

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of July 2014

| Date | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
|-------------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Travel (1) | | | | | | | | | | |
| Jul-14 | P-Card | Meetings | | | | 49 | 49 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 49 | \$ 49 | \$ - | \$ - | \$ - |

Total for the Month \$ 49

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report



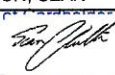

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

| | | |
|---|--|---|
| <u>CHILTON, SEAN</u> Cardholder's Name | <u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title | Billing Reporting Period: <u>20/07/2014</u> |
| <u>SOUTH ZONE</u> Cardholder's Dept | <u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location | Total Statement Amount: <u>\$49.08</u> |
| <u>SEAN.CHILTON@ALBERTAHEALTHSERVICES.CA</u> 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 |
|------------------|-----------|--|-----------------------|----------|--------------|-----|---------|----------------------------|
| 25/06/2014 | 356485711 | SHELL, GAS / SERVICE STATIONS | 39.08 | CAD | 39.08 | .00 | | Fuel to Foundation Meeting |
| 07/07/2014 | 357625907 | AHS PARKING SOUTH HEAL, HEALTH PRACTITIONERS, MEDICAL SERVICES | 10.00 | CAD | 10.00 | .48 | | Mtg at South Health Campus |

| | | |
|---|--|-------------|
| Signatures | | |
| <p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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. | | |
| Name of Cardholder Designate | Cardholder Designate Position/Title | |
| Signature of Cardholder Designate | Date of Signature | |
| <p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> 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. | | |
| CHILTON, SEAN Name of Cardholder | CHIEF ZONE OFFICER Cardholder Position/Title | |
|  | July 24, 2014 Date of Signature | |
| <p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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 | |
| <p>Approver By signing this statement</p> <ul style="list-style-type: none"> 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. | | |
| BRENDA HUBAND Name of Approver | VP - CHOO Central - Southern AB Approver Position/Title | |
|  | 2014 Aug 11 Date of Signature | |
| Submit approved statement with attachments to Accounts Payable: | | |
| <p>Attach:</p> <ul style="list-style-type: none"> 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) <p>And where applicable:</p> <ul style="list-style-type: none"> 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. | <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> | |
| Accounts Payable only: | | |
| Reference #: _____ | Reviewed by: _____ | Date: _____ |

**SHELL CANADA
PRODUCTS.**

ON BEHALF OF
210 SCENIC DRIVE SOUTH BOX 911
Lethbridge AB
T1J 4L3
403-320-8990

| Tax Description | Qty | Amount |
|---------------------------------------|-----|----------------|
| F Bronze No5 31.797 L @ \$1.229/ L | | \$39.08 |
| Sub Total | | \$39.08 |
| Amount GST Taxable | | \$0.00 |
| 5.0% GST Tax | | \$0.00 |
| Amount PST Taxable | | \$0.00 |
| 0.0% PST Tax | | \$0.00 |
| Total | | \$39.08 |
| MASTERCARD: | | \$39.08 |
| Change | | \$0.00 |

*Medicine Hat
visit -
fleet gas
card in
fleet
vehicle.
Sally
25/6/2014*

Alberta Health
Services
South Campus
RECEIPT

ENTRY DATE/TIME:
07/07/14 08:55
PAY DATE/TIME:
07/07/14 11:09
PARK-DUR.: HRS:MIN
0:02:14

ALLOWED EXIT TO:
07.07.14 11:40
PAID: \$ 10.00
MASTER CARD

AUTH. [REDACTED]
REF. [REDACTED]

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-956-1090 *

*South Health
Campus
Pt Engasen
meeting + ta
lori Ander
Sally
7/7/14*

01 APPROVED - THANK YOU 001

MASTERCARD [REDACTED]
TERMINAL No. [REDACTED]
PURCHASE C
INV No. [REDACTED]
APPROVAL No. [REDACTED]
MasterCard
AID A000000041010
TVR 0000008000
TSI E800

VERIFIED BY PIN

IMPORTANT!
retain this copy for your records

Fuel Includes GST 5.0% \$1.86
Fuel Includes PST 0.0% \$0.00

gst - Fuel - AB No. 104855408

YOUR OPINION COUNTS
Tell us about your recent
Shell station visit at
www.shell.ca/opinion
and you could win a
\$25 Shell Gift Card
*Receipt Required

THANK YOU
Questions? 1-800-661-1600