

Official Administrator and Executive Expense Report

NameSean ChiltonTitleChief Zone Officer, South ZoneLocationLethbridgeExpenses submitted during the month of November 2014

Date	Source Document	Purpose	A	irfare	Me	eals	Travel (1) Accommodation	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-14	P-Card	Meetings		603				22	0	823			
Nov-14	Expense Claim	Meetings		679		86		65	0	1,415	56	7	
Total			\$	1,282	\$	86	\$-	\$ 87	0 9	\$ 2,238	\$ 56	7 \$ -	\$
Fotal for the Month	\$ 2,805												

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

P-Card details Online ® Cardholder Statement Report

Instruction: Attached ALL original detail Cardholder AND Approvers 	ed receipts and supporting documents in the sam signatures required where indicated below	e order as it appears on this sta	itement
CHILTON, SEAN	CHIEF ZONE OFFICER		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/11
SOUTH ZONE	CHINOOK REGIONAL HOSPITAL	J	
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$900
SEAN.CHILTON@ALBERTAHE	LTHSERVICES.CA		2

Cardholder's e-mail address

M Alberta Health

1

Last 6 digits of the P-Card #

\$900.26	÷	822.89
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Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
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	.00SR Leadership Mlg - Total cost is fare + fee = \$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	63.25	CAD	63.25	3.01	ALP Exec Sponsorship

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
28 10/2014	369169103	HERTZ CANADA, HERTZ CORPORATION	, 77.37	CAD	17:37	.00	.00Disputed - Used personal vehicle
	370631233	NTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	277.33	CAD	277.35	13.21	.00Flight booked and Cancelled before ticke issuesd. Acct charged and credited immediately
10/11/2014	371288983	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	-277.33	CAD	-277.33	-13.21	.00Filight booked and Cancelled before ticke ssuesd. Acct charged and credited immediately

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Alberta Health Services

P-Card details Online ® Cardholder Statement Report

Signatures		
Cardholder Designate (if Applicable) By signing this statement • I hereby certify that I have reviewed and reco Program User Guide and Training. I have allo	inciled this statement in BMO Online to the best of my ability in ac acated the transaction(s) to the proper cost centre.	ccordance to AHS Corporate Policies
Name of Cardholder Designate	Cardholder Designate Position/Title	
Signature of Cardholder Designate	Date of Signature	
expenses being claimed are in compliance w		
charged is attached.	re for valid business purposes for Alberta Health Services and that lealth Services or any other Organization. A personal cheque for	any personal expenses inadvertently
provided.	have been incurred by using a cost effective method, otherwise ra	ationale and supporting analysis is
CHILTON, SEAN	CHIEF ZONE OFFICER	
Bury Lath	Cardholder Position/Title	
<i>L.</i> ⁻	December 15, 2014	
Signature of Cardholder	Date of Signature	
charged has been obtained.	re for valid business purposes for Alberta Health Services and than Alberta Health Services or any other Organization. A personal c have been incurred by using a cost effective method, otherwise ra	cheque for personal expenses inadvertently
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature	
 I attest the expenses enclosed in this claim at claimed by the claimant or on their behalf fror charged has been obtained. 	e for valid business purposes for Alberta Health Services and than Alberta Health Services or any other Organization. A personal c nave been incurred by using a cost effective method, otherwise ra	at this claim has not been previously heque for personal expenses inadvertently
Signature of Approver	<u>2014</u> <u>Juic 19</u> Date of Signatúre	
Submit approved statement with attachments to A	Accounts Payable:	
where required Signed Cardholder Statement Report (or copies And where applicable: Copies of pre-approvals for travel	of electronic signatures if signatures are not on report)	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street
 Personal cheque payable to "Alberta Health Ser 	vices"	Edmonton, AB T5J 3E4



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AID: A60000000410	10
APPROVED	
AMOUNT TIP	CAD\$34.00 CAD\$5.10
TOTAL	CAD\$39.10
TVR: 4000008080 TSI: E800	
	AT EDHTAXI.COM Being our guest
GST 10	0403070
Dale: 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

Integr	a Air Trav	el Iti	nerary - Have	a great fligh	nt						
	ERCARD			Document Number: Confirmation Number Online Ic							
LETH	BRIDGE			Date Booked: 10/10/2014 Modified: 10/10/2014 Booked by: ONLINE PO:							
Welco	ome Aboa	rd: (CHILTON, SEA	N							
Bound	d Date	Flt	Depart	Arrive		S	tatus				
			Lethbridge Executive Flt								
					RE: 498 S: 105 T: 30.	.24					
				тот	AL: 63	3.40					

