

AHS Board and Executive Expense Report

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

Expenses submitted during the month of August 2018

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)
Aug-18	P-Card	Meetings				81	81	450		1,000
Aug-18	Direct Billing	Meetings	837				837			
Total			\$ 837	\$ -	\$ -	\$ 81	\$ 918	\$ 450	\$ -	\$ 1,000

Total for the Month \$ 2,368

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

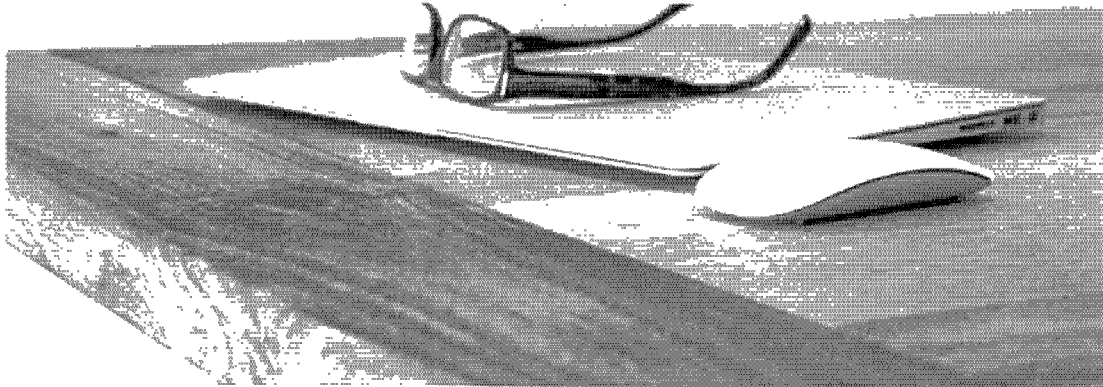
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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	\$ 1,531.08									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
7/30/2018	Registration - Health Care Leadership Oct 22, 2018	AB - Other Zones	Courses and Professional Development	\$ 225.00			Registration - AMA - Resolving Conflict in the Health Care Workplace - "CAMBA" Oct 22, 2018	1				
7/30/2018	Registration - Health Care Leadership (March 1, 2019)	AB - Other Zones	Courses and Professional Development	\$ 225.00			Health Care Leadership Communicating with High Conflict Personality and Resolving Disruptive Behavior - Mar 1, 2019	1				
7/31/2018	Lethbridge to Medicine Hat - QAR and other meetings	AB - Local	Fuel-Travel and Car Rental	\$ 59.98			Fuel Lethbridge to Medicine Hat return - QAR and other meetings	1				
8/2/2018	Refuel Travel from Lethbridge to Brocket - Piikani Health Meetings - Credit from Deposit for Fuel at Pump - Fleet Vehicle	AB - Local	Fuel-Travel and Car Rental	\$ (78.90)			Credit from Deposit for Fuel at Pump - Fleet Vehicle	1				
8/2/2018	Fuel Deposit at Pump	AB - Local	Fuel-Travel and Car Rental	\$ 100.00			Fuel Deposit at pump for Fleet Vehicle (Lethbridge to Brocket) Mtgs with Peigan Health	1				
8/14/2018	Service Canada - Labour Market Impact Assessment Application (LMIA)	NB	Recruitment	\$ 1,000.00			LMIA for Recruitment - [REDACTED]	1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		28-Aug-18								



Health Care Leadership: Resolving Conflict in the Health Care Workplace - "CAMBA"

Monday, October 22, 2018 9:00 AM (2018-10-22T09:00-06:00) - 4:30 PM (2018-10-22T16:30-06:00) (Mountain Time)

Hyatt Regency Calgary
700 Centre Street South
Calgary, Alberta T2G 5P6
Canada
(403) 717-1234

Event Questions:



Email Us

Personal Info

Registration ID:



Registrant:

Dr. Jack Regehr



Registration Date:

7/30/2018 8:56 AM

Status:

Confirmed

Work Phone:

Email:

Contact Name:

Contact Phone:

Contact Email:

Food Allergies

No

Fees

Event Fee

Quantity:	1
Unit Price:	CDN\$214.29
Amount:	CDN\$214.29

Subtotal:	CDN\$214.29
GST	CDN\$10.71
Total:	CDN\$225.00

Transactions



Transaction Amount

Date:	7/30/2018
Amount:	CDN\$225.00
Balance:	CDN\$225.00

Online Credit Card Payment [REDACTED] **Details**

Date:	7/30/2018
Amount:	-CDN\$225.00
Balance:	CDN\$0.00

Current Balance: **CDN\$0.00**

Payment Method:

