

AHS Board and Executive Expense Report

Name Sean Chilton
Title VP Collaborative Practice, Nursing & Health Professions
Location Edmonton
 Expenses submitted during the month of September 2018

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-18	P-Card	Meetings		63	461	555	1,079	200	283	
Sep-18	Expense Claim	Meetings				157	157			
Sep-18	Direct Billing	Meetings	1,162				1,162			
Total			\$ 1,162	\$ 63	\$ 461	\$ 712	\$ 2,398	\$ 200	\$ 283	\$ -

Total for the Month \$ 2,881

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 240
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 1,562.68									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
8/22/2018	Meeting	AB - Local	Working Session	\$ 192.35			Catering for Seniors Audit and Quality Face to Face	1	25	List of attendees is kept on file		
8/27/2018	Accommodations	International	Accommodations	\$ 184.09			EPIC Sessions in Madison, WI USA	1				
8/30/2018	Meeting	AB - Local	Conference Fees	\$ 200.00			UofA Legacy Gala	1				
8/31/2018	Car Rental	International	Fuel-Travel and Car Rental	\$ 47.67			EPIC Sessions in Madison, WI USA	1				
8/31/2018	Car Rental	International	Car Rental	\$ 507.18			EPIC Sessions in Madison, WI USA	1				
9/1/2018	Accommodations	International	Accommodations	\$ 277.30			EPIC Sessions in Madison, WI USA	1				
9/6/2018	Meeting	AB - Local	Hospitality	\$ 91.09			Catering for Negotiations with the AB Association of Midwives in Red Deer	1	8	List of attendees is kept on file		
9/13/2018	Meeting	AB - Local	Parking - Lot or Parkade	\$ 18.00			Deputy Minister - Community-Based Health Care Advisory Committee Meeting	1				
9/18/2018	Meeting	AB - Local	Parking - Lot or Parkade	\$ 45.00			Parking at Alumni House - ELT Meeting	1				
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		17-Oct-18								

Lined

Seniors Audit+Quality

1:1 1230-430
Aug 27

Invoice

Olly Fresco`s 7th ST Plaza 1966935 Alberta Inc

#101 - 10030 - 107 ST NW South Tower
Edmonton, Alberta T5J-3E4
780-428-9696

BILL TO

FOR

Delivery for August 22nd
Wednesday to 4-400, North
Tower - AHS building at 2:15
PM

Details

Column1

15 Coffee	\$22.50
10 tea	\$12.50
15 Fruit platter	\$67.50
15 Cheese/Deli meat	\$89.85

Cutleries Included

SUBTOTAL \$192.35

TAX RATE

Delivery

TOTAL \$192.35

Payment Information

Credit Card

If you have any questions concerning this invoice, use the following contact information:

7THSTPLAZA@ollyfrescos.ca

Line 2



Courtyard Madison East

2502 Crossroads Dr
Madison, WI 53718
T 608.661.8100

Sean/Mr Chilton

Room: [REDACTED]

Room Type: SPAK

Number of Guests: 1

Rate: \$119.00

[REDACTED]

Arrive: 25Aug18

Time: 10:35PM

Depart: 26Aug18

Time: 12:08PM

Folio Number: [REDACTED]

Date	Description	Charges	Credits
25Aug18	Room Charge	119.00	
25Aug18	State Occupancy Tax	5.95	
25Aug18	City Tax	11.90	
25Aug18	County Tax	0.60	
26Aug18	Master Card		137.45
	Card # [REDACTED]		
	Amount: 137.45 Auth: [REDACTED] Signature on File		
	This card was electronically swiped on 25Aug18		
	Balance:	0.00	

184.09 USD

Rewards Account # [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.

Line ③

From: UAlberta Events Admin [mailto:noreply@ualberta.com]

Sent: Thursday, August 30, 2018 9:57 AM

To: Sean Chilton [REDACTED]

Subject: Event Registration Confirmation - Legacy Gala

Hello Sean Chilton, your registration for Legacy Gala is complete. Here are the details for the event. See you there!