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 canellations 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.
- 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 TA) 4608 101 ST. (Edmonto T6E-5	7808907070) N, AB	
		Cab from Airport to Dowtown and	Term ID: 05654536		
AIRPORT TAX1 SE 4608 101 ST. (7808	RVICE 907070)		Purch	ase	
EDHONTON, A	в	Airport to			
Term 10: 05071922		21	MASTERCARD	Entry Method: C	
Purchas	ie	Vewtown and			
		Return.	Amount:\$	55.00	
HACTEDCADD	Entry Method: C		Tip: \$	8.25	
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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,

Sean Chilton Senior Vice President, South Zone Alberta Health Services



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Sta	SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)											
 Enter employee # (old) and Employee # (E-People) if yo 		Expense Date From	Dec. 10, 2014 To Dec. 12, 2014									
 Indicate N/A in the Employee # (E-People) if your payrol 	has not migrated to the New E-People payroll system	Travel Period from:										
If you are a new employee and your payroll is E-People		Out-of-Province Tra	vel Yes									
Name: Sean Chilton	Position (Title):	SVP South Zone										
Location: Chinook Regional Hospital Dept: SVP C	ffice DOFA Level: plicable)	Union:sines	s Pł									
Employee # (E-People):												
SECTION E: FINAN												
Provide and a second												
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												
Bal Eunctional Total	Bal	Secondary/ Total	TOTAL REIMBURSEMENT									
Pg Unit Location Centre (FC) Expense	Location Functional Centre (FC)	Expense Expense	Total Section B \$383.31									
2A 101 0014 71110000084 \$383.31	101 0014 71110000084	62312000 \$381.50										
28		4381.30										
			Less Cash Advance									
20			TOTAL CLAIM \$764.81									
2D			TOTAL CLAIM \$764.81									
\$383.31	**User to enter Coding & \$ Amount	nts \$381.50										
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These fields do not automatica	Illy fill for Section C & D										
SECTION F: AUTHORIZATION												
I attest that I have read and understand the "Travel, Hospitality and Worldng Session Expense Policy i												
I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services I attest that expenses submitted in this claim have been incurred by using a cost effective method with		es or any other Organization. Itality and Working Session Expenses Policy - Documenta	ŧ 1122									
I, by signing this form, attest that I am compliant to all the sbove statements	2 Mith	10 0										
Employee Signature:		Date 10-Dec-14										
I stitest that I have read and understand the "Travel, Hospitality and Working Session Expanse Power I stitest the expanses enclosed in this claim are for valid business purposes for Alberts Health Services			laim form with receipts should be sent by the									
I attest that expenses submitted in this claim have been incurred by using a cost effective method, oth			directly to Accounts Payable for processing.									
Approved By (PRINT ONLY): Dr. Verna	DOFA Level											
	ATAAA 60.00											
I, by algoing this form, attest that I am compliant to all the above statements Signature:	Title VEPU	ality+CH0	Date Dec 29/14									
I attest that I have read and understand the "Travel, Hospitality and Working Session Expanse Policy (
I attest the expenses enclosed in this claim are for valid business purposes for Alberts Health Bervices		Ith Services or any other Organization.										
I attest that expenses submitted in this claim have been incurred by using a cost effective method, oth	wise rationale and supporting analysis is provided above.											
Approved By (PRINT ONLY):	DOFA Level	Position #	Phone # Ext									
I, by signing this form, allost that I an 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.

