

## AHS Board and Executive Expense Report

**Name** Dr. Jack Regehr  
**Title** Zone Medical Director South Zone  
**Location** Chinook

Expenses submitted during the month of May 2017

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-17	P-Card	Meetings				122	122			
May-17	Expense Claim	Meetings		26			26			
<b>Total</b>			\$ -	\$ 26	\$ -	\$ 122	\$ 148	\$ -	\$ -	\$ -

**Total for the Month** \$ 148

Maximum daily single meal expense claimed in the month \$ 13  
 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.

### 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	\$ 122.12								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/25/2017	ZMD Weekly Site Visit - Medical Affairs Meetings	AB - Local	Fuel	\$ 46.00	Lethbridge	Medicine Hat		1			
5/2/2017	Physician Meetings - Crowsnest Pass	AB - Local	Fuel	\$ 44.43	Magrath	Crowsnest Pass		1			
5/10/2017	ZMD Weekly Site Visit - Medical Affairs Meetings	AB - Local	Fuel	\$ 31.69	Lethbridge	Medicine Hat		1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	10-Jul-17								

*Gas Fleet Car  
Fresh Med Hat  
Return*

CANADIAN TIRE #1884  
CENTRE VILLAGE HALL  
LETHBRIDGE, ALBERTA  
T1H 0E4  
403-328-8195

*Medical  
Affairs  
MTR*

PAYPOINT : 04P  
GST # : R100773019  
TRANS # : [REDACTED]  
HOST TIME :  
2017-04-25 18:14:13  
LOCAL TIME:  
2017-04-25 20:12:04

PUMP 04  
REGULAR  
42.827L AT \$1.074

FUEL SALES \$ 46.00  
GST INCLUDED \$ 2.19  
TOTAL \$ 46.00

PURCHASE  
MASTERCARD  
[REDACTED]

REFERENCE #:  
[REDACTED]  
INVOICE #  
SEQUENCE #:  
AUTH#

MASTERCARD  
[REDACTED]

VERIFIED BY PIN

01/027 APPROVED

THANK YOU  
COLLECT E-CT  
'MONEY'. VISIT  
CANADIANTIRE.CA  
TODAY.

-- IMPORTANT --  
RETAIN THIS COPY FOR  
YOUR RECORDS

- CUSTOMER'S COPY -

STATION# 1884  
LETHBRIDGE NORTH  
IT PAYS TO  
BUY GAS HERE

*AMS Gas  
Magrath Mohawk  
Lethbridge*

**Husky**



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*Meelmin  
Physician*

Mayor Magrath Mohawk  
1202 Mayor Magrath Dr S  
Lethbridge AB  
T1K 2R2  
(403) 329-1555  
GST# 123820839  
Retailer ID 4970786  
Rct:64524 4255-4  
Batch:1973-37

2017/05/10 20:17:25

Pump# 4  
Regular \$31.69  
31.879 L @ \$0.994/L  
AMOUNT \$31.69  
GST(Inc Pump) \$1.51

Pre Auth Completion  
MasterCard

Date: 05/10/2017  
Time: 20:17:25  
AUTHCODE [REDACTED]  
S084001001002 00 000  
TUR: 0000008000 TSI: E800

Approved



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HOW WE DID?  
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*AMS Gas Fleet Car  
Fresh Med Hat  
Return*

**Husky**

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*Physician  
a long service*

Mayor Magrath Mohawk  
1202 Mayor Magrath Dr S  
Lethbridge AB  
T1K 2R2  
(403) 329-1555  
GST# 123820839  
Retailer ID 4970786  
Rct:64103 4255-2  
Batch:1966-1

2017/05/02 22:48:49

Pump# 2  
Regular \$44.43  
43.181 L @ \$1.029/L  
AMOUNT \$44.43  
GST(Inc Pump) \$2.12

Pre Auth Completion  
MasterCard

Date: 05/02/2017  
Time: 22:48:49  
AUTHCODE [REDACTED]  
S046001001002 00 000  
TUR: 0000008000 TSI: E800

Approved



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## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 26.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/2/2017	ZMD Weekly Site Visit - Various Meetings	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
5/16/2017	ZMD Weekly Site Visit - Various Meetings	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	10-Jul-17								