We are happy to refund your purchase, or release your spot should you not be able to make it; please contact our office at least 72 hrs in advance at 780-492-9171.

Legacy Gala

Date:

September 21, 2018

Time:

6:00 PM to 9:30 PM

Location:

Westin Edmonton Downtown

Summary

Description	Amount
Confirmation Number: [REDACTED]	
Register for Legacy Gala: Quantity 1 - Per Ticket - \$200.00	\$200.00
<hr/>	
Total: \$200.00	

Welcome

Are you purchasing individual tickets OR a full table of 8?:

Individual Tickets

About You

Sean Chilton

Preferred Email:

[REDACTED]

Line (4)

08/11/2018 4/5254159
07:05:05 AM

PUMP# 5
Unleaded 13.216G
PRICE/GAL \$2.689

FUEL TOTAL \$ 35.54

CREDIT \$ 35.54

MC FLEET

Entry Method:Striped

Auth
Resp
Stan:
Invoi
BP SI

Line (7)

Alberta Health Services

Chopped Leaf CL019
#120 31 Clearview Blvd
Red Deer
GST # 83140 6632 RT0001

Pickup No: 01

Catering Cashier: Candace
Thursday, 6 Sep, 2018 - 11:18 am
Order

1 Popeye Full Chicken 12.75
1 Chopped Signature Full Ch 12.75
1 Caesar Wrap Chicken 10.25
1 Bowl #2 No Protein 9.75
1 Southwest Wrap Chicken 10.25
1 Bangkok Wrap Chicken 10.25
1 Caesar Full Chicken 12.75
1 Delivery 9 8.00

Sales Total 86.75
GST: 4.34

Total \$91.09
MC 91.09

Amount Tendered \$91.09
Change \$.00

Line (8)

ATB PLACE
GST:887315638RT001
RECEIPT C1

IN: 13.09.18 12:52
PAY: 13.09.18 15:14
AMOUNT: \$ 18.00

Sep 13 2018 03:14 pm

TRANSACTION
RECORD

Card Number :

Card Entry : CHIP

Trans Type : PURCHASE

Amount : \$18.00

Auth # :

Sequence # :

Term ID :

Date : 18/09/13

Aug 31 Madison, WI USA

fuel for rental
car

= 47.67 USD

Step 6 \$91.09

Midwifery Negotiations
in Red Deer
catering

Line 5



Rental Agreement # [redacted]
Invoice # [redacted]

Renter Information

Renter Name
SEAN CHILTON

Renter Address
[redacted]

Contract
ALBERTA HEALTH SERVICES

Vehicle Information

4DR ALL-WHEEL DRIVE SEDAN

License # [redacted]

State/Province: ON

Vehicle Class Driven

Full Size Elite 4-Door/Automatic/Air

Vehicle Class Charged

Standard SUV 5-Door/Automatic/Air

Odometer Mileage/Kilometers

Starting: 23,070 Ending: 23,179

Total: 109

Thank you for renting with
Enterprise Rent-A-Car

We appreciate your business!

This email was automatically generated
from an unattended mailbox, so please do
not reply to this e-mail.

If you have any questions about your
rental, please view our Frequently Asked
Questions or send us a secured message
by visiting our [Support Center](#)

Trip Information

Pickup
Sat, Aug 25 2018 9:40 P.M.

Start Charges
Sun, Aug 26 2018 12:16 P.M.

DANE CNTY REG ARPT (MSN)
4000 INTERNATIONAL LN
MADISON, WI 53704-3134
USA

Return
Fri, Aug 31 2018 7:29 A.M.