ľ		Enter Finance Coding 101 0014	7111000			Emp # (E-P									age 2A
	a amount o	es incurred are for multiple FC's please use pages 2E on slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	econdary/E	Expense coo	des are not	ot required in ti	this section	n as the	ey are pre-de	etermined by th	ne system.				
- 14		B: TRAVEL EXPENSES NOTE: If expens			ategories sur	ch as Hospitality	, Worlding Sea	salon, Re	elocation, Contir	nuing Education, F	Business Insurar	nce go to SECT	FION C	an a	
5	Select from dro Ensure separa	opdown (column Prov) where expenses were incurred (Out of N.Ar ate lines are used for claim items that differ in Province, US and Out of	t of North Ame	nerica.			Comp	letion		Effective Met			EQUIRED.	l.	
	1 1	Business Reason for Travel - Detailed Description	Prov, US, or	4		F ^r	urther Exp	lanati	on is REQUI	RED in the "R	ationale is R	Required" sec		s page	
	Date dd-mmm-yy	Required (include destination, who attended-(if meal),	Out of N.Amer		Cost Effective	Contract of the local division of the local	(Allowance			policy limit	ing claimed i stated in Ap	pendix "A"	Rental Car/	The second second of the	
	uu-nation yy	why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	where	related to?		Meal Allo Meal Type with value	Allowance	Meal Type	with Receipt	ratio Airfare	onale is requi	Taxi	Bus/LRT/ Parking / Fuel	State of the second	Mileage (km)
)[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	שים							
	10-Dec-14	EIN Patient Family Centered Care Conference	US	Conf	Yes	LD-\$32.35	\$32.35	LDN	1						
	11-Dec-14	EIN Patient Family Centered Care Conference	US	Conf	Yes	LD-\$32.35	\$32.35	LDV	7						
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	!				 	<u> </u> !	 '								
				- Annual Statement			ļ'								
ľ		SUBTOTALS				1 /	\$85.45			\$297.86					Total Kms
ľ		MILEAGE - Business Kilome 	be included	d above unde	er the purpos	se of travel colu			<u>, 7 in 1997 - 299</u>	Enter \$	0.605 km, \$0.	.47 km <u>OR</u> rat <u>(see A</u>	ite per Union Mileage detail		
ľ		Rates applicable \$0.505 per km for <u>under 5.000km/</u>	<u>yr</u> or \$0.47	per km for <u>o</u>	ver 5,000km	Vyr or per Unio	in Agreemen	11						Mileage \$	
ľ	Ne	ote: Total will auto fill into pg 1, Section E, if form comp	pleted ele	ctronically ·	- Additiona	l pg 2's can t	e found aff	her Pag	ae 3					el \$ Subtotal	
ľ										L	Aut	to fills on pag	je 1 - TOTAI	L TRAVEL \$	\$383,31
ľ		le is Required for expenses that are not Cost Ef lysis supporting the method to assess cost eff			d be atta	ched to the	claim for	m)							
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Subtrait "Other Expenses" for each functional centre separately and enter gach aubtotal into column "Section C Total" on page 1 Section E*** Date (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate - butalled Description Required (indice with the output into all into the paperate reason) Finance Coding Finance Coding Complexity of the the but into all into the paperate (indice with the paperate - butalled Description Required (indice wit	\rightarrow if expension	ses are for travel, gas, etc., go to Sec	tion B on pg 2.										r.	
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Please click on the following link for the Bank of Canada exchange rate using the date of expenses 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 is 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 Select foreign country in From cell', and Canadian Dollar In 'To cell'; Enter date of expense in both date cells is select convert which will give the exchange rate - enter this amount in exchange rate - enter this amount in exchange rate - enter this amount in exchange rate column 0 Date (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 (thenderease eq. 410000064 Completion of the "Cost Effective Method Used" Column is REQUIRED. In the Rationale is Required" section on this page (the markers) 9-Deo-14 EN Conference - New York (Flight) 101 0014 71110000084 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) Image: Secondary in the second page Image: Secondary in														
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(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)														
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)			(<u> </u>											417 - 18 <u>8</u>
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)	Rationale	is Required for expenses that an	e not Cost Effective									Performance of		
	(Any analy:	sis supporting the method to ass	less cost effectivenes	s shoul	d be at	tached to the	claim form)							
Expenses Paid (Retain a copy for your records)				Fr	Pensee	Paid (Retain a r	ony for your	recorde)						

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



Out of Province Travel Approval

All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services

Travel Policy

	MUST be attached	to the actual exp	ense claim					
Employee inform	mation							
First Name		Last Name			Employ	ee Number		
Sean		Chilton						
Phone Number			Reports	То				
			Brenda	Huband, Vie	ce Preside	nt & Chief I	lealth Opera	tions Officer,
Department			Office L	ocation				
Chief Zone Office	ar, South		Lethbric	lge, AB				
Travel Details								
Purpose of Trip						-		N
EIN Patient Fami	y Centered Care		and the second se					
Destination			From			To		······································
Let			9-Dec-2	014		12-Dec-2	014	
	Accounting Distribut	llon	I.m. at					
Corp/BU/Org	Location / Site		Function	al Centre 7	Primary			
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Project Coding			- 12-11 - 12-12-12-12-12-12-12-12-12-12-12-12-12-1		4,		01212/0	
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Estimate of Expe	inses							
Gategory		Description						Amount
Accomodation Ch Meals	arge							
Registration	······································							
Airfare		Clighter age work	attached			· · · · ·		
	el/Parking/Bus/LRT	Flights as per	attached					\$630.61
Other Expenses (p								
		Currency	CDN .	USD	OTHER	1		\$630.61
			mada Currency	Exchange			ŀ	0000.01
Total Estim	ated Travel Costs		verter	Rate		\$0.00	Cdn\$	\$630.51
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		select convert white	untry in 'From cell', an ch will give the exchar	o Cenecian Do Ige rate	liar in "To ceil	; Enter date of	expense in boli	h date cells then
Approvals (Pre-app	provals for all Out-of-Province				authoria	ation table		
Employee Signatur	" ANK	1			Date (dd-		Phone Nur	nber
	attern and the	NIN	1					
pproved by (Print I	Vame) Signature				Date (dd-l	Non-vvvv)	Phone Nur	nber
Dr. Verne	Nin	Ville	\triangleleft					
'itle								*48
VPAU	ality +C	NA			T Galdoff I		DOLY TEN	e
VI YU	land Simplum	170						
opproved by (Print N	Varme) Signature				Date (dd-f	non-yyyy)	Phone Nut	nder
litte					Position N	lumber	DOFA Leve	Э

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 administraring AHS Procure to Pay program.

