

## **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 2018

						Travel (1)						
NANANA VVV	Source	Durnoco	Airfor		Moole	Assammadation	Other		otal	Professional Development	Working Sessions Hosting and Hospitality	Other
MMM-YY	Document	Purpose	Airfar	3	Meals	Accommodation	Travel	I F	avel	(2)	(3)	(4)
May-18 May-18	P-Card Expense Claim	Meetings Meetings					143 960		143 960			
Total			\$	- \$		\$ -	\$ 1,103	\$	1,103	\$ -	\$ -	\$ -

Total for

**the Month** \$ 1,103

Maximum daily single meal expense claimed in the month \$ - 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	\$ 143.53	]								
Expense Date	Business reason		Expense Location	Expense Type Amoun		From Location	To Location		_	# of Attendees	Attendee Name(s)	Trip Distance
4/24/2018	Fuel - Travel to Medicine hat Return - Numerous Meetings		AB - Local	Fuel-Travel and Car Rental	\$ 60.10			Fuel - Travel to Medicine hat Return Numerous Meetings	1			
5/2/2018	Fuel - Travel to Calgary - Return - PPEC Meeting		AB - Local	Fuel-Travel and Car Rental	\$ 69.93			Fuel - Travel to Calgary - Return - PPEC Meeting	1			
5/15/2018	Attend Post Grad Trainee Town Hall Meeting - U of C Campus		AB - Other Zones	Parking - Lot or Parkade	\$ 13.50			Attend Post Grad Trainee Town Hall Meeting - U of C Campus	1			
Approver(s) for the claim Approval S		tatus	Approval Date		l			1	1		I	
BELANGER, FRANCOIS Appr		Approve		30-May-18								

\*\*\*\*\*\* COPY \*\*\*\*\*

Mayor Magrath Mohawk 1202 Mayor Magrath Dr S Lethbridge AB T1K 2R2 (403) 329-1555

Rct:87011 4255-8 Batch 2322-46

2018/04/24 18:10:10

Pump# 8

Regular \$60.10

47.545 L @ \$1.264/L AMOUNT \$60.10

GST(Inc Pump) \$2.86

Pre Auth Completion MasterCard

AID:

EXP:

Dete: 04/24/2018

Time: 18:10:10

AUTHCODE

Approved

PLEASE TELL US HOW WE DID! myHusky.ca/feedback

\*\*\*\*\*\* COPY \*\*\*\*\*

HEVELP I
FOOTHIIS
Medical Centre
Lot 5 - North Level 1

Husky



Want great rewords? Visit myHuskyRewards.ca

Mayor Magrath Mohawk 1202 Mayor Magrath Dr S Lethbridge AB T1K 2R2 (403) 329-1555

GST# 123828839 Retailer ID 4978786

Rct:87595 4255-6 Batch:2338-52 A

2818/85/82 18:44:37

ump# 6

Regular \$69.93

52.226 L @ \$1.339/L

#MBUNT \$69.93 EST(Inc Pump) \$3.33

Pre Auth Completion

MasterCard

Date: 85/82/2818

Time: 18:44:87

AUTHCODE:

Approved

PLEASE TELL US
HOW WE DID!

myHusky.ca/feedback

License Plate Number

Expiration Date/Time

08:16 PM MAY 15, 2018

Purchase Date/Time: 05:16pm May 15, 2018

Total Due: \$13.50 Total Paid: \$13.50 Rate: \$13.50 - 3 Hours Pmt Type: CC (Swipe)

Ticket S/N #:

Setting: FMC Lot 05 - Level 1 Hach Name: CA-FMC-0601

asterCard

Auth #

www.ahs.ca Do Not Place On Dash

# **AHS Public Disclosure Expense Claims**

Claimant Name REGEHR,	Claimant Title  ZMD, South Zone	Claimant Location Chinook	Expense Claim Total \$ 959.50									
JACK	ZIVID, South Zone	CHIHOOK	3 939.30									
Expense Date	Business reason	Expense Location	Expense Type		From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance	
5/1/2018	ZMD Site Visit - Physician Meetin Discussion		Mileage-Local- Home Zone	\$ 394.91	Magrath	Oyen	ZMD Site Visit - Physician Meeting - ARP Discussion	1			782	
5/8/2018	ZMD Site Visit - Medicine Hat - Physician Meetings			Mileage-Local- Home Zone	\$ 169.68	Lethbridge	Medicine Hat	ZMD Site Visit - Medicine Hat - Physician Meetings	1			336
5/15/2018	Mtg - U of C Post Grad Trainees Town Hall			Mileage-Other	\$ 225.23	Lethbridge	Calgary	Mtg - U of C Post Grad Trainees Town Hall	1			446
5/22/2018	Various Physician Meetings and S Service Event		Mileage-Local- Home Zone	\$ 169.68	Lethbridge	Medicine Hat	Various Physician Meetings and SZ East Long Service Event	1			336	
Approver(s) for the claim Approval S			atus	Approval Date		•	•	•		•	•	•
BELANGER, FRANCOIS Approve			30-May-18	1								