

**SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)**

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 • 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 crew employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 22-Nov-14 To: 28-Dec-14  
 Travel Period from: 22-Nov-14 To: 28-Dec-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]

Employee #: [Redacted]

**SECTION C: 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	0006	71110500063	\$1,006.35	101	0002	71110500063	41000000	\$1,695.80	\$1,047.90	\$1,695.80	
2B	101	0006	71110500063	\$41.55						Less Cash Advance		
2C										<b>TOTAL CLAIM</b>	<b>\$2,743.70</b>	
2D												
				\$1,047.90	**User to enter Coding & \$ Amounts				\$1,695.80			

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

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

**SECTION F: AUTHORIZATION**

Employee Signature: *[Signature]* Date: 13 Jan 2015

Approved By (PRINT ONLY): Dr. Verna You *[Signature]* DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted]

Signature: *[Signature]* Title: VP Quality + CMU Date: Jan 13/15

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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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 0006 71110500063 Emp # (E-People) XXXXXXXXXX Page 2A

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 = Int'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/mm/yyyy)	Business Reason for Travel - Detailed Description Required <small>(include destination, who attended (if meal) why travel was necessary and detailed explanation of location. 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, RT, Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
6-Dec-14	Air Travel: Edm, Orlando, Tampa-Edmonton. Attended III National Forum Conference	US	Conf	Yes					\$767.05						
6-Dec-14	Meals - BUD - per diem	US	Conf	Yes	A-\$41.55	\$41.55									
7-Dec-14	Meals - BUD - per diem	US	Conf	Yes	A-\$41.55	\$41.55									
8-Dec-14	Meals - BUD - per diem	US	Conf	Yes	A-\$41.55	\$41.55									
9-Dec-14	Meals - BUD - per diem	US	Conf	Yes	A-\$41.55	\$41.55									
10-Dec-14	Meals - BUD - per diem	US	Conf	Yes	A-\$41.55	\$41.55									
11-Dec-14	Meals - BUD - per diem	US	Conf	Yes	A-\$41.55	\$41.55									
<b>SUBTOTALS</b>						\$249.30			\$767.05						Total Kms

<p><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b></p> <p>• details of travel location to &amp; from must be included above under the purpose of travel column</p> <p>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 (see Mileage details to the left)	\$0.505
	Mileage \$	
	Travel \$ Subtotal	\$1,006.35
	Auto fills on page 1 - TOTAL TRAVEL \$	\$1,006.35

**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)



EXPENSE CLAIM DETAILS

If **NOT** claiming any expenses in Sections C or D, this page does **NOT** have to be submitted

<b>SECTION C: OTHER EXPENSES</b>				Emp # (E-People) [REDACTED]		Page 3				
<ul style="list-style-type: none"> <li>• Expenses to be claimed in this section include but are not limited to: Hospitality &amp; Lodging, Working Sessions, Recruitment Related Expenses, Business Insurance, and Miscellaneous Expenses</li> <li>→ If expenses are for travel, gas, etc., go to Section B on pg 2</li> <li>• ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</li> </ul> <p style="text-align: center;"><b>***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</b></p>										
Date <small>dd-mm-yy</small>	Business Reason for Expense - Detailed Description Required <small>(include who attended if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason)</small> A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A" Further Explanation is REQUIRED in the "Rationale is Required" section on this page				TOTAL OTHER S	
		Bal Unit	Location	Functional Centre	Secondary/Expense <small>eg. 41000000 (8 characters)</small>	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON or off receipt, enter total amount in this column WITH GST		GST is NOT on till slip/receipt, enter total amount in this column

<b>SECTION D: FOREIGN CURRENCY</b>										
<small>ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable</small>										
<small>Please click on the following link for the Bank of Canada exchange rate using the date of expense</small>			<a href="#"><u>Bank of Canada Currency Converter</u></a> →			<small>Select foreign country in "From cell", and Canadian Dollar in "To cell"; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column</small>				
Date <small>dd-mm-yy</small>	Business Reason for Travel - Detailed Description Required <small>(include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason)</small> A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary Expense <small>eg. 41000000 (8 characters)</small>	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A" Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value
10-Dec-14	Hotel Accommodation from Dec 8-10 inclusive - attended IHF National Forum (5 days)	101	0006	71110500063	41000000	Yes	\$1,438.92	US	1.1482	\$1,652.17
11-Dec-01	Shuttle - Orlando Airport to Hotel - Return \$38.00	101	0006	71110500063	41000000	Yes	\$38.00	US	1.1482	\$43.63