12/8/2014

Booking confirmation

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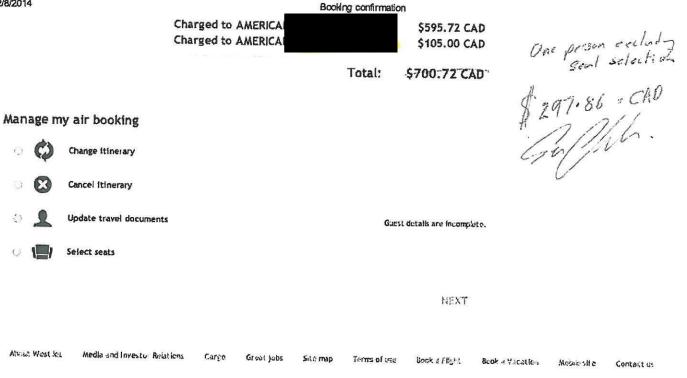
Designing Core to Return Core temms to the Your reservation code View itinerary details Beds; dr. **Guest details** Conference. Conference. Devember 10rm/11m Devember 2014 Mr Sean Chilton Flight Calgary (YYC)-Toronto (YYZ)-New York (LaGuardia) (LGA) WestJet FF Ticket number Seat 144 108 Ms Jody Vanessa Brudier Flight Calgary (YYC)-Toronto (YYZ)-New York (LaGuardia) (LGA) WestJet FF Ticket number Seat YC-YYZ YYZ-LGA 14B 10A 24 Air itinerary details Calgary (YYC) Tue Dec 9 2014, 6:35 PM Toronto (YYZ) WS 676 Fare type: Econo Wed Dec 10 2014, 12:19 AM Westlet Non-stop Boeing 737-800 Toronto (YYZ) New York (LaGuardia) (LGA) WS 1206 Fare type: Econo Wed Dec 10 2014, 1.56 PM Wed Dec 10 2014, 12:25 PM WestJet Non-stop Boeing 737-600 Pricing breakdown Guest type Base fare Air transportation Taxes, fees and Total fare Number of One person Total fare perguest charges per guest charges per guest per quest guests Adult \$155.99 \$7.50 \$134.37 5297.86 x Z \$595.72 C.3D 545-72 - 2 YYC-LGA: Econo fare type benefits First checked bag fee of 525-29,50 CAD for flights within Canada or to/from the U.S.1 Second checked bag foc of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece 1 247.86 CAD " Has applicable on fights operated by our alress partners -14 7: C \$595.72 CAD Total airfare:

Seats

Exit row seat	WS 0676 YYC-YYZ Sent 14B Ms Jody Brudler	\$30.00 CAD + \$1.50 CAD tax
Exit row seat	WS 1206 YYZ-LGA Seal 10A Ms Jody Brudler	\$20.00 CAD + \$1.00 CAD Lax
Exit row seat	WS 0676 YYC-YY2 Seat 14A Mr Sean Chilton	\$30.00 CAD + 51.50 CAD tax
Exit row seat	WS 1206 YYZ-LGA Seat 10B Mr Sean Chicon	\$20.00 CAD + \$1.00 CAD tax

Total seats: \$105.00 CAD - 8th Da 2014

12/8/2014



Privacy policy Tariffs and conditions of carriage Service fees Taxes and fees o WestJot. 別rights reserved. 12/8/2014

Booking confirmation

STIETA

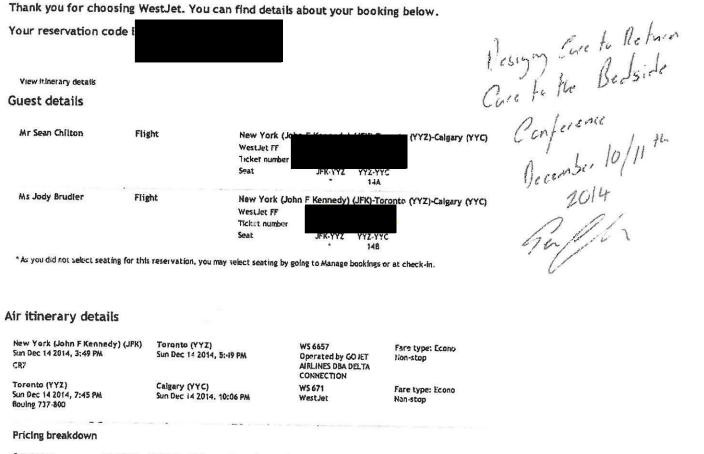
COREALL 13 Heta Enter your work! a

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Sond me a copy of my itinerary