DANE CNTY REG ARPT (MSN)
4000 INTERNATIONAL LN
MADISON, WI 53704-3134
USA

Rental Charges

Rental Rate	Time & Distance 1 Week at \$321.00 / Week	\$321.00
Add-Ons	Discount (5.00%)	-\$16.05
Mileage	Unlimited Mileage	Included
Taxes and Fees	State Rental Vehicle Fee 5 Pct (5.00%)	\$17.11
	Sales Tax (5.50%)	\$18.82
	Title And Registration Fees .61/day (\$0.61 / Day)	\$3.05
	Concession Recovery Fee 11.11 Pct (11.11%)	\$34.22
Total		\$378.15
(Subject to audit)		
	Amount charged on Aug 31 2018 to MASTERCARD [redacted]	(\$378.15)
Amount Due		\$0.00

Total = 507.18 USD

Lindb

COURTYARD
Marriott

Courtyard Madison East

2502 Crossroads Dr
Madison, WI 53718
T 608.661.8100

S. Chilton

Room: [REDACTED]

Room Type: QNQN

Number of Guests: 1

Rate: \$179.00

Clerk:

Arrive: 30Aug18

Time: 04:15PM

Depart: 31Aug18

Time:

Folio Number: [REDACTED]

Date	Description	Charges	Credits
30Aug18	Room Charge	179.00	
30Aug18	State Occupancy Tax	8.95	
30Aug18	City Tax	17.90	
30Aug18	County Tax	0.90	
31Aug18	Master Card Card # [REDACTED] Amount: 206.75 Auth [REDACTED] Signature on File This card was electronically swiped on 30Aug18		206.75
	Balance:	0.00	

Rewards Account # [REDACTED] Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement or your online Statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.

Total \$ 277.30 USD

Line 9

RECEIPT

License Plate Number



Expiration Date/Time

06:11 PM
SEP 18, 2018

Purchase Date/Time: 08:11am Sep 18, 2018
Total Due: \$45.00 Rate: Hr Increment @ \$4.50
Total Paid: \$45.00 Pmt Type: CC (Swipe)
Ticket # [Redacted]
S/N # [Redacted]
Setting: Lot V Faculty Club
Mach Name: Lot V

MasterCard

Auth # [Redacted]

GST# R108102831

UNIVERSITY OF ALBERTA - PARKING RECEIPT

July 24 AH/AHS Meditronics @ ATB (4km)

Aug 25 %w Airport from home for (16km x!) USA EPC

Sep 6 R/T Home - michener bend for (142km x2) midwifery Negotiations

Sep 13 %w ATB (2km) Deputy minister

Sep 18 @ Alumni house ELT Less than workday

19 %w Enterprise Square
ConnectCare Configuration team.
" %w ATB Deputy Minister

Sep 20 CARNA Presentation 10 km

Sep 18 \$45.00
Parking @ alumni house
for ELT meeting

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
CHILTON, SEAN A	VP Collaborative Practice, Nursing & Health Professions	Edmonton	\$ 156.55									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/6/2018	Meeting		Mileage-Other	\$ 156.55	SSP	Michener Bend, Red Deer	Travel to Red Deer for Midwifery Negotiations	1			310	
Approver(s) for the claim		Approval Status	Approval Date									
YIU, VERNA		Approve	17-Oct-18									

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name :	Reporting Period for the Month of :
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
4-Jul-2018	Direct Billing	Airline Ticket	Aug 25, 2018 - Flight to Wisconsin from Edmonton EPIC/Connect Care UGM in Madison Delta Flights 04772 and 02957 Ticket [REDACTED]	Marlin Travel	961.41
24-Jul-2018	Direct Billing	Airline Ticket	Aug 25, 2018 - CHANGE FEE - Flight to Wisconsin from Edmonton EPIC/Connect Care UGM in Madison Delta Flights 04772 and 02957 Ticket [REDACTED]	Marlin Travel	200.00
	Direct Billing			Marlin Travel	
	Direct Billing			Marlin Travel	
	Direct Billing			Marlin Travel	
Total Paid in the Month					\$ 1,161.41



A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #:
Booking Date: 04 Jul 18
Client:
Agent:

File Locator:

PASSENGERS: MR SEAN CHILTON

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: DELTA AIR LINES INC Ticket #, 828.00, 0.00, \$0.00, 133.41, 0.00, 961.41 CAD. Row 2: Total: 828.00, 0.00, 0.00, 133.41, 0.00, 961.41 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: Invoice #, 07/04/2018, Form of Payment, 961.41 CAD. Row 2: Total Payment: 961.41 CAD.

