

Official Administrator and Executive Expense Report

Name Dr. Evan Lundall
Title Zone Medical Director, Central Zone
Location Red Deer
 Expenses submitted during the month of May 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)
May-14	P-Card	Meetings and Conferences		46	253	66	365			
May-14	Expense Claim	Meetings and Conferences		21			21			
Total			\$ -	\$ 67	\$ 253	\$ 66	\$ 386	\$ -	\$ -	\$ -

Total for the Month \$ 386

Maximum daily single meal expense claimed in the month \$ 46 Two persons
 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

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: 22-Apr-14 To 21-May-04
 Travel Period from: 22-Apr-04 To 21-May-14 (if applicable)
 Out-of-Province Travel

Name: Dr. Evan Lundall Position (Title): Central Zone Medical Director
 Dept: [Redacted] DOFA Level: [Redacted] (if applicable) Union: [Redacted] Business Phone #: [Redacted] Ext: [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	0015	71110106046	\$20.75						\$20.75		
2B												
2C												
2D												
				\$20.75							Less Cash Advance	
											TOTAL CLAIM	\$20.75

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 **User to enter Coding & \$ Amounts
 NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I affirm that I have read and understand the "Travel, Hospitality & Working Session Expense Policy" (1122) of Alberta Health Services and confirm my compliance with the applicable policy requirements of this policy.
 I affirm that the expenses included in this claim are for the business purposes of Alberta Health Services and that this claim has not been previously obtained by me, or my bulk, from Alberta Health Services or any other Organization.
 I affirm that the expenses included in this claim have been incurred by using a valid Alberta Health Services card and that the receipts are attached to this claim.

Employee Signature: *[Signature]* Date: 07 May 2014
 Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted]
 Signature: *[Signature]* Title: VP Quality + CMO Date: June 2/14

I affirm that I have read and understand the applicable policies of Alberta Health Services that pertain to travel expenses, and that my expenses being claimed are in compliance with such policies.
 I affirm that the expenses included in this claim are for valid business purposes of Alberta Health Services and that this claim has not been previously obtained by me, or my bulk, from Alberta Health Services or any other Organization.
 I affirm that the expenses included in this claim have been incurred by using a valid Alberta Health Services card and that the receipts are attached to this claim.

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 sections 20(b) of the Health Information Act (HIA) and sections 32(c) and 34(2) of the Freedom of Information and Protection of Privacy (FIPPA) Act, respectively, for the purpose of administering AHS Processes to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3 -
EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0015 71110106046**

Emp # (E-People) [REDACTED]

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, Refresher, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column: Prov, where expenses were incurred (Out of N. America - Int'l))
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-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 rejected for clarification	Prov, US, or Out of N. Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/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							
2-May-14	Travel from Medicine Hat to Red Deer; Attended PMI Education Session.	AB	Educ	Yes	D-\$20.75	\$20.75	✓								
SUBTOTALS						\$20.75									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 \$20.75

Auto fills on page 1 - TOTAL TRAVEL \$ \$20.75

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)

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

LUNDALL, EVAN Cardholder's Name	CENTRAL ZONE MEDICAL Cardholder's Position/Title	Billing Reporting Period:	20/05/2014
██████████ Cardholder's Dept	██████████ Cardholder's Site/Location	Total Statement Amount:	\$364.82
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/05/2014	██████████	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	253.08	CAD	253.08	00		Hotel accommodation - attended 2 day PMI education session - Medicine Hat
15/05/2014	██████████	CDN TIRE GASBAR #01867, GAS / SERVICE STATIONS	65.88	CAD	65.88	3.14		Attended meeting - CPSA - Edmonton re: physician review
15/05/2014	██████████	NAANOLICIOUS, EATING PLACES, RESTAURANTS	45.88	CAD	45.88	.00		Supper - 2 physicians - CPSA meeting - Edmonton

Signatures

Cardholder Designate (If Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Sheryl Hergott

Name of Cardholder Designate

[Signature]

Signature of Cardholder Designate

Exec. Assistant

Cardholder Designate Position/Title

May 26, 2014

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.

LUNDALL, EVAN

Name of Cardholder

[Signature]

Signature of Cardholder

CENTRAL ZONE MEDICAL

Cardholder Position/Title

27 May 2014

Date of Signature

Approver Designate (If Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Verna Yiu

Name of Approver

Signature of Approver

VP Quality + CMO

Approver Position/Title

Date of Signature

June 2/14

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter
- Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10000-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #:

Reviewed by:

Date:

CPSA

Edm Trip

Canadian Tire
100 3803 Calgary Tr
Edmonton, Alberta
T6J 5M8

Start Time: 2014-05-15 19:24:10
End Time: 2014-05-15 21:25:25

[Redacted]

	(L)	(\$/L)	(\$)
Regular	56.33	1.129	65.86
TAX INCLUDED IN FUEL \$		3.14	
TOTAL			\$ 65.86

[Redacted]

[Redacted]

APPROVED - THANK YOU

STORE #: 1867
ENTER SURVEY & WIN!!

-- IMPORTANT --
Retain This Copy For Your Records

Customer's Copy
(P Card)

May 15, 2014

Dr Evan Lundall + Dr
Ron Keller attended
Meeting in Edmonton -
College of Physicians +
Surgeons Meeting.

CPSA meeting
c Dr Keller

NAANOLICICIOS

Table 12

Check [REDACTED]

THU 5/15/14 6:59pm

Seat 1

SEAFOOD SALVATION	22.00
Saffron Rice	
PHILLY CHICKEN	13.00
classis naan	3.00
Garlic naan	

Sub/Ttl 38.00
Tax 1.90

Total Due 39.90

THANK YOU!
Please Come Again!

NAANOLICICIOS

10331 82 AVE NW
EDMONTON, AB T6E 4E4

Dr. Chart ID: [REDACTED]
Term ID: [REDACTED]
Server ID: [REDACTED]

Purchase

Entry Method: [REDACTED]
Batch#: [REDACTED]
05/15/14 18:55:34
Invoice #: [REDACTED]
Appr Code: [REDACTED]
Apriva Transaction #: [REDACTED]
Host Response: Success

Amount:	\$	39.90
Tax:	\$	5.98
Total:	\$	45.88

Customer Copy

May 15, 2014.

Dr Evan Lundall +

Dr Ron Keller attended meeting at the office
of College of Physicians + Surgeons of Alberta.

Sheryl Hergott

From: Medicine Hat Lodge [frontdesk@medhatlodge.com]
Sent: May 2, 2014 12:06 PM
To: Sheryl Hergott
Subject: \Guest Account Inquiry

Dr. Evan Lundall

Page # 1
Res. # [REDACTED]
Checked in Wed Apr 30/14 - 10:34pm
Checked out Fri May 2/14 - 11:45am
Nights 2
Room Rate 114.00
Room [REDACTED]

Group: Ahs - Pmi Course

Date	Description	Reference	Charges	Credits
Apr30	GOVERNMENT RATE		114.00	
Apr30	GST		5.70	
Apr30	Room Tax		4.56	
Apr30	Destination Marketing Fee		2.28	
May01	GOVERNMENT RATE		114.00	
May01	GST		5.70	
May01	Room Tax		4.56	
May01	Destination Marketing Fee		2.28	
May02	PAID BY [REDACTED]			253.08
			-----	-----
		0.00	253.08	253.08

Thank you for staying with us. Please come again!

Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	11.40
Room Tax	9.12