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



Guest type		ir transportation harges 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

Seats

Exit row seat

Exit row seat

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

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

WS 0671 YY2-YYC Seat 148 Ms Jody Brudler

WS 0671 YYZ-YYC Seat 14A Mr Sean Chiton

I flot applicable on flights operated by our airline partners

\$665.50 USD Total airfare

One person 665 50 - 2

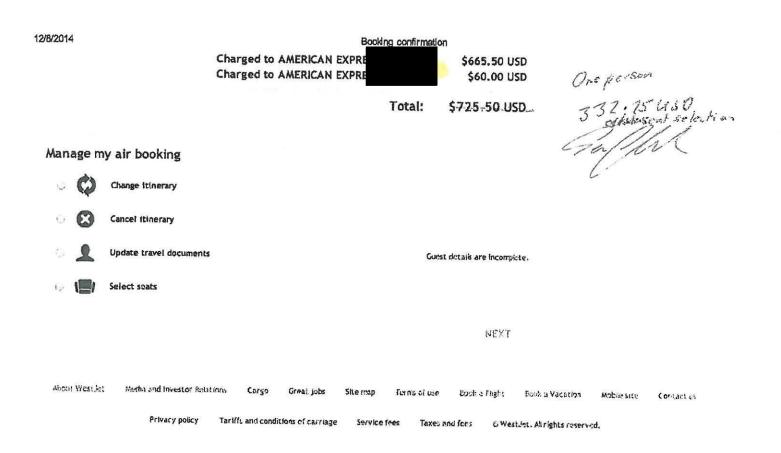
: \$ 332.75 201L

\$60:00 USD Total seats:

\$30.00 LISD

\$30.00 USD

" 8 th Dec 2014





TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff O	NLY)			
 Enter employee # (old) and Employee # (E-People) if your pa Indicate N/A in the Employee # (E-People) if your payroll has If you are a new employee and your payroll is E-People you w 	not migrated to the New E-People payr	oll system	and the second	Dec-14 To 23-Dec-14 ec-14 To 23-Dec-14 (1 applicable)
Name: Sean Chilton	annan an a	on (Title): SVP South Zone		
Location: Chinook Regional Hospital De	DFA Level:	Union:		
Employee # (E-People): SECTION E: FINANCE CODING & TOTAL CLAIM				
CAPITAL PROJECT CODING ONLY → Project Nu Expenditure	mber Organization		Task Number	
Total - Section B: Travel - Pg 2	Total - Section C&D	: Other & Foreign Expenses -	Pg 3	TOTAL REIMBURSEMENT
Bal Location Functional Total Unit Location Centre (FC) Expense	Bal Location Function	al Centre (FC) Secondary/ Expense	Total	tal Section B \$35.25
2A 101 0014 71110000084 \$35.25	101 0014 711	10000084 65000000	\$566.93 Tota	al Section C&D \$566.93
2B			Less	Cash Advance
2C 2D			то	TAL CLAIM \$602.18
\$35.25	**User to enter Co	oding & \$ Amounts	\$566.93	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These fields de	o not automatically fill for Section C	& D	YK.
SECTION F: AUTHORIZATION				
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" o I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and tha	this claim has not been previously claimed by me or on my lieha	f 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 ra	tionale and supporting analysis is provided above	Travel, Hospitality and Working Session E	xpenses Policy - Document# 1122	1
I, by signing this form, attest that I am compliant to all the above statements Employee Signature:		Date 5-Jan-1	5	
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" o I attest the expanses enclosed in this claim are for valid business purposes for Alberta Health Services and that I attest that expenses sub-fitted in this claim I are tern incurred by using a wost effective method, ciliberwise ra	this claim has not been previously claimed by the claimant of	Brenda Huband, VP & (Central & Southern Albo		ould be sent by the e for processing
Approved By (PRINT ONLY):	DOFA Lev			Ext
I, by signing this form, attest that I am compliant to all the above statements.	Title	Date: 2013 Jun Sign: Pumad M	13	
I attest that I have read and understand the "Travel Hospitality and Working Session Expense Policy (1122)" of		Junade /	alter I	
Lattest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that Lattest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise ra				
Approved By (PRINT ONLY):	DOFA Level	Position #	Pho	one # 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

