

AHS Board and Executive Expense Report

Name Dr. Jack Regehr

Title Zone Medical Director South Zone

Location Chinook

Expenses submitted during the month of June 2017

							Travel (1)						
MMM-YY	Source Document	Purpose	A	irfare	N	Meals	Accommodation	ther avel	Tot Trav		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-17	P-Card	Meetings						222		222			
Jun-17	Expense Claim	Meetings				26				26			
Jun-17	Direct Billing	Meetings		1,359					1	,359			
Total			\$	1,359	\$	26	\$ -	\$ 222	\$ 1	,607	\$ -	\$ -	\$ -

Total for

the Month \$ 1,607

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	\$ 127.56								
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Trip Distance
2/1/2017	Fuel - Attend PPEC - Calgary		AB - Other Zones	Fuel	\$ 64.31	Lethbridge	Calgary		1		
2/2/2017	Cab Fare -CMO Meeting Edmo	onton	AB - Other Zones	Taxi	l '		U of A Hospital		1		
Approver(s) for the claim	Approval Stat		Approval Date							
BELANGER,	FRANCOIS	Approve		7-Jul-17							

PETRO-CANADA 4701 IST. W CLARESHOLM Alberta TOL OTO

GST: 0119335453 (403) 625-4221 2017-02-01 PF0:98851:3899001 17:04 TERMINAL: OPER: A PAYPOINT:

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tump 2
regular 61.892 1.039 64.31*
tal Owed 64.31

OTAL PAID EDIT CARD \$ (4.31

*TAXES INCL. #1

MASTERCARD INV. 03937! Abih. Purchase n 0010/10010 00 027

VERIFIED BY PIN

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CUSTOMER COPY

Survey! Earn Polits & chance to win yas petro-canada.ca/hero

CARD

CARD TYPE

MA ...ERCARD

DATE

2017/02/02

TIME

0067 08:30:30

INVOICE #

RECEIPT NUMBER

PURCHASE

AMOUNT \$55.00 TIP \$8.25 TOTAL

\$63.25

MasterCard

APPROVED

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
REGEHR, JACK	ZMD, South Zone	Chinook	94.91									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/23/2017	Meetings - ZMD Site Visit and	PCN Meetings	AB - Local	Fuel	\$ 36.59		Medicine Hat		1			
6/6/2017	Mtgs - Brooks, Medicine Hat		AB - Local	Fuel			Medicine Hat		1			
Approver(s)) for the claim	Approval Stat	us	Approval Date	•			•	•			
BELANGER,	FRANCOIS	Approve		7-Jul-17								

BLUE GOOSE Magrath AB 403-758-3322 G.S.T# 106091820

Transaction #:

Pump: 3

REGULAR

Hose 1

Credit

Volume

V 36.992

@ Price 0.989

Total

36,59

Time: 22:51

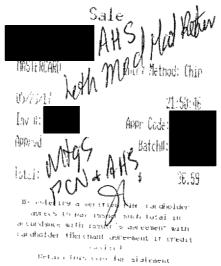
Date: 05/23/2017

***** Thank You *****

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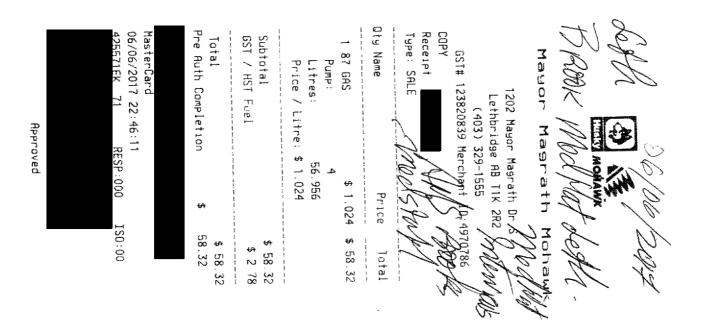
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AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 26.00									
Expense	Business reason		-	Expense Type	Amount		To Location	Justification	# of	# of		Trip
Date			Location			Location			days	Attendees	Name(s)	Distance
6/6/2017	ZMD Weekly Site Visit		AB - Local	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
6/26/2017	ZMD Weekly Site Visit		AB - Local	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
Approver(s)	for the claim	Approval S	itatus	Approval Date			I		I	I		
BELANGER, I	FRANCOIS	Approve		7-Jul-17]							



Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.

 Indicate wheth 	er you have expenses to report in this	section for this reporting period:	YES
Name :	Dr. Jack Regehr	Reporting Period for the Month of :	Jun-17

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Apr-2017	Direct Billing	Airline Ticket	Integra Air - Flight to Edmonton for Sr. Leaders Meeting	Marlin Travel	679.60
1-May-2017	Direct Billing	Airline Ticket	Integra Air - Flight to Edmonton for PPEC	Marlin Travel	679.60
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the	Month				\$ 1,359.20



From: res@integraair.com

Sent: Monday, May 01, 2017 2:45 PM

To:

Subject: Your Ticketless Itinerary - Integra Air REGEHR, JACK

Importance: High

Passenger Itinerary for REGEHR, JACK

Please print/retain this page for your records. Thank you for choosing Integra Air.

Itinerary www.integraair.com

×

Customer Care

Toll Free 1-877-213-8359 Local 403-381-UFLY (8359)

Booking Information

- Booking Reference/Locator#:

- Booked On: 05/01/2017 14:4.

<u>Passenger</u>

Name: REGEHR, JACK

Phone #:

Contact

Name: MARLIN TRAVEL_GOVERNMENT CENTRE GSTEX

Form of Payment: MASTERCARD

Rationale for flight exceeding the \$600.00 policy limit is that Integra Air has limited flights on specific days of the week. There is no other cheaper options

Flight Information

FLIGHT	FROM	то	DEPART	ARRIVE	STATUS
918	Lethbridge (YQL)	Edmonton (YEG)	06/07/2017 06:45	08:00	CONFIRMED
829	Edmonton (YEG)	Lethbridge (YQL)	06/07/2017 18:05	19:20	CONFIRMED

Notes

Fare Summary

Fare	\$546.36
Taxes, Fees and Charges	
Nav Canada Surcharge	\$24.00
Security Fee	\$14.24
Other Charges	\$95.00
Subtotal	\$679.60
GST(100411966RG0001)	\$0.00
Total - CAD	\$679.60
Balance Due	\$0.00

Terms and Condition

General



From: res@integraair.com

Sent: <u>Thursday, April 27, 2017 5:1</u>0 PM

To:

Subject: Your Ticketless Itinerary - Integra Air REGEHR, JACK

Importance: High

Passenger Itinerary for REGEHR, JACK

Please print/retain this page for your records. Thank you for choosing Integra Air.

Itinerary www.integraair.com



Customer Care

Toll Free 1-877-213-8359 Local 403-381-UFLY (8359)

Booking Information

- Booking Reference/Locator#

- Booked On: 04/27/2017 17:10

<u>Passenger</u>

Name: REGEHR, JACK Phone #:

Contact

Name: MARLIN TRAVEL_GOVERNMENT CENTRE GSTEX

Form of Payment: MASTERCARD

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Terms and Condition

General