RegOnlineSM

Host Your Own Event

Health Care Leadership: The Spectrum of Behavior in Health Care;
Communicating with the High Conflict Personality and Resolving Disruptive
Behavior

Friday, March 01, 2019 8:30 AM (2019-03-01T08:30-07:00) - 4:15 PM (2019-03-01T16:15-07:00) (Mountain Time)

DoubleTree by Hilton Hotel West Edmonton

16615 109 Avenue Northwest

Edmonton, Alberta T5P 4K8

Canada

(780) 484-0821

Event Questions:

Email Us

Personal Info

Registration ID:

Registrant:

Dr. Jack Regehr

Registration Date:

7/30/2018 9:22 AM

Status:

Confirmed

Work Phone:

Email:

[REDACTED]

Contact Name:

[REDACTED]

Contact Phone:

[REDACTED]

Contact Email:

[REDACTED]

Food Allergies

No

[REDACTED]

Fees

Event Fee

Quantity:	1
Unit Price:	CDN\$214.29
Amount:	CDN\$214.29

Subtotal:	CDN\$214.29
GST	CDN\$10.71
Total:	CDN\$225.00

Transactions

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Transaction Amount

Date:	7/30/2018
Amount:	CDN\$225.00
Balance:	CDN\$225.00

Online Credit Card Payment [REDACTED] Details

Date:	7/30/2018
Amount:	-CDN\$225.00
Balance:	CDN\$0.00

Current Balance: **CDN\$0.00**

Payment Method:

Credit Card (MasterCard)

BLUE GOOSE
Magrath, AB
403-758-3322
G.S.T# 106091820
Transaction #: [REDACTED]

DUPLICATE
AMS
P-CARD

SHELL CANADA PRODUCTS
210 SCENIC DRIVE SOUTH BOX 911
Lethbridge, AB T1J 4L3
403-320-8990

Tax Description	Qty	Amount
F Prepay: Bronze No. 8		\$100.00
Sub Total		\$100.00
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		\$100.00
MASTERCARD:		\$100.00
Change		\$0.00
Fuel Includes GST	5.0%	\$4.76
Fuel Includes PST	0.0%	\$0.00
GST - Fuel - AB No.		104855408

Pump: 1 REGULAR
Hose 1
Credit
Volume V 45.135
@ Price 1.329
Total \$ 59.98
Time: 18:16
Date: 07/31/2018

07/31/18 18:18:15
Law No: [REDACTED] Acct Code: [REDACTED]
App. No: [REDACTED] Batch No: [REDACTED]
Total: \$ 59.98

By entering a purchase order, cardholder agrees to pay a new order total in accordance with retailer's placement with cardholder. The card placement of credit cardholder.

**** Thank You ****

01 APPROVED - THANK YOU 001

MASTERCARD [REDACTED]
TERMINAL No. [REDACTED]
PURCHASE
INV No [REDACTED]
APPROVAL No [REDACTED]
MasterCard [REDACTED]

SHELL CANADA PRODUCTS
210 SCENIC DRIVE SOUTH BOX 911
Lethbridge, AB T1J 4L3
403-320-8990

AMS Fleet Car
Leth to
Procheta
Region Health

Tax Description	Qty	Amount
F Bronze No. 8		
15.935 L @ \$1.324/ L		\$21.10
F Prepay Adjustme No. 8		
75.529 L		(\$100.00)
Sub Total		(\$78.90)
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
TOTAL		(\$78.90)
MASTERCARD:		(\$78.90)
Change		\$0.00
Fuel Includes GST	5.0%	(\$3.76)
Fuel Includes PST	0.0%	\$0.00
GST - Fuel - AB No.		104855408

VERIFIED BY PIN

IMPORTANT
retain this copy for your records

AIR MILES
Card Num: [REDACTED]
Terminal: [REDACTED]
Approval: [REDACTED]

***** YOUR OPINION COUNTS *****
Tell us about your recent visit at
www.shell.ca/opinion
and you could win FUEL FOR A YEAR
*Receipt Required

01 APPROVED - THANK YOU 000

MASTERCARD [REDACTED]
TERMINAL No [REDACTED]
REFUND
INV No [REDACTED]
APPROVAL No [REDACTED]
MasterCard [REDACTED]

THANK YOU
Questions? 1-800-661-1600

REG: 1 CSH: Kapoor, Lov TRAN: [REDACTED]
8/2/2018 10:44:12 ST: [REDACTED]

For office use only

LABOUR MARKET IMPACT ASSESSMENT - PROCESSING FEE PAYMENT FORM TEMPORARY FOREIGN WORKER PROGRAM

Employers must pay a processing fee for each position requested, except applications that involve on-farm primary agriculture occupations such as farm managers/supervisors and specialized livestock workers and general farm workers, nursery and greenhouse workers and harvesting labourers (specifically NOC codes 0321, 0822, 8252, 8255, 8431, 8432 and 8511) and those solely to support a foreign national's immigration application.

