

AHS Board and Executive Expense Report

Name Dr. Jack Regehr

Title Zone Medical Director South Zone

Location Chinook

Expenses submitted during the month of July 2018

						Travel (1)					
MMM-YY	Source Document	Purpose	Airfare		Meals	Accommod	ation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-18 Jul-18	P-Card Expense Claim	Meetings Meetings					201	79 170	280 170			
Total			\$	- \$	-	\$	201	\$ 249	\$ 450	\$ -	\$ -	\$ -

Total for

the Month \$ 450

Maximum daily single meal expense claimed in the month \$ 21 Maximum daily base hotel rate claimed in the month \$ 165 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	\$ 280.21										
Expense Date	Business reason		Expense Location	Expense Type	Amou	-		To Location			# of Attendees		Trip Distance
6/25/2018	Cab Fare - Attend Sr Leaders Meeting & ZEL Meetings		AB - Other Zones	Taxi	\$ 6		Edmonton Airport		Cab Fare - Attend Sr Leaders Meeting & ZEL Meetings	1			
6/25/2018	Sr. Leaders & ZEL Meeitngs		AB - Other Zones	Accommodations	\$ 20	00.96			Accommodation booked at hotel closest to meeting venue and same location as other meeting attendees.	1			
6/26/2018	Attend RhPAP Meeting - Had South Zone for Urgent matter to attend meeting		AB - Local	Parking - Lot or Parkade	\$ 1	16.00			Attend RhPAP Meeting - Had to return to South Zone for Urgent matter - Unable to attend meeting				
Approver(s) for the claim Approval S		tatus	Approval Date							•	•	•	
BELANGER, FRANCOIS Approve		Approve		8-Aug-18									

Se Leadirs / ZEL

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7

Canada

Tel: 780-426-3636 Fax: 780-428-1454

Jack Regehr Alberta Health Services Ii WESTIN®
HOTELS & RESORTS

Page Number :
Guest Number :
Folio ID :
Arrive Date :
Depart Date :
No. Of Guest :

25-JUN-18 26-JUN-18

1

17:24

Invoice Nbr

08:40

Room Number Club Account

·

Copy Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton JUN-26-2018 08:50

THE TESTI EQUIDINOT SOTY-20-2010 00:30											
Date	Reference	Description									
25-JUN-18		Room Charge									
25-JUN-18		GST									
25-JUN-18		Destination Marketing Fee									
25-JUN-18		Tourism Levy									
26-JUN-18		Mastercard									

** Total *** Balance Charges (CAD) Credits (CAD)
179.00
9.22
5.37
7.37
-200.96

200.96 -200.96

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Continued on the next page



County of Lethbridge GST #106989023 PARKING RECEIPT PARKING RECEIPT

Space # : 100

Transaction #:

JUN/6/18 12:42 PM Date \$16.00 Paid

Card

Parking Expires At:

JUN/8/18 12:42 PM

Please Retain Ticket. Lock your vehicle and secure all valuables.

135 31 AVE NW AB EDMONTON

CARD

MASTERCARD CARD TYPE 2018/06/25 DATE

TIME

9144 17:19:22

INVOICE #

RECEIPT NUMBER

PURCHASE

\$55.00 AMOUNT \$8.25 TIP

TOTAL

\$63.25

MasterCard



APPROVED

AUTH# THANK YOU

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YELLOW CAB 780.462.3456 BARREL TAXI 780.489.7777 EDMTAXI.COM GST 100403070

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant	Exper	nse Claim									
		Location	Total										
REGEHR, JACK	ZMD, South Zone	Chinook	\$	169.68									
Expense Date	se Date Business reason		Exper	ıse	Expense Type	Amount	From	To Location	Justification	# of	# of	Attendee	Trip
			Locat	ion			Location			days	Attendees	Name(s)	Distance
7/10/2018	ZMD Meetings with AZMD & Physicians				Mileage-Local-	\$ 169.68	Lethbridge	Medicine Hat	ZMD Meetings with AZMD &	1			336
	in Medicine Hat				Home Zone				Physicians in Medicine Hat				
Approver(s) for the claim Ap		Approval S	tatus		Approval Date		•	•	•		•	•	
BELANGER, FRANCOIS A		Approve		8-Aug-18									