<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)										

Expenses Paid (Retain a copy for your records)

EXPENSE CLAIM DETAILS

Enter Finance Coding \_\_\_\_\_ 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?)  
 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-mm-yy	Business Reason for Travel - Detailed Description Required <small>(include destination, who attended (if meals), 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.America 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-Dec-14	Meals - BUS - per item	US	Conf	Yes	A-\$41.55	\$41.55									
<b>SUBTOTALS</b>						\$41.55									Total Kms

**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

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

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <small>(see Mileage details to the left)</small>	\$0.505
Mileage \$	
Travel \$ Subtotal	\$41.55
Auto fills on page 1 - TOTAL TRAVEL \$	\$41.55

**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)

**Evan Lundall L.**

**From:** noreply@itinerary.westjet.com on behalf of WestJet Airlines  
<noreply@itinerary.westjet.com>  
**Sent:** Wednesday, August 27, 2014 5:11 AM  
**To:** Evan Lundall L.  
**Subject:** Reservation Confirmation

\$460.00  
EDM → Orlando



WestJet  
22 Aerial Place N.E.  
Calgary, Alberta,  
Canada  
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary. Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight. This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

**Booking Confirmation**

Your reservation code is [REDACTED] Main contact: Mr. evan lundall  
E-mail: evan.lundall@albertahealthservices.ca  
Phone Number [REDACTED]

For more information on flying with WestJet, including baggage fees, please visit [Travel info](#)

**Guest**

Mr. evan lundall Flight Edmonton (YEG)-Orlando (MCO)  
Ticket Number [REDACTED]  
Seat [REDACTED]  
Flight Edmonton (YEG)-Orlando (MCO)  
Ticket Number [REDACTED]  
Seat YEG-MCO: 7E

**Air Itinerary Details**

WS1502 Edmonton, CA Orlando, US Fare type: Flex  
WestJet Sat 06 Dec, 2014 11:45 AM Sat 06 Dec, 2014 06:43 PM Non-stop

**Fare breakdown**

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 330.99	CAD 7.50	CAD 100.52	CAD 439.01	x 2	CAD 878.02
						Total airfare: CAD 878.02

**Tax details**

Rate code	Description	Amount
XA	U.S. APHS user fee	CAD 11.26
US	U.S. Transportation Tax (International)	CAD 39.38
XG	Goods and Services Tax (GST)	CAD 38.06
XY	U.S. Immigration User Fee	CAD 15.76
CA	Air Travellers Security Charge (ATSC)	CAD 24.20
YC	U.S. Customs User Fee	CAD 12.38
SQ	Airport Improvement Fee (AIF)	CAD 60.00
		Total taxes: CAD 201.04

## Fare family benefits

YEG-MCO: Flex Seat Sale Benefits

- One complimentary checked bag \*
- Fully refundable if cancelled within 24 hours of booking \*\*
- Advanced seat selection - \$5: 4.50 \*
- \$50-57.50 itinerary change fee + applicable fare difference
- \$50-57.50 name change fee
- \$50-57.50 cancellation fee, balance credited toward future WestJet flight purchases -
- \* Not applicable on flights operated by our airline partners
- \*\* Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

\$ 460.00  
EDM → ORLANDO

## Seats

Regular seat		CAD 20.00 + CAD 1.00 Tax
Regular seat	WS 1502 YEG - MCO seat 7D Mr evan lundall	CAD 20.00 + CAD 1.00 Tax
		<b>Total Seats: CAD 42.00</b>

## Total

Charged to MASTERCARD		CAD 878.02
Charged to MASTERCARD		CAD 42.00
<b>Total</b>		<b>CAD 920.02</b>

## WestJet offers

### Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance® to provide you with the right coverage for your travel experience. [Get a quote](#)

## Important Information

Thank you for choosing WestJet  
QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#); it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage info page](#).
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
  - [Fares, taxes and fees](#) (For [change/cancel guidelines](#), [baggage fees](#), [service fees](#) and other [taxes and fees](#))
  - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
  - [Seat selection](#) (How it works, changing your seat and more)
  - [Inflight services](#) (Buy on board, [up! magazine](#) and more)
  - [Inflight entertainment](#) for information on our live seatback television.
- Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).
- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.

Evan Lundall L.

From: Expedia Travel Confirmation <Confirmation@ExpediaConfirm.com>  
Sent: Wednesday, August 27, 2014 10:37 PM  
To: Evan Lundall L.  
Subject: Expedia travel confirmation - 14 Dec - [REDACTED]



Thank you for booking with Expedia! Your booking is confirmed.  
You can manage your reservation or view your itinerary online for the most up-to-date information.



