

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge

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	603			220	823			
Nov-14	Expense Claim	Meetings	679	86		650	1,415	567		
Total			\$ 1,282	\$ 86	\$ -	\$ 870	\$ 2,238	\$ 567	\$ -	\$ -

Total for the Month \$ 2,805

Maximum daily single meal expense claimed in the month \$ 21
 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>20/11/2014</u>
<u>SOUTH ZONE</u> Cardholder's Dept	<u>CHINOOK REGIONAL HOSPITAL</u> Cardholder's Site/Location	Total Statement Amount: \$900.26 \$ 822.89
<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
24/10/2014	368614588	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	54.05	CAD	54.05	2.57		Foundation Forum - Edmonton
24/10/2014	368776724	YELLOW CAB, LIMOUSINES AND TAXICABS	39.10	CAD	39.10	1.86		Foundation Forum
07/11/2014	370631234	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	603.24	CAD	603.24	28.73	.00	SR Leadership Mtg - Total cost is fare + fees = \$603.24
13/11/2014	371407364	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		ALP Sponsorship
13/11/2014	371542420	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	3.01		ALP Exec Sponsorship

Transactions without Receipts or supporting documentation								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/10/2014	369169103	HERTZ CANADA, HERTZ CORPORATION	77.37	CAD	77.37	.00	.00	Disputed - Used personal vehicle
07/11/2014	370631233	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	277.33	CAD	277.33	13.21	.00	Flight booked and Cancelled before ticket issued. Acct charged and credited immediately
10/11/2014	371288983	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	-277.33	CAD	-277.33	-13.21	.00	Flight booked and Cancelled before ticket issued. Acct charged and credited immediately

AK

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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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.

CHILTON, SEAN

Name

Sean Chilton

CHIEF ZONE OFFICER

Cardholder Position/Title

December 15, 2014

Date of Signature

Signature of Cardholder

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.
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- 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 Hubbard

Name of Approver

VP Chief Central Southern B

Approver Position/Title

Brenda Hubbard

Signature of Approver

2014 Dec 19

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

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

foundation
forum
AIRPORT TAXI SERVICE
4698 101 ST. (7808907070)
EDMONTON, AB
T6E 5G9
Delta
Hotel
to Edmonton
Airport

Term ID: 05654977

Purchase

[REDACTED]

MASTERCARD

Entry Method: C

[REDACTED]

Amount: \$ 47.00
Tip: \$ 7.05
Total: \$ 54.05

2014/10/24

08:17:31

Seq #:

Appr Code:

Resp Code: 01/027

MasterCard
A0000000041010
EB 0C BC 0E CB 2B 3B 22
00 00 00 00 00
E8 00
C9 F3 99 23 85 4B D5 0C

APPROVED
Thank You

Verified By Pin

Merchant Copy

- IMPORTANT -
retain this copy for your records

GST 837988963 RT0001

foundation
forum
YELLOW CAB
10135 31 AVENUE NW
EDMONTON AB T6H-1C2
780-462-3456
Airport to
Delta
Hotel

Term ID: 05654977

MasterCard
PURCHASE
De Id: 214723

AID: A0000000041010

APPROVED

AMOUNT CAD\$34.00
TIP CAD\$5.10
TOTAL CAD\$39.10

TUR: 4000000000
TSI: E800

BOOK ON LINE AT EDMTAXI.COM
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/10/24 Time: 16:25:42

From: res@integraair.com
To: [Brenda Case](#)
Subject: Your Ticketless Itinerary - Integra AirCHILTON, SEAN
Date: Friday, October 10, 2014 1:40:39 PM
Importance: High

Integra Air Travel Itinerary - Have a great flight

MASTERCARD

LETHBRIDGE

Document Number: [REDACTED]
Confirmation Number: [REDACTED]
Online ID: [REDACTED]
Date Booked: 10/10/2014
Modified: 10/10/2014
Booked by: ONLINE
PO:

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	29Oct14	918	Lethbridge	06:45am	Executive Flt C 08:00am CONFIRMED
In	29Oct14	829	Executive Flt C	06:05pm	Lethbridge 07:20pm CONFIRMED

FARE: 498.00
FEES: 105.24
GST: 30.16

TOTAL: 633.40

Your (first) flight will be departing from: Lethbridge

****Fare Information****

- 1.) Integra Air flights may be cancelled or changed up to 2 hours prior to flight time. Applicable change/cancellation fees will apply. If changes or cancellations are made less than 2 hrs prior to flight all monies may be forfeit.
- 2.) Changes are subject to a \$50.00+tax fee and a difference in fare if applicable.
- 3.) Cancellations made on the same day of booking (within 24 hrs of original booking) are fully refundable to original form of payment.
- 4.) Cancellations made after the day of booking are subject to a \$50.00+tax fee applicable to fare type and the remaining will be placed into a credit file which is valid for 1 year after creation.
- 5.) To cancel a flight after hours please call 403 634 9093.
- 6.) Passengers not showing up for a flight will result in all fares, fees, and taxes being forfeited.