E	Enter Finance Coding 0014	7111000	0084		Emp # (E-I	People)							P	age 2A
\$ amount o	s incurred are for multiple FC's please use pages 2E on slip, <u>DO NOT</u> separate any taxes (eg. GST). Se	3,2C,2D (a condary/E	after pg3) a xpense coo	s there shi les are no	ould be one F t required in t	EC per page this section	e OR i as the	if ey are pre-de	termined by t	for the same he system.	e FC use the	ese addition	al pages. E	Enter total
SECTION	B: TRAVEL EXPENSES NOTE: If expenses	ses do not fa	all into these ca	ategories suc	ch as Hospitality	, Working Ses	sion, Re	elocation, Contin	uing Education,	Business Insura	nce go to SECT	TION C	-28-	
	opdown (column Prov) where expenses were incurred (Out of N.An te lines are used for claim items that differ in Province, US and Out of I					Comp	letion o		Effective Me			EQUIRED.		
	Business Reason for Travel - Detailed Description	Prov, US, or			F	urther Exp	lanati		RED in the "F	Rationale is R	lequired" sec	ction on this	page	
Date dd-mmm-yy	Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason)	Out of N.Amer	What is travel	Cost Effective	Meal (Meal All	Allowance	-	leceipt) I with Receipt	policy limi	eing claimed i t stated in Ap onale is requi	pendix "A"	Rental Car Bus/LRT/		Mileage
	A description of just "Meeting" will be returned for clarification	where expenses incurred?	related to?	Method Used? Y/N	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel	Allowance	(km)
19-Dec-14	Mtg with Town of Raymond - Raymond Care Centre (Lethbridge to Raymond return)	AB	Meeting	Yes										69.80
														n -
			2 -		1									Total Kms
	SUBTOTALS													69.80
	MILEAGE - Business Kilome → details of travel location to & from must l	be included	above unde	the purpos	se of travel colu		5 2001 F <		Enter \$	0.505 km, \$0.		te per Union Vileage detai		\$0.505
	Rates applicable \$0.505 per km for <u>under 5,000km/y</u>	<u>yr</u> or \$0.47	per km for <u>ov</u>	ver 5,000km	n/yr or per Unic	on Agreemen	<u>t</u>						Mileage \$	\$35.25
			0 3 M2			2 00 02						Trave	l \$ Subtotal	
No	te: Total will auto fill into pg 1, Section E, if form comp	oleted elec	ctronically -	Additional	pg 2's can b	e found afte	er Pag	e 3		Auto	o fills on pag	e 1 - TOTAL	TRAVEL \$	\$35.25
	e is Required for expenses that are not Cost Ef ysis supporting the method to assess cost eff		ess should	l be attac	hed to the	claim form	n)							
			<u>e eneure</u>				<u> </u>							

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

SECTIO	C: OTHER EXPENSES				1	Emp #	(E-People)						Page 3
\rightarrow If expen	s to be claimed in this section includ ses are for <u>travel, gas, etc., go to Secti</u> ER" expenses listed below MUST have a sec	ion B on pg 2.		ty & Host	ing, <u>Working</u>	Session	us , <u>Relocation</u> , <u>Co</u>	ntinuing Educa	tion, <u>Busines</u>	s Insurance, and miscella	neous expense	5.	
	*** <u>Subtotal</u> "Other Exper	ises" for <u>each</u> functio	onal cer	tre se	parately a	and er	nter each sul	ototal into	column "	Section C Total"	on page 1 S	ection E***	
Dete	Business Reason for Expense - Detaile (include who attended-(if meal/Hospitality),	d Description Required	8		Finance C			Completion of	of the "Cost E	ffective Method Used"	Column is REQL ited in "Appendi	IRED. If you select x A", Further Exp	et "No" in this column or lanation is REQUIRED in
Date dd-mmm-yy	what expense was and pertaining to and reason) A description of just "Meeting" will be n	detailed explanation of	Bal Uni	t L0	ocation	Func	tional Centre	Secondary/ Expense eg. 41000000 (8 characters)		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 <u>NOT</u> on ti slip/receipt, ente total amount is th column	TOTAL
8-Dec-14	CARNA Permit Fee		101		0014	71	110000084	65000000	Yes		\$566.93		\$566.93
		1		-									
SECTION	D: FOREIGN CURRENCY		<u>c</u>							1\$ (conversion not india nse in CDN \$ in either Se			
In the start start sectors and	n the following link for the Bank of ange rate using the date of expense	Bank of Canada Currer	ncy Conv	<u>erter</u>	÷ ∢	Select f			i a sta nanan distan ananan	dian Dollar in 'To cell' change rate - enter th		 Compared and Compared and Compa	New York and the second s
Date	Business Reason for Travel - Detailed (include destination, who atten why travel was necessary and detailed	ded-(if meal),	F	inance	Coding		Secondary/ Expense eg. 41000000	Cost Effective Method	this column o	of the "Cost Effective Mo r the amount being claim lanation is REQUIRED ir	d exceeds the f	Policy limit stated i	n "Appendix A", Further
dd-mmm-yy	A description of just "Meeting" will be re		Bal Unit	Location	Functional	Centre	(8 characters)	Used? Y/N	Foreign Cu Amou		/pe Exchar	ige Rate	Canadian Value
)						
									· · · · · · · · · · · ·				
Rationale	is Required for expenses that are	not Cost Effective											Carlo
	sis supporting the method to asse		s shoul	d be at	tached to	o the c	claim form)						
			Exp	enses	Paid (Ret	ain a c	opy for your	ecords)					

