

AHS Board and Executive Expense Report

NameDr. Jack RegehrTitleZone Medical Director South ZoneLocationChinookExpenses submitted during the month of March 2017

								Travel (1)						
MMM-YY	Sou Docur		Purpose	Air	fare	Ме	als	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
Mar-17	P-Ca		Meetings					167	247	414				
Mar-17	Expense	e Claim	Meetings				39			39				
Total				\$	-	\$	39	\$ 167	\$ 247	\$ 453	\$-	\$-	\$-	
Total for the Month	\$	453												
Maximum da	ily single	meal expens	se claimed in the month	\$	13									
Maximum da Non economy	-		imed in the month hth	\$ \$	149 -									

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

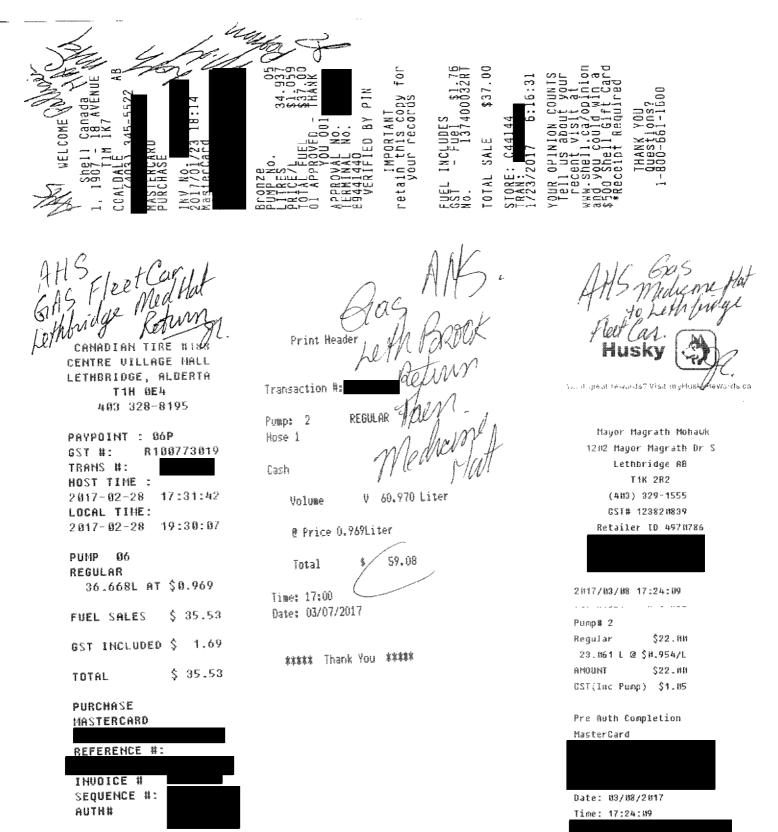
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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								
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 414.00								
Expense Date	Business reason		Expense Location	Expense Type	Amount	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/23/2017	Fuel - Fleet Car - A Palliser HAC	ttend	AB - Local	Fuel	\$ 37.00			1			
1/27/2017	Attend PCN Gover Structure Worksho		AB - Other Zones	Accommodations	\$ 167.28			1			
2/28/2017	Fuel - Fleet Car - Numerous physician meetings		AB - Local	Fuel	\$ 35.53			1			
3/7/2017	Attend Meetings - MIC Brooks / to MH for numerous physician meetings		AB - Local	Fuel	\$ 59.08			1			
3/8/2017	Fuel - Fleet Car - Lethbridge/Medic	ine Hat	AB - Local	Fuel	\$ 22.00			1			
3/14/2017	Fuel - Fleet Car - A Various Physician		AB - Local	Fuel	\$ 28.00			1			
3/16/2017	Fuel - Fleet Car - A	Fuel - Fleet Car - Attend ZMAC		Fuel	\$ 28.11			1			
3/17/2017	Fuel - Fleet Car - Attend Physician Meetings		AB - Local	Fuel	\$ 37.00			1			<u>† </u>
Approver(s)	for the claim	Approval S	tatus	Approval Date	-	-	<u>.</u>		-	-	-
BELANGER, FRANCOIS Approve				10-Apr-17							



MASTERCARD

UERIFIED BY PIN

403-758-3612

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Approved

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	DOUBLETREE	Canada
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		Reservations
		www.hilton.com or 1 800 HILTONS
REGEHR, JACK	Room No:	
	Arrival Date:	1/25/2017 10:02:00 PM
	Departure D	ate: 1/27/2017 10:16:00 AM
	Adult/Child:	1/0
	Cashier ID:	
	Room Rate:	149.00
	AL:	
	HH #	
	VAT #	GST# 74111-4326 RT0001
	Folio No/Ch	2

DOUBLETREE WEST EDMONTON 3/27/2017 4:30:00 PM

DATE	Transaction ID	DESCRIPTION	GUEST CHARGE		
1/25/2017		GUEST ROOM	\$149.00		
/ .1/25/2017		AB TOURISM LEVY	\$6.14		
1/25/2017		DMF	\$4.47		
1/25/2017		GST	\$7.67		
1/26/2017		GUEST ROOM	\$149.00		
1/26/2017		AB TOURISM LEVY	\$6.14		
1/26/2017		DMF	\$4.47		
1/26/2017		GST	\$7.67		
-1/27/2017		MC	(\$167.28)		
1/27/2017		MC	(\$167.28)		
******		**BALANCE**	\$0.00		

\$36.56

\$298.00

Total Invoice Amount

GST# 74111-4326 RT0001

PCN Governance Sma

PETRO-CANADA DOBO M.NAGRATH DR LETHBRIDGE ALBERTA T1K 2R5 (403) 329-8809
GST 838442929
PC0135155:8761101
TERMINAL:
PAYPOINT:

2017-03-14	19:25
PUMP Regular	05
LITRES Price/L Fuel Sales	L 28.899 \$ 0.969 \$ 28.00*
TOTAL OWED	\$ 28.00
TOTAL PAID Credit Card	\$ 28.00

* GST INCL. \$ 1.33



THANK YOU 027

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Sale

MASTERCARD	Entry Method: Chip
0247217 Inv H:	21:32:32 Appr Code:
Apprvd	Batch#:
Total:	\$ 37.00

my entering a verified PIN+ cardholder agrees to pay issuer such cotal in accordance with issuer's agreement with randholder (Nerchant agreement if credit woucher). Retain this copy for statement ver (final con-

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AHS Public Disclosure Expense Claims

Claimant Name		Location	Expense Claim Tota									
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 39.00									
Expense Date	Business reason		Expense Location	Expense Type	Amount	-	To Location	Justification	-	# of Attendees	Attendee Name(s)	Trip Distance
2/28/2017	Travelled to Medic his weekly site visi		AB - Local	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
3/14/2017	Travelled to Medic his weekly site visi		AB - Local	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
3/27/2017	Travelled to Medicine Hat for his weekly site visit.		AB - Local	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
Approver(s)	for the claim	Approval S	tatus	Approval Date				•		1		
BELANGER, I	FRANCOIS	Approve		10-Apr-17								