****Photo ID and Checking In****

- 7.) Check in time is 45 minutes prior to departure.
- 8.) Passengers arriving less than 15 minutes prior to scheduled departure time will be denied boarding.
- 9.) Photo ID is required for all passengers over 18 years of age. Proof of age will be required for all infants.

AIRPORT TAXI SERVICE
4608 101 ST. (7808907070)
EDMONTON, AB
T6E 5G9

Term ID: 05071922

Purchase

[Redacted]

MASTERCARD

Entry Method: C

Amount: \$ 55.00
Tip: \$ 8.25
Total: \$ 63.25

2014/11/13

08:48:44

Seq #: [Redacted]
Appr Code: [Redacted]
Resp Code: 01/027

MasterCard
A0000000041010
AA 3A AC 3B D1 51 35 66
00 00 00 00 00
E8 00
3B 0D B0 97 61 30 0A CC

APPROVED
Thank You

Verified By Pin

*Cab from
Airport to
Downtown and
Return.
ALP
Exec Sponsorship
Presentations
[Signature]
Dec 8th 2014.*

AIRPORT TAXI SERVICE
4608 101 ST. (7808907070)
EDMONTON, AB
T6E-5G9

Term ID: 05654536

Purchase

[Redacted]

MASTERCARD

Entry Method: C

Amount: \$ 55.00
Tip: \$ 8.25
Total: \$ 63.25

2014/11/13

17:06:00

Seq #: [Redacted]
Appr Code: [Redacted]
Resp Code: 01/027

MasterCard
A0000000041010
57 77 88 70 09 0E 43 9C
00 00 00 00 00
E8 00
93 61 16 3D 23 1E AA EB

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

GST 84380 2935 RT0001



Public Expense Disclosure Department

ATTENTION: Public Disclosure

RE: Hertz Canada Car Rental
Disputed Charge: 28-11-2014 - \$77.37

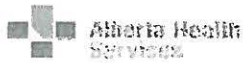
I hereby attest that this expense was inappropriately/incorrectly charged to my Corporate MasterCard. I used my personal vehicle to travel from Lethbridge to Medicine Hat for AHS business which occurred on November 28th, 2014 therefore no rental vehicle was required.

I declare that the above statement is true and accurate and I trust this information will suffice.

Sincerely,

A handwritten signature in black ink, appearing to read "Sean Chilton".

Sean Chilton
Senior Vice President, South Zone
Alberta Health Services



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: Dec. 10, 2014 To Dec. 12, 2014
 Travel Period from: Dec. 9, 2014 To Dec. 12, 2014 (if applicable)
 Out-of-Province Travel Yes

Name: Sean Chilton Position (Title): SVP South Zone
 Location: Chinook Regional Hospital Dept: SVP Office DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Ph: [Redacted]
 Employee # (E-People): [Redacted]

SECTION E: FINANCIAL

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	0014	71110000084	\$383.31	101	0014	71110000084	62312000	\$381.50	\$383.31	\$381.50	
2B										Less Cash Advance		
2C										TOTAL CLAIM	\$764.81	
2D												
				\$383.31	**User to enter Coding & \$ Amounts				\$381.50			

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

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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: [Signature] Date: 10-Dec-14

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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: [Redacted]
 Signature: [Signature] Title: VP Quality + CMO Date: Dec 29/14

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.
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 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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(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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110000084 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 = 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 (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?	Cost Effective Method Used? Y/N	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						
9-Dec-14	EIN Patient Family Centered Care Conference - New York (Flight)	AB	Conf	Yes					\$297.86	✓				
9-Dec-14	EIN Patient Family Centered Care Conference	US	Conf	Yes	D-\$20.75	\$20.75	D	✓						
10-Dec-14	EIN Patient Family Centered Care Conference	US	Conf	Yes	LD-\$32.35	\$32.35	LD	✓						
11-Dec-14	EIN Patient Family Centered Care Conference	US	Conf	Yes	LD-\$32.35	\$32.35	LD	✓						
SUBTOTALS						\$85.45			\$297.86					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

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

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

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.