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

	lember Name lember Address	Sean Chilton	Reg. #				
R	eceipt Date	Canada 08/12/2014	Date Paid	29/09/2014			
P	roduct	Description	Anno 100 - 20 - 20 - 20 - 20 - 20 - 20 - 20	Quantit	Price	Extended	1
R	N Permit Fee	Subscription 01/10/2014 through 30/09/2015			0 \$524.43		
D	eferred Capital	(part of total registration fee) Replacement and minifrastructure or information technology	aintenance of capital assets,	such as	\$15.00		
	eferred Legacy roject	(part of total registration fee) The Legacy Project CARNA's centennial in 2016.	fund will help nurses celebra	ite 1.000	\$0.50	\$0.50	
¥ [L	ate Fee	Subscription 01/10/2014 through 30/09/2015		1.000	\$47.62	\$47.62	*
	mount Paid ST (#R10669264	3)	\$587 \$29.	.55 × /	moved	fee	GST.
T	otal Dues Paid		\$616	6.93	Rutul 1. n	iludy	651
					H S	66 -	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

and he

Member Name Member Address

Sean	Chilton

	Reg. #				
08/12/2014	Date Paid	29/09	/2014		
Description		100 A. 10	Quantity	Price	Extended
Subscription 01/10/2014 through 30/09/2015					
(part of total registration fee) Replacement and maint infrastructure or information technology	enance of capital assets,	such as	1		
(part of total registration fee) The Legacy Project fun CARNA's centennial in 2016.	d will help nurses celebr	ate	1.0000	\$0.50	\$0.50
Subscription 01/10/2014 through 30/09/2015	1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 -		1,0000	\$47.62	\$47.62
	\$58	7.55		4	
3)					
	\$61	6.93			
	Description Subscription 01/10/2014 through 30/09/2015 (part of total registration fee) Replacement and maint infrastructure or information technology (part of total registration fee) The Legacy Project fun CARNA's centennial in 2016.	08/12/2014 Date Paid Description Subscription 01/10/2014 through 30/09/2015 (part of total registration fee) Replacement and maintenance of capital assets, infrastructure or information technology (part of total registration fee) The Legacy Project fund will help nurses celebre CARNA's centennial in 2016. Subscription 01/10/2014 through 30/09/2015 \$58 3) \$29	O8/12/2014 Date Paid 29/09 Description Subscription 01/10/2014 through 30/09/2015 (part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology (part of total registration fee) The Legacy Project fund will help nurses celebrate CARNA's centennial in 2016. Subscription 01/10/2014 through 30/09/2015 \$587.55	08/12/2014Date Paid29/09/2014DescriptionQuantitySubscription 01/10/2014 through 30/09/20151.0000(part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology1.0000(part of total registration fee) The Legacy Project fund will help nurses celebrate CARNA's centennial in 2016.1.0000Subscription 01/10/2014 through 30/09/20151.0000\$587.55\$29.38	O8/12/2014Date Paid29/09/2014DescriptionQuantityPriceSubscription 01/10/2014 through 30/09/20151.0000\$524.43(part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology1.0000\$15.00(part of total registration fee) The Legacy Project fund will help nurses celebrate CARNA's centennial in 2016.1.0000\$0.50Subscription 01/10/2014 through 30/09/20151.0000\$47.62\$587.55\$29.38

