

## Official Administrator and Executive Expense Report

**Name** Sean Chilton  
**Title** Chief Zone Officer, South Zone  
**Location** Lethbridge  
 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	Expense claim	Meetings				361	361			
May-14	P-Card	Meetings	607				607			
<b>Total</b>			\$ 607	\$ -	\$ -	\$ 361	\$ 968	\$ -	\$ -	\$ -

**Total for the Month** \$ 968

Maximum meal expense claimed in the month \$ -  
 Maximum daily 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)							
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Expense Date From: 1-May-14</td> <td style="padding: 2px;">To 30-May-14</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Travel Period from: 1-May-14 To 30-May-14 (if applicable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Out-of-Province Travel</td> </tr> </table>	Expense Date From: 1-May-14	To 30-May-14	Travel Period from: 1-May-14 To 30-May-14 (if applicable)		Out-of-Province Travel	
Expense Date From: 1-May-14	To 30-May-14						
Travel Period from: 1-May-14 To 30-May-14 (if applicable)							
Out-of-Province Travel							
Name: Sean Chilton	Position (Title): SVP South Zone						
Location: [REDACTED] 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		
2A	101	0014	7111000084	\$361.08						Total Section B	\$361.08
2B										Total Section C&D	
2C										Less Cash Advance	
2D										<b>TOTAL CLAIM</b>	<b>\$361.08</b>
				<b>\$361.08</b>	**User to enter Coding & \$ Amounts					✓K	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D						

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. <span style="float: right;"><a href="#">Travel, Hospitality and Working Session Expenses Policy - Document# 1122</a></span></p>	
I, by signing this form, attest that I am compliant to all the above statements <b>Employee Signature:</b> <u><i>Sean Chilton</i></u>	<b>Date:</b> 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. <span style="float: right;">Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.</span></p>	
<b>Approved By (PRINT ONLY):</b> <u>Brenda Huband</u>	DOFA Level: [REDACTED] Position #: [REDACTED] Phone #: [REDACTED] Ext: [REDACTED]
I, by signing this form, attest that I am compliant to all the above statements <b>Signature:</b> <u><i>Brenda Huband</i></u>	<b>Title:</b> <u>VP+CHOD Central + Southern AB</u> <b>Date:</b> <u>2014 June 23</u>
<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>	
<b>Approved By (PRINT ONLY):</b> _____	DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
I, by signing this form, attest that I am compliant to all the above statements <b>Signature:</b> _____	<b>Title:</b> _____ <b>Date:</b> _____

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**

<b>Enter Finance Coding</b> <u>101</u> <u>0014</u> <u>71110000084</u>	<b>Emp # (E-People)</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Page <b>2A</b>
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*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							
6-May-14	Lethbridge to Brooks - Brooks Foundation Recognition Dinner (return)		Meeting	Yes											310.00
9-May-14	Lethbridge to Pincher Creek - eSim		Meeting	Yes											102.00
13-May-14	Lethbridge to Taber - Oldman River HAC (return)		Meeting	Yes											102.00
21-May-14	Lethbridge to Milk River - "Celebrity" Basketball Extravaganza (return)		Meeting	Yes											168.00
26-May-14	Lethbridge to Coaldale - EMS Delegation to Coaldale (return)		Meeting	Yes											33.00
<b>SUBTOTALS</b>														<b>Total Kms</b>	
														715.00	

<p align="center"><b>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle</b>                  → details of travel location to &amp; 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</p>	<p align="center">Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  <i>(see Mileage details to the left)</i></p>
<p align="right"><b>Mileage \$</b>      \$361.08</p>	
<p align="right"><b>Travel \$ Subtotal</b>      \$</p>	
<p align="right"><b>Auto fills on page 1 - TOTAL TRAVEL \$</b>      \$361.08</p>	

**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

CHILTON, SEAN Cardholder's Name	SVP SOUTH ZONE Cardholder's Position/Title	Billing Reporting Period:	20/05/2014
██████████ Cardholder's Dept	████████████████████ Cardholder's Site/Location	Total Statement Amount:	\$607.15
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
14/05/2014	██████████	INTEGRA AIR INC, TRANSPORTATION SERVICES NOT ELSEWHERE CLASSIFIED	607.15	CAD	607.15	28.91	.00	ALP Presentations - Edmonton ✓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  
\_\_\_\_\_  
Name

SVP SOUTH ZONE  
\_\_\_\_\_  
Cardholder Position/Title

  
\_\_\_\_\_  
Signature of Cardholder

June 2, 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.
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\_\_\_\_\_  
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.

Brenda Hubbard  
\_\_\_\_\_  
Name of Approver

VP/CHOD - Central & Southern AB  
\_\_\_\_\_  
Approver Position/Title

  
\_\_\_\_\_  
Signature of Approver

2014 June 03  
\_\_\_\_\_  
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
  - Disputes letter

**Address:**

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

**Brenda Case**

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**From:** res@integraair.com  
**Sent:** Wednesday, May 14, 2014 2:20 PM  
**To:** Brenda Case  
**Subject:** Your Ticketless Itinerary - Integra AirCHILTON, SEAN

**Importance:** High

Integra Air Travel Itinerary - Have a great flight

Document Number: [REDACTED]  
Confirmation Number: [REDACTED]  
Online Id: [REDACTED]  
Date Booked: 5/14/2014  
Modified: 5/14/2014  
Booked by: ONLINE  
PO:

Welcome Aboard: CHILTON, SEAN

Bound	Date	Flt	Depart	Arrive	Status
Out	23May14	[REDACTED]	[REDACTED] 06:45am	[REDACTED] 08:00am	CONFIRMED
In	23May14	[REDACTED]	[REDACTED] 06:05pm	[REDACTED] 07:20pm	CONFIRMED

FARE: 478.00  
FEES: 100.24  
GST: 28.91  
-----  
TOTAL: 607.15

Your (first) flight will be departing from: [REDACTED]

**\*\*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 cancellations 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.
- 3.) 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.

**\*\*Rules of Carriage\*\***

- 10.) Public domestic scheduled tariffs are available upon request or at [www.integraair.com](http://www.integraair.com)

- 11.) Integra Air allows 1 pc of checked baggage with a maximum weight of 50lbs. Maximum size for checked baggage is 9"x16"x20" as well as one pc of carry on baggage 13"x10"x10"

- 12.) Excess baggage may be accepted based on aircraft weight and space availability. Excess baggage rates are \$2.50 / lb for an extra bag or above weight limits for one checked bag of 50lbs.

**\*\*Extra Information\*\***

- 13.) Integra Air can arrange a car rental for you. Please contact our reservation centre at 877 213 8359 for details.

- 14.) Integra Air offers complimentary light snacks and beverages on each flight.

- 15.) Integra Air offers free parking in all locations. Parking stalls in all locations are clearly marked. If the marked Integra Air parking stalls are full, paid parking is available at the passengers expense. Maps are available online at [www.integraair.com](http://www.integraair.com).

**\*\*Directions\*\***

Directions to Edmonton Boarding Location:

From Highway #2 or the Queen Elizabeth Highway traveling south from Edmonton, take Exit 525 onto Highway 19 West and take the first left turn onto the Airport Service Road and travel 2.1 kilometers and turn right at the first set of lights on 53rd Ave East. Free parking is located on the South side of 53rd Ave. The Executive Flight Centre and is located on the North side.

If you require further details please check our website @ [www.integraair.com](http://www.integraair.com) or give one of our agents a call at 1 877 213 8359.

**\*\*\* Helping you get the most out of your day \*\*\***