SECTION C: OTHER EXPENSES				Emp # (E-People) [REDACTED]		Page 3				
<ul style="list-style-type: none"> Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for travel, gas, etc., go to Section B on pg 2. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! 										
Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E										
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (Include who attended-(if meal/hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) 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					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$

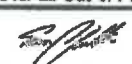
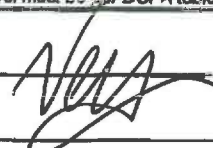
SECTION D: FOREIGN CURRENCY										
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement)										
If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable.										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			Bank of Canada Currency Converter →		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					
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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	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
9-Dec-14	EIN Conference - New York (Flight)	101	0014	7111000084	62312000	Yes	\$332.75	USD	1.1465	\$381.50 ✓

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)

Expenses Paid (Retain a copy for your records)
Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization

Out of Province Travel Approval

- 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 Sean	Last Name Chilton	Employee Number [REDACTED]			
Phone Number [REDACTED]		Reports To Brenda Huband, Vice President & Chief Health Operations Officer, C			
Department Chief Zone Officer, South		Office Location Lethbridge, AB			
Travel Details					
Purpose of Trip EIN Patient Family Centered Care					
Destination Let		From 9-Dec-2014	To 12-Dec-2014		
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0162	Functional Centre / Primary 71110000084			
Project Coding					
Project	Task	Expense Type 62312000	Expense Org		
Estimate of Expenses					
Category	Description				Amount
Accommodation Charge					
Meals					
Registration					
Airfare	Flights as per attached				\$630.61
Taxi/Rental Car/Fuel/Parking/Bus/LRT					
Other Expenses (please specify)					
		Currency <input checked="" type="checkbox"/> CDN <input checked="" type="checkbox"/> USD <input type="checkbox"/> OTHER		\$630.61	
Total Estimated Travel Costs		*Bank of Canada Currency Converter	Exchange Rate	\$0.00	Cdn\$ \$630.61
*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					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table)					
Employee Signature 			authorization table		
Approved by (Print Name) Dr. Verna Yiu		Signature 	Date (dd-Mon-yyyy)	Phone Number [REDACTED]	
Title VP Quality + CMO			Date (dd-Mon-yyyy)	Phone Number [REDACTED]	
Approved by (Print Name)		Signature	Date (dd-Mon-yyyy)	Phone Number [REDACTED]	
Title			Position Number	DOFA Level	

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①

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My itinerary

Send me a copy of my itinerary

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code [REDACTED]

View Itinerary details

Guest details

Mr Sean Chilton	Flight	Calgary (YYC)-Toronto (YYZ)-New York (LaGuardia) (LGA) WestJet FF Ticket number [REDACTED] Seat 14A 10B
Ms Jody Vanessa Brudler	Flight	Calgary (YYC)-Toronto (YYZ)-New York (LaGuardia) (LGA) WestJet FF Ticket number [REDACTED] Seat YYC-YYZ 14B YYZ-LGA 10A

*Designing Core to Return
Core teams to the
Boasis Dr.
Conference.
December 10th/11th
2014*

Air itinerary details

Calgary (YYC) Tue Dec 9 2014, 6:35 PM Boeing 737-800	Toronto (YYZ) Wed Dec 10 2014, 12:19 AM	WS 676 WestJet	Fare type: Econo Non-stop
Toronto (YYZ) Wed Dec 10 2014, 12:25 PM Boeing 737-600	New York (LaGuardia) (LGA) Wed Dec 10 2014, 1:56 PM	WS 1206 WestJet	Fare type: Econo Non-stop

Pricing 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	\$155.99	\$7.50	\$134.37	\$297.86	x 2	\$595.72 CAD

YYC-LGA: Econo fare type benefits

First checked bag fee of \$25-29.50 CAD for flights within Canada or to/from the U.S.†

Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece†

† Not applicable on flights operated by our airline partners

Total airfare: **\$595.72 CAD**

One person

595.72 ÷ 2

297.86 CAD

*297.86
8th Dec 2014*

Seats

Exit row seat	WS 0676 YYC-YYZ Seat 14B Ms Jody Brudler	\$30.00 CAD + \$1.50 CAD tax
Exit row seat	WS 1206 YYZ-LGA Seat 10A Ms Jody Brudler	\$20.00 CAD + \$1.00 CAD tax
Exit row seat	WS 0676 YYC-YYZ Seat 14A Mr Sean Chilton	\$30.00 CAD + \$1.50 CAD tax
Exit row seat	WS 1206 YYZ-LGA Seat 10B Mr Sean Chilton	\$20.00 CAD + \$1.00 CAD tax

Total seats: **\$105.00 CAD-**

12/8/2014

Booking confirmation

Charged to AMERICA	[REDACTED]	\$595.72 CAD
Charged to AMERICA	[REDACTED]	\$105.00 CAD
Total:		\$700.72 CAD

*One person including
Seat selection*

*\$297.86 = CAD
[Signature]*

Manage my air booking

-  Change Itinerary
-  Cancel Itinerary
-  Update travel documents
-  Select seats

Guest details are incomplete.