Access your itinerary anywhere.

GET THE FREE APP



**Edmonton**  
14 Dec 2014 - 14 Dec 2014 | Itiner [REDACTED]

Important Information

- Proof of citizenship is required for international travel. Be sure to bring all necessary documentation (e.g. passport, visa, transit permit). To learn more, visit our Visa and Passport page.
- We noticed you did not choose travel protection coverage when booking this flight. If you change your mind, you can purchase insurance prior to travel and receive your insurance certificate via email.

**Tampa (TPA) → Edmonton (YEG)** CONFIRMED  
14 Dec 2014 - 14 Dec 2014, 2 one way tickets American Airlines NKSMHR

Your reservation is booked and confirmed. There is no need to call us to reconfirm this reservation.

Price Summary

Traveller Information

Evan Lundall Adult No frequent flyer details provided [REDACTED]  
[REDACTED] Adult No frequent flyer details provided [REDACTED]

Traveller 1: Adult	\$297.05
Flight	\$266.00
Taxes & Fees	\$31.05
Traveller 2: Adult	\$297.05
Flight	\$266.00
Taxes & Fees	\$31.05
<b>Total:</b>	<b>\$594.10</b>

\* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

All prices quoted in Canadian dollars.

14 Dec 2014 - Departure 1 stop Total travel time: 8 h 30m

Tampa Dallas 2 h 50 m 1 480 km

Additional Flight Services

\$ 297.05  
Tampa → Edmonton



GUEST FOLIO

[REDACTED] LUNDALL/EVAN/DR 299.00 DUPLICATE 9:42 A [REDACTED]  
 NAME RATE DEPART TIME  
 TYPE 12/06/14  
 ARRIVE TIME

ROOM [REDACTED]  
CLERK [REDACTED]

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
12/06	LOCAL LOCAL	.00		
12/06	WRD4BSNS FREEHSIA	.00		
12/06	ROOM 21933, 1	299.00		
12/06	TAX 21933, 1	19.44		
12/06	RMOCTAX 21933, 1	17.94		
12/06	RESRTFEE CHARGE	20.00		
12/06	SALESTAX CHARGE	1.30		
12/06	OCC TAX CHARGE	1.20		
12/07	CCARD-MC <span style="background-color: black; color: black;">[REDACTED]</span>		358.88	
				.00



This statement is your only receipt. It is your agreement to pay in cash or approved personal check, or to authorize us to charge your credit card for all amounts charged to you. The amount shown in the "CHARGES" column applies to any credit, and only the reference column above will be charged to the credit card number set forth above. (The credit card company will bill you for all charges.) If you travel with this card and comparable dates not make payment on this account, you will owe us such amount. If you are direct billed, in this case you must pay within 30 days after check-out, less will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANN. INT. RATE of 18.0%). If you do not pay by the date shown, we will bill you for the full amount due, plus the full cost of collection, including attorney fees.

Signature: \_\_\_\_\_



GUEST FOLIO

MARRIOTT'S ORLANDO WORLD CENTER

[REDACTED] LUNDALL/EVAN/DR 240.00 12/13/14 11:00 [REDACTED]  
 NAME RATE DEPART TIME  
 [REDACTED] 12/07/14 10:21 [REDACTED]  
 ARRIVE TIME  
 CLERK [REDACTED] RW#: [REDACTED]

DATE	REFERENCE		CHARGES	CREDITS	BALANCE DUE
12/07	ROOM	21933, 1	240.00		
12/07	ROOMTAX	21933, 1	30.01		
12/08	ROOM	21933, 1	240.00		
12/08	ROOMTAX	21933, 1	30.01		
12/09	ROOM	21933, 1	240.00		
12/09	ROOMTAX	21933, 1	30.01		
12/10	ROOM	21933, 1	240.00		
12/10	ROOMTAX	21933, 1	30.01		

1080.04

AS REQUESTED, A FINAL COPY OF YOUR BILL WILL BE EMAILED TO:  
 SHERYL.HERGOTT@ALBERTAHEALTHSERVICES.CA  
 SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM



MARRIOTT'S ORLANDO WORLD CENTER  
 WORLD CENTER DRIVE  
 ORLANDO, FL 32821

This statement is your only receipt. You have agreed to pay in cash or by approved personal check or authorization to charge your credit card for all amounts charged to you. The amount shown on this statement is subject to the credit card entity or the payment processor above will be charged to the credit card number set forth above. (The credit card company will bill you for any amount). If you make the credit card company does not make payment on this account, you will owe us such amount. If you are billed to the credit card and it is not made within 30 days after check-out, we will issue us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%) until it is fully paid by you, plus the reasonable cost of collection, including attorney fees.