Balance Due CAD Currency 0.00 CAD
Balance Due USD Currency 0.00 USD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL CONNECT CARE

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY*** PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY *****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR TRANSBORDER FLIGHTS-CHECKIN 120 MINUTES PRIOR TRANSBORDER COUNTER WILL CLOSE 60 MINUTES PRIOR INTERNATIONAL FLIGHTS-120 MINUTES PRIOR INTERNATIONAL COUNTER WILL CLOSE 60 MINUTES PRIOR

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 04 Jul 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers SEAN CHILTON	Citizenship Not Specified	Required Travel Documents Not Specified
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All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: SEAN CHILTON	Booking Date: 04 Jul 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
DELTA AIR LINES INC	04772	EDMONTON INTL 25 Aug 18 2:45PM		MINNEAPOLIS 25 Aug 18 6:26PM	L/	
DELTA AIR LINES INC	02957	MINNEAPOLIS 25 Aug 18 8:15PM		MADISON 25 Aug 18 9:21PM	L/	



AIR

Passengers: SEAN CHILTON	Booking Date: 04 Jul 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
DELTA AIR LINES INC	00715	MADISON 30 Aug 18 5:20PM		MINNEAPOLIS 30 Aug 18 6:33PM	B/	
DELTA AIR LINES INC	02219	MINNEAPOLIS 30 Aug 18 7:25PM		EDMONTON INTL 30 Aug 18 9:27PM	B/	



A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #:
Booking Date: 24 Jul 18
Client:
Agent:

File Locator:

PASSENGERS: MR SEAN CHILTON

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row: DELTA AIR LINES INC Ticket #, 0.00, 0.00, \$0.00, 0.00, 200.00, 200.00 CAD. Total: 0.00, 0.00, 0.00, 0.00, 200.00, 200.00 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Rows: 07/04/2018 (961.41 CAD), 07/24/2018 (200.00 CAD), 07/24/2018 (200.00 CAD). Total Payment: 1,361.41 CAD.

Balance Due CAD Currency 0.00 CAD
Balance Due USD Currency -875.84 USD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL CONNECT CARE

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY*** PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY *****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR TRANSBORDER FLIGHTS-CHECKIN 120 MINUTES PRIOR TRANSBORDER COUNTER WILL CLOSE 60 MINUTES PRIOR INTERNATIONAL FLIGHTS-120 MINUTES PRIOR INTERNATIONAL COUNTER WILL CLOSE 60 MINUTES PRIOR

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 24 Jul 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
SEAN CHILTON	Not Specified	Not Specified

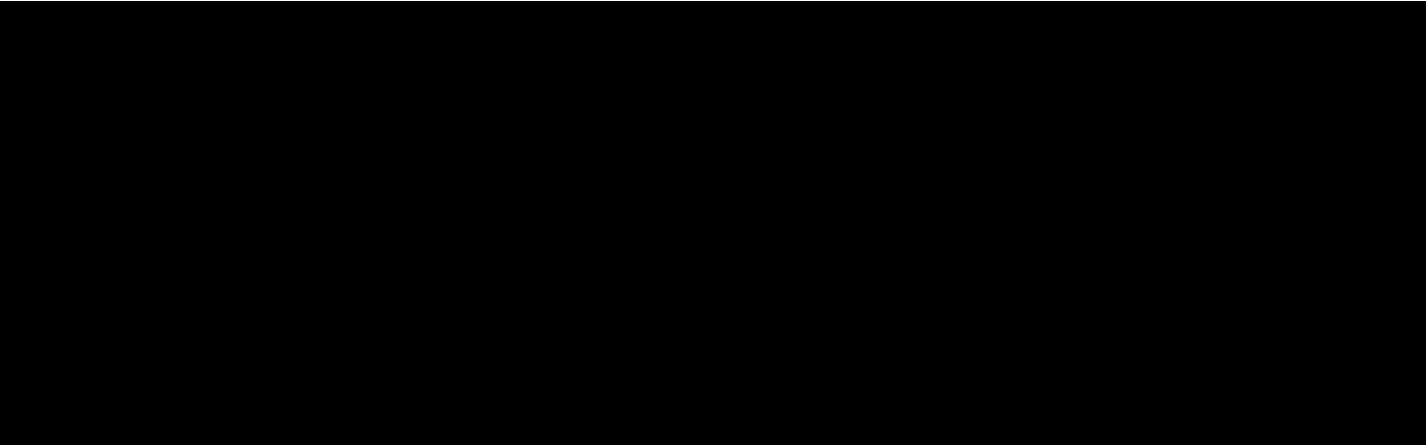
All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	SEAN CHILTON	Booking Date:	24 Jul 18
		File Locator/Ticket #:	[REDACTED]