NEXT

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2

My itinerary

Send me a copy of my itinerary

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is [REDACTED]

View Itinerary details

Guest details

Mr Sean Chilton	Flight	New York (John F Kennedy) (JFK)-Toronto (YYZ)-Calgary (YYC) WestJet FF [REDACTED] Ticket number [REDACTED] Seat JFK-YYZ YYZ-YYC 14A
Ms Jody Brudler	Flight	New York (John F Kennedy) (JFK)-Toronto (YYZ)-Calgary (YYC) WestJet FF [REDACTED] Ticket number [REDACTED] Seat JFK-YYZ YYZ-YYC 14B

*Assigning Care to Return
Care to the Bedside
Conference
December 10/11th
2014
[Signature]*

*As you did not select seating for this reservation, you may select seating by going to Manage bookings or at check-in.

Air itinerary details

New York (John F Kennedy) (JFK) Sun Dec 14 2014, 3:49 PM CR7	Toronto (YYZ) Sun Dec 14 2014, 5:49 PM	WS 6657 Operated by GO JET AIRLINES DBA DELTA CONNECTION	Fare type: Econo Non-stop
Toronto (YYZ) Sun Dec 14 2014, 7:45 PM Boeing 737-800	Calgary (YYC) Sun Dec 14 2014, 10:06 PM	WS 671 WestJet	Fare type: Econo Non-stop

Pricing 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	\$282.00	\$7.50	\$43.25	\$332.75	x 2	\$665.50 USD

JFK-YYC: Econo fare type benefits

First checked bag fee of \$25-29.50 CAD for flights within Canada or to/from the U.S.¹

Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece¹

¹ Not applicable on flights operated by our airline partners

Total airfare: **\$665.50 USD**

Seats

Exit row seat	WS 0671 YYZ-YYC Seat 14B Ms Jody Brudler	\$30.00 USD
Exit row seat	WS 0671 YYZ-YYC Seat 14A Mr Sean Chilton	\$30.00 USD

Total seats: **\$60.00 USD**

*One person
665.50 = 2
= \$ 332.75
USD
[Signature]
8th Dec 2014*

12/8/2014

Booking confirmation

Charged to AMERICAN EXPRESS	██████████	\$665.50 USD
Charged to AMERICAN EXPRESS	██████████	\$60.00 USD

Total: \$725.50 USD

One person
332.75 USD
subsequent selection
[Signature]

Manage my air booking

-  Change Itinerary
-  Cancel Itinerary
-  Update travel documents
-  Select seats

Guest details are incomplete.

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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: 1-Dec-14 To 23-Dec-14
 Travel Period from: 1-Dec-14 To 23-Dec-14 (if applicable)
 Out-of-Province Travel No

Name: Sean Chilton Position (Title): SVP South Zone
 Location: Chinook Regional Hospital DOFA Level: Union:

Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project 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	0014	71110000084	\$35.25	101	0014	71110000084	65000000	\$566.93	\$35.25	\$566.93	
2B										Less Cash Advance		
2C										TOTAL CLAIM	\$602.18	
2D												
				\$35.25	**User to enter Coding & \$ Amounts				\$566.93			

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

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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: *Sean Chilton* Date: 5-Jan-15

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 my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Brenda Huband, VP & CHOO Central & Southern Alberta DOFA Lev Ext

I, by signing this form, attest that I am compliant to all the above statements.

Signature: *Brenda Huband* Title Date: 2015 Jan 15 Sign: *Brenda Huband*

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 my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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

I, by signing this form, attest that I am compliant to all the above statements.

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(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

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110000084 **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 XXXXXXXXXX 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.

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 (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?	Cost Effective Method Used? Y/N	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						
19-Dec-14	Mtg with Town of Raymond - Raymond Care Centre (Lethbridge to Raymond return)	AB	Meeting	Yes										69.80

SUBTOTALS														Total Kms 69.80
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--------------------

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>	\$0.505
---	---------

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

Mileage \$	\$35.25
Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$	\$35.25

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.