Signature: \_\_\_\_\_

MEARS MOTOR SHUTTLE



374 W. VORE ST., ORLANDO, FL 32806

RECEIPT

SHUTTLE

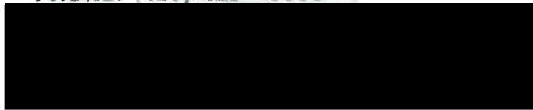
ONE WAY (FROM AIRPORT)  
2 ADULTS 0 CHILDREN

MARRIOTT WORLD CENTER

CREDIT CARD 38.00  
12/06/2014 07:47 PM

CALL 24 HOURS IN ADVANCE!  
PHONE: (407) 423-5566

ZONE 4



Shuttle from  
Orlando Airport  
to Marriott  
Hotel.

One Person/One way = \$19.00.

\*



## Memorandum

**Date:** January 12, 2015

**To:** Public Disclosure

**From:** Dr. Evan Lundall

**Re:** Expense Claim – 22 Nov 2014 – 29 Dec 2014

Expense Claim.

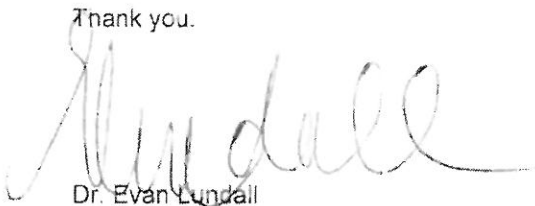
**11-Dec-2014**

**Shuttle – Orlando Airport to Hotel - \$38.00 U.S.**

I have attached the receipt for the above noted claim. One way/per person is \$19.00. I do not have a receipt for the return shuttle service from the hotel to the airport. I am therefore submitting the claim stub for Dec 11<sup>th</sup>, and am claiming the return shuttle expense as well.

If you have any questions, please do not hesitate to contact me.

Thank you.



Dr. Evan Lundall  
Central Zone Medical Director

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## Out of Province Travel Approval

*H. C.*

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services [Travel Policy](#)
- Pre-Approval form MUST be attached to the actual expense claim

Employee Information						
First Name		Last Name		Employee Number		
Evan		Lundal		n/a		
Reports To			VP Quality & Chief Medical Officer			
Department			Office Location			
Office of the CMO & Medical Affairs			[Redacted]			
Travel Details						
Purpose of Trip						
IHI National Forum						
Destination		From		To		
Orlando		6-Dec-2014		11-Dec-2014		
Finance Coding / Accounting Distribution						
Corp/BU/Org		Location - Site		Functional Centre / Primary		
101		0006		71110500063		
Project Coding						
Project		Task		Expense Type		Expense Org
Estimate of Expenses						
Category		Description			Amount	
Accommodation Charge		5 nights @ \$236 USD/night + taxes & fees			\$1,300.00	
Meals		6 days @ \$41.55 CA			\$250.00	
Registration		Pre-Conference (\$450 + \$650), Conference (\$1100) USD			\$2,400.00	
Airtare		Round Trip Airfare			\$700.00	
Taxi/Rental Car/Fuel/Parking/Bus/LRT		Round Trip Taxi			\$120.00	
Other Expenses (please specify)						
		Currency <input checked="" type="checkbox"/> Cdn\$ <input type="checkbox"/> USD <input type="checkbox"/> OTHER			\$4,770.00	
Total Estimated Travel Costs		*Bank of Canada Currency Converter		Exchange Rate		\$0.00 Cdn\$ \$4,770.00
<small>*Select foreign country in 'From' cell, and Canadian Dollar in 'To' cell. Enter date of expense in both date cells then select convert which will give the exchange rate</small>						
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)						
Employee Signature			Date (dd-Mon-yyyy)		Phone Number	
[Signature]			28 JULY 14		[Redacted]	
Approved by (Print Name)		Signature		Date (dd-Mon-yy/yy)		Phone Number
Verna Yiu		[Signature]		29 Jul 14		[Redacted]
Title				Position Number		[Redacted]
VP Quality & Chief Medical Officer						[Redacted]
Approved by (Print Name)		Signature				[Redacted]
Title				Position Number		DOFA Level

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(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program