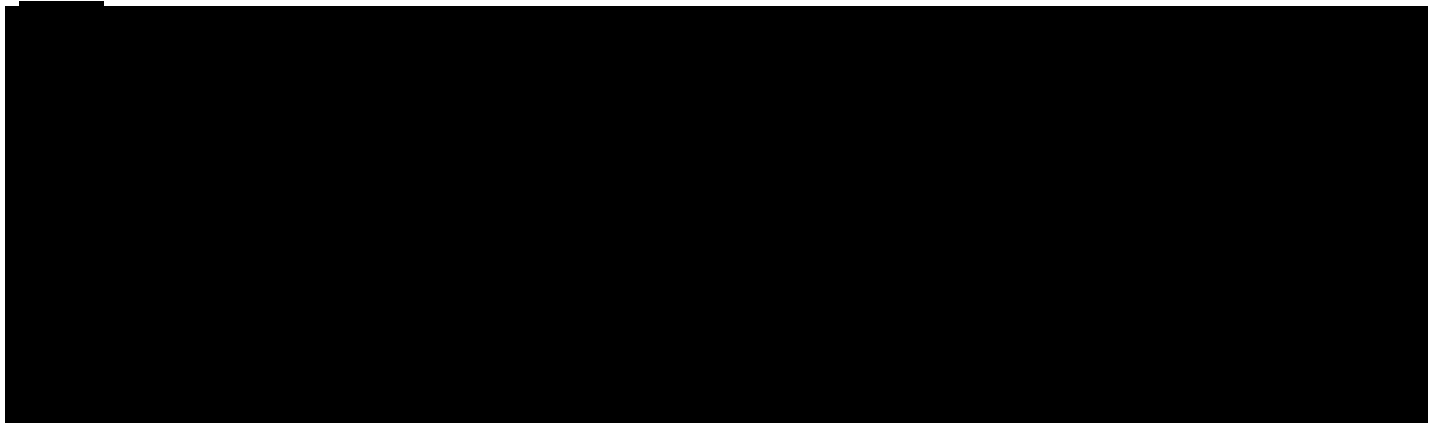
Airline	Flight	From	Terminal	To	Class/Seat	Stops
DELTA AIR LINES INC	04772	EDMONTON INTL 25 Aug 18 2:45PM		MINNEAPOLIS 25 Aug 18 6:26PM	L/	
DELTA AIR LINES INC	02957	MINNEAPOLIS 25 Aug 18 8:15PM		MADISON 25 Aug 18 9:21PM	L/	



ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 24 Jul 18
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]



AIR

Passengers: SEAN CHILTON
Booking Date: 24 Jul 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
DELTA AIR LINES INC	03318	MADISON 31 Aug 18 9:20AM		MINNEAPOLIS 31 Aug 18 10:36AM	M/	
DELTA AIR LINES INC	02949	MINNEAPOLIS 31 Aug 18 11:35AM		KALISPELL 31 Aug 18 1:23PM	M/	