SECTION C: OTHER EXPENSES					Emp # (E-People) [REDACTED]		Page 3		
<ul style="list-style-type: none"> • Expenses to be claimed in this section include but are not limited to: Hospitality & Hosting, Working Sessions, Relocation, Continuing Education, Business Insurance, and miscellaneous expenses. → If expenses are for <u>travel, gas, etc., go to Section B on pg 2.</u> • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated! <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>									
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) 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				
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column
8-Dec-14	CARNA Permit Fee	101	0014	71110000084	65000000	Yes		\$566.93	\$566.93

SECTION D: FOREIGN CURRENCY										
<p>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.</p>										
Please click on the following link for the Bank of Canada exchange rate using the date of expense		Bank of Canada Currency Converter →		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						
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	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Y/N	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

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)

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization



11620 - 168 Street, Edmonton,
Alberta T5M 4A6

Phone (780) 451-0043

Fax (780) 452-3276

Member Name Sean Chilton

Member Address [Redacted]

Reg. # [Redacted]

Receipt Date 08/12/2014

Date Paid 29/09/2014

Product	Description	Quantity	Price	Extended
RN Permit Fee	Subscription 01/10/2014 through 30/09/2015	1.0000	\$524.43	\$524.43
Deferred Capital	(part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology	1.0000	\$15.00	\$15.00
Deferred Legacy Project	(part of total registration fee) The Legacy Project fund will help nurses celebrate CARNA's centennial in 2016.	1.0000	\$0.50	\$0.50
Late Fee	Subscription 01/10/2014 through 30/09/2015	1.0000	\$47.62	\$47.62

Amount Paid \$587.55
 GST (#R106692643) \$29.38
 Total Dues Paid \$616.93

**Late fee removed from claim.*
 Total including GST
 \$566.93*

OFFICIAL RECEIPT FOR INCOME TAX PURPOSES - ATTACH THIS COPY TO YOUR INCOME TAX RETURN



11620 - 168 Street, Edmonton,
Alberta T5M 4A6

Phone (780) 451-0043

Fax (780) 452-3276

Member Name Sean Chilton

Member Address [Redacted]

Reg. # [Redacted]

Receipt Date 08/12/2014

Date Paid 29/09/2014

Product	Description	Quantity	Price	Extended
RN Permit Fee	Subscription 01/10/2014 through 30/09/2015	1.0000	\$524.43	\$524.43
Deferred Capital	(part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology	1.0000	\$15.00	\$15.00
Deferred Legacy Project	(part of total registration fee) The Legacy Project fund will help nurses celebrate CARNA's centennial in 2016.	1.0000	\$0.50	\$0.50
Late Fee	Subscription 01/10/2014 through 30/09/2015	1.0000	\$47.62	\$47.62

Amount Paid \$587.55
 GST (#R106692643) \$29.38
 Total Dues Paid \$616.93

OFFICIAL RECEIPT FOR INCOME TAX PURPOSES - PLEASE RETAIN FOR YOUR RECORDS

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: 23-Oct-14 To 28-Nov-14
 Travel Period from: 23-Oct-14 To 28-Nov-14 (if applicable)
 Out-of-Province Travel No

Name: Sean Chilton Position (Title): SVP South Zone
 Location: Chinook Regional Hospital Dept: SVP Office DOFA Level: [Redacted] (if applicable) Union: [Redacted]
 Employee # (E-People): [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	101	0014	71110000084	\$615.09						\$615.09		
2B												
2C												
2D												
				\$615.09								

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

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

**User to enter Coding & \$ Amounts

TOTAL CLAIM \$615.09

SECTION F: AUTHORIZATION

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

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature: [Signature] Date: 10-Dec-14

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

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above

Approved By (PRINT ONLY): _____ DOFA Level _____ Title _____ Ext _____
 Signature: _____ Date: 2015 Jan 14
 Sign: [Signature]

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

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I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above

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(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

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0014 71110000084	Emp # (E-People) [REDACTED]	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'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-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? Y/N	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	Municipal Leaders Meeting - Medicine Hat (return)	AB	Meeting	Yes										334.00
17-Nov-14	Systems Analysis Methodology / QA Review Course - Medicine Hat (return)	AB	Meeting	Yes										334.00
18-Nov-14	Systems Analysis Methodology / QA Review Course - Medicine Hat (return)	AB	Meeting	Yes										334.00
24-Nov-14	HAC Meeting - Bow Island (return)	AB	Meeting	Yes										216.00
SUBTOTALS														Total Kms 1218.00

<p align="center">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 align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i></p> <p align="right">Mileage \$ \$615.09</p>
<p align="center">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>	
<p align="right">Travel \$ Subtotal</p>	
<p align="right">Auto fills on page 1 - TOTAL TRAVEL \$ \$615.09</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)