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

Alberta Health

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff O	NLY)							
 Enter employee # (old) and Employee # (E-People) if your pay Indicate N/A in the Employee # (E-People) if your payroll has 		Contraction of the second s						
 If you are a new employee and your payroll is E-People you was 		Travel Period fro Out-of-Province						
Name: Sean Chilton	Position (Title)	SVP South Zone						
Location: Chinook Regional Hospital Dept: SVP Office	DOFA Le	able) Union						
Employee # (E-People):								
SECTION E: FINANCE CODING & TOTAL CLAIM								
CAPITAL PROJECT CODING ONLY → Project Nu Expenditure	have all the second	Project Task Number Expenditure Type	·					
Total - Section B: Travel - Pg 2	Total - Section C&D: Other	& Foreign Expenses - Pg 3	TOTAL REIMBURSEMENT					
Pg Bal Location Functional Total Unit Location Centre (FC) Expense	Bal Location Functional Centre	e (FC) Secondary/ Total Expense Expense	Total Section B \$615.09					
2A 101 0014 7111000084 \$615.09	Centre (FC) Expense Unit Expense Expense							
2B			Less Cash Advance					
2C								
2D			TOTAL CLAIM \$615.09					
\$615.09	**User to enter Coding & \$	Amounts						
NOTE: This section auto fills from page 2A, 2B, 2C & 2D	NOTE: These fields do not aut	omatically fill for Section C & D						
SECTION F: AUTHORIZATION								
I attest that I have read and understand the "Travel, Hospitally and Working Session Expense Policy (1122)" of I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that								
I attest that exponses submitted in this claim have been incurred by using a cost effective method, otherwise rai	ionale and supporting analysis is provided above <u>Ti</u>	avel, Hospitality and Working Session Expenses Policy - Docum	<u>ient# 1122</u>					
I, by signing this form, attest that I am compliant to all the above statements Employee Signature:	//k	Date						
I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that		™ sud ∞ev Brenda Huband, VP & CHOC) by the					
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rat	ionale and supporting analysis is provided above	Central & Southern Alberta	sing					
Approved By (PRINT ONLY):	DOFA Level	Central & Southern Alberta	Ext					
i, by signing this form, attest that I am compliant to all the above statements	Title	Date. acro Aut 11						
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 complia	Sign: Bunder Huten						
I attest the expenses enclused in this claim are for valid business purposes for Alberta Health Services and that		- Aven						
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rate	onale and supporting analysis is provided above							
Approved By (PRINT ONLY):	DOFA Level	Position #	Phone # Ext					
by signing this form, active that I are compliand to git the active 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

E	Inter Finance Coding 1010014	7111000	0084		Emp # (E-P	eople)							P	age 2A	
lf expenses \$ amount o	s incurred are for multiple FC's please use pages 2B on slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	,2C,2D (a condary/E	fter pg3) as xpense coo	s there sho les are not	ould be one F required in t	C per page his section	OR i as the	f more nnes y are pre-dei	are required termined by th	for the sam	e FC use the	ese addition	al pages. E	Inter total	
SECTION	B: TRAVEL EXPENSES NOTE: If expense	es do not fa	II into these ca	ategories suc	h as Hospitality,	Working Ses	sion, Re	location, Contin	uing Education, E	Business Insura	nce go to SECT	TION C			
	pdown (column Prov) where expenses were incurred (Out of N.Am te lines are used for claim items that differ in Province, US and Out c				E.			lf you	Effective Met	in this colum	ın,				
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)	or Out of N.Amer	What is travel related to?	Cost Meal (Allowance OR I Effective		Cost Meal (Allowance OR Receipt)		policy limit stated in Appendix "A" Rental Co		If amount being claimed is above the policy limit stated in Appendix "A"		e Rental Car/	al Car/	r/	Mileage
	A description of just "Meeting" will be returned for clarification	where expenses incurred?	related to?	Used? Y/N	Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi	Parking / Fuel	Allowance	(km)	
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				:			b	9		334.00	
18-Nov-14	Systems Analysis Methodology / QA Review Course - Medicine Hat (return)	AB	Meeting	Yes				0						334.00	
24-Nov-14	HAC Meeting - Bow Island (return)	AB	Meeting	Yes										216.00	
						1,000						-			
	SUBTOTALS													Total Kms 1218.00	
	MILEAGE - Business Kilomet → details of travel location to & from must b	be included	above unde	the purpos	e of travel colu				Enter \$	0.505 km, \$0.		te per Union Vileage detail		\$0.505	
	Rates applicable \$0.505 per km for <u>under 5,000km/y</u>	<u>r</u> or \$0.47)	per km for <u>ov</u>	ver 5,000km	/yr or per Unio	n Agreemen	1						Mileage \$	\$615.09	
Not	te: Total will auto fill into pg 1, Section E, if form comp	leted elec	tronically -	Additional	pg 2's can be	e found afte	er Pag	e 3					l \$ Subtotal		
- 2.399 to.									L	Aut	o fills on pag	e 1 - TOTAL	. TRAVEL \$	\$615.09	
August and a second sec	e is Required for expenses that are not Cost Ef ysis supporting the method to assess cost eff		ss should	l be attac	hed to the	claim form	<u>n)</u>								