

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 June 2014

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Jun-14	P-Card	Meetings				10	10		79	
Total			\$ -	\$ -	\$ -	\$ 10	\$ 10	\$ -	\$ 79	\$ -

Total for the Month \$ 89

Maximum daily single meal expense claimed in the month \$ 49 2 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

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	CENTRAL ZONE MEDICAL	Billing Reporting Period:	20/06/2014
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$89.15
Cardholder's Dept	Cardholder's Site/Location	Last 6 digits of the P-Card #: [REDACTED]	
EVAN.LUNDALL@ALBERTAHEALTHSERVICES.CA		Cardholder's e-mail address	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/06/2014	[REDACTED]	SHERATON RED DEER HOTE. LODGING HOTELS, MOTELS, RESORTS	48.91	CAD	48.91	.00	.00	Meeting with Dr Van Zyle - - RMH Issues/ZMSA Issues
11/06/2014	[REDACTED]	NARAYANN S RESTAURANT, EATING PLACES, RESTAURANTS	30.24	CAD	30.24	1.44	.00	Travel to Edm to meet with Dr Allan Casson - AB Health - Sr Medical Advisor
11/06/2014	[REDACTED]	IMPARK00020101/ AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.00	.00	Parking - met with Dr Casson Sr Med Advisor - AB Health, 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

Exec Assistant

Cardholder Designate Position Title

Sheryl Hergott

Signature of Cardholder Designate

23 JUN 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

CENTRAL ZONE MEDICAL

Cardholder Designate Title

[Signature]

Signature of Cardholder

23 JUN 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 Yiki

Name of Approver

VP Quality + CMO

Approver Position Title

[Signature]

Signature of Approver

Jun 25 114

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 record) 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, 100 6-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only.

Reference #:

Reviewed by:

Date:

ATB PLACE
GST:887315038R1001
RECEIPT C1

IN: 11.06.14 16:03
PAY: 11.06.14 17:16
AMOUNT: CAD 10.00

----- TRANSACTION
RECORD -----

Card #: [REDACTED]

Card Entry [REDACTED]

Trans. DEBIT
Amount: \$10.00

Auth # [REDACTED]
Sequence # [REDACTED]

Term ID: [REDACTED]
Date: 14/06/14

Time: 17:15:38

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:

TVR: [REDACTED]

TSI: E800

TC: 020005709C32C336

*** CUSTOMER
COPY ***

Meeting with Dr Casson

June 11/14
Parking: Met with Dr A. Casson,
Sr Medical Advisor, AB Health.

Thank you for
Visiting!

Thank You! Kyla

SHERATON HOTEL
RED DEER
BARBEROS GST#84970244
4RT0017

0027 Table 27 #Party 2
SvrCk: 0 11:32a 06/05/14
BARBEROS

1 LUNCH TOFU 17.00
1 BARBEROS BURGER 18.00
2 COFFEE 5.50
Sub Total: 40.50

Sub Total: 40.50

GST : 2.00

06/05 12:16p TOTAL: 42.53

***** ROOM CHARGE ONLY *****

GRATUITY: 6.38

TOTAL: 48.91

NAME:

SIGNATURE:

ROOM #:

PLEASE PAY SERVER!

Meeting with
Dr Van Zyl
ZMSA / Rocky M.H
Issue

Handwritten notes:
Meeting with Dr Van Zyl
ZMSA / Rocky M.H
Issue

Narayanni's
10131 - 81 Avenue
Edmonton, AB
GST# 831091491RT0001

WASHNI

Guests:

06/11/2014 07:57PM

1 BREADS PROMO 15.00
2 COFFEE 4.00
3 CHAI TEA 5.00

Subtotal 24.00
TAX 1.20
Total Due \$25.20

PLEASE PAY SERVER
Thank You

SHERATON RED DEER HOTEL
3310 50TH AVENUE
RED DEER, AB, T4N3X9
403-346-2091
GST#: 0000000000000000

0: 045

SALE
05/2014 12:25:09 Inv#
Record# Batch#
Retrieval#

TSI
Amount: \$42.53
Tax: \$6.38
Total: \$48.91

Auth Code: [REDACTED]
APPROVED

Customer copy

Jun 5/14
Meeting with
Dr van Zyl
to discuss
Issues
1) ZMSA
2) RMH

NARAYANNI'S RESTAURANT
10131 81ST AVENUE NW
EDMONTON AB T6E 1W9
7087567112

SALE

AMID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
06/11/14 20:59:16
APPR CODE: [REDACTED]

AMOUNT \$25.20
TIP \$6.04
TOTAL \$30.24

00 - APPROVED - 001

M [REDACTED]
AID: [REDACTED]
TVR: [REDACTED]

CUSTOMER COPY

Pre-Arranged
Meeting
Jun 11/14
Dr. Alan
Casson,
Sr Advisor
AB Health.