

Official Administrator and Executive Expense Report

Name Sean Chilton
Title Chief Zone Officer, South Zone
Location Lethbridge
 Expenses submitted during the month of April 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)
Apr-14	Expense claim	Meetings				1,002	1,002			
Apr-14	P-Card	Meetings			126		126			
Total			\$ -	\$ -	\$ 126	\$ 1,002	\$ 1,128	\$ -	\$ -	\$ -

Total for the Month \$ 1,128

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 114
 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

CHILTON, SEAN Cardholder's Name	██████████ Cardholder's Position/Title	Billing Reporting Period: 20/04/2014
██████████ Cardholder's Dept	██████████ Cardholder's Site/Location	Total Statement Amount: \$126.18
SEAN.CHILTON@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
11/04/2014	██████████	MEDICINE HAT LODGE, LODGING HOTELS, MOTELS, RESORTS	126.18	CAD	126.18	.00	.00	Patient Flow Learning Session

✓ K.

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

SVP SOUTH ZONE

Name

Cardholder Position/Title



April 29, 2014

Signature of Cardholder

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.
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Name of Approver Designate

Approver Designate Position/Title

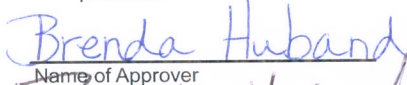
Signature of Approver Designate

Date of Signature

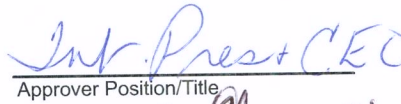
Approver

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Name of Approver



Approver Position/Title



Signature of Approver

2014 May 21

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

Address:

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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)		Expense Date From: 12-Mar-14 To 28-Apr-14	
<ul style="list-style-type: none"> • 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) 		Travel Period from: _____ To _____ (if applicable)	
Name: Sean Chilton		Position (Title): _____	
Location: CHR, Lethbridge	Dept: _____	DOFA Level: _____ (if applicable)	Union: _____ Business Phone #: _____ Ext: _____
Employee # (E-People): _____			

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																																																																	
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SECTION F: AUTHORIZATION	
<p>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.</p> <p>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.</p> <p>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</p>	
I, by signing this form, attest that I am compliant to all the above statements Employee Signature: _____ <i>Sean Chilton</i>	Date 26-May-14
<p>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.</p> <p>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.</p> <p>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.</p>	
Approved By (PRINT ONLY): <i>Brenda Hubbard</i>	DOFA Level _____ Position # _____ Phone # _____ Ext _____
I, by signing this form, attest that I am compliant to all the above statements Signature: _____ <i>Brenda Hubbard</i>	Title <i>VP+CHO - Central + Southern AB</i> Date <i>2014 May 28</i>
<p>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.</p> <p>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.</p> <p>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.</p>	
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

*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							
12-Mar-14	Lethbridge to Pincher Creek (return) - EMS Contract meeting		Meeting	Yes										204.00	
13-Mar-14	Lethbridge to Calgary (return) - ODN SCN meeting		Meeting	Yes										416.00	
24-Mar-14	Lethbridge to Bassano (return) - HAC Meeting		Meeting	Yes										390.00	
25-Mar-14	Lethbridge to Taber (return) - SZ Leadership Forum		Meeting	Yes										102.00	
8-Apr-14	Lethbridge to Medicine Hat (return) - CoACT Interviews		Meeting	Yes										334.00	
10-Apr-14	Lethbridge to Medicine Hat (return) - Patient Flow Learning Sessions		Meeting	Yes										334.00	
28-Apr-14	Lethbridge to Pincher Creek (return) - EMS Contract Follow-up		Meeting	Yes										204.00	
SUBTOTALS														Total Kms	1984.00

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) \$0.505

Mileage \$ \$1,001.92

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ \$1,001.92

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)

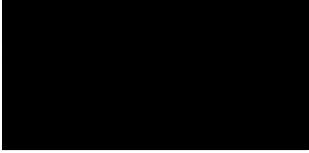


Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Sean Chilton



Page #
Res. #
Checked in
Checked out
Nights
Room Rate
Room

[Redacted]
1
114.00
[Redacted]

Date	Description	Reference	Charges	Credits
Apr10	GOVERNMENT RATE		114.00	
Apr10	GST		5.70	
Apr10	Room Tax		4.32	
Apr10	Destination Marketing Fee		2.16	
Apr11	PAID BY MASTERCARD			126.18
			-----	-----
			0.00	126.18
				126.18

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 5.70
Room Tax 4.32

*Flow session
in
Medicine Hat.*

MEDICINE HAT LODGE
1051 ROSS GLEN DR SE
MEDICINE HAT, AB T1B3T8
4035028170

Merchant ID: 87212730014 Ref #: 076
Term ID: 001

Pre-Auth Compl

[Redacted] Entry Method: [Redacted]

04/11/14 07:33:14
Inv #: [Redacted] Appr Code: [Redacted]
Apprvd Batch#: [Redacted]

Original Pre-Auth Amount: \$ 225.00

[Redacted]

Customer Copy

Phone: (403) 529-2222 Admin Fax: (403) 528-4075 Front Desk Fax: (403) 529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*
SINCE 1944