The total processing fee must be paid before the employer's LMIA application can be processed.

Note: No costs associated with seeking an LMIA, including this processing fee, may be directly or indirectly recovered from the TFW.

Step 1 – Complete employer information section:

Employer Business Name:	Alberta Health Services
Canada Revenue Agency Business Number: <i>(First 9 digits are mandatory for Canadian employers)</i>	[REDACTED]

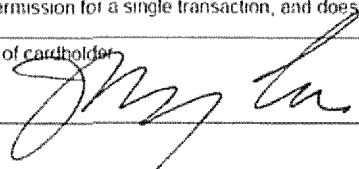
Step 2 – Calculate total labour market impact assessment processing fee in Canadian dollars:

Number of positions requested one X \$1,000 = TOTAL processing fee payment of \$ CAD \$1,000.00

Step 3 – Select method of payment:

- Certified cheque or money order (postal or bank) made payable to the Receiver General for Canada
- Credit card (Visa, MasterCard, American Express)

For payment by credit card, complete and sign this section.

CREDIT CARD INFORMATION AND PAYMENT AUTHORIZATION									
Name of cardholder (as it appears on the credit card)		Employer primary contact name							
Jack Regehr		Alberta Health Services							
Credit card type		Last 4 digits of credit card							
<input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> American Express		[REDACTED]							
AUTHORIZATION:									
I authorize ESDC/Service Canada in the name of the Receiver General for Canada to charge <u>\$1,000.00</u> \$ CAD to my credit card.									
This is permission for a single transaction, and does not provide authorization for any additional charges.									
Signature of cardholder		Date							
		<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">YYYY</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> </tr> <tr> <td style="text-align: center;">2018</td> <td style="text-align: center;">08</td> <td style="text-align: center;">10</td> </tr> </table>		YYYY	MM	DD	2018	08	10
YYYY	MM	DD							
2018	08	10							

NOTE:

Refunds will only be provided if a fee was collected in error (e.g. an incorrect fee amount was processed). There will not be refunds in the event of a negative labour market impact assessment since the fee covers the process to assess an application and not the outcome.

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 whether you have expenses to report in this section for this reporting period: **YES**

Name : Dr. Jack Regehr	Reporting Period for the Month of : Aug-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-03-2018	Direct Billing	Airline Ticket	ZMD Travel to Edmonton - Integra Air - SZ Organization Design Project Meeting	Marlin Travel	737.10
13-Jun-2018	Direct Billing	Airline Ticket	Transfer fee - Used credit from previous cancelled flight for flight to Edmonton to attend Sr. Leaders Meeting June 26, 2018	Marlin Travel	100.00
	Direct Billing	Airline Ticket		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					\$ 837.10

Vision

A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 26 Mar 18
 Client: [REDACTED]
 Agent: [REDACTED]
 Agents email: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR JACK REGEHR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
INTEGRA AIR Confirmation # [REDACTED]	737.10	0.00	\$0.00	0.00	0.00	737.10 CAD
Total:	737.10	0.00	0.00	0.00	0.00	737.10 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/20/2018		[REDACTED]	737.10 CAD
Total Payment:					737.10 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL SZ ORGANIZATION DESIGN PROJECT MEETING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---INTEGRA AIR RULES----- TICKET IS NON REFUNDABLE. CANCELLATIONS UP TO 4 HRS PRIOR AND CHANGES UP TO 30 MINS PRIOR TO THE FLIGHT TIME. CHANGE FEE 50.00 PLUS ANY FARE DIFFERENCE IF APPLICABLE.
[HTTP://WWW.INTEGRAAIR.COM/TRAVEL-INFO/](http://www.integraair.com/travel-info/)

Exceeds \$600 limit on flights within Alberta due to Integra Air being the only carrier to/from Lethbridge on specific days of the week.

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 26 Mar 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JACK REGEHR	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JACK REGEHR

Booking Date: 20 Mar 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
CHARTER AIRLINE	00918	LETHBRIDGE 10 Apr 18 6:45AM		EDMONTON INTL 10 Apr 18 8:00AM	Y/	
CHARTER AIRLINE	00829	EDMONTON INTL 10 Apr 18 6:05PM		LETHBRIDGE 10 Apr 18 7:20PM	Y/	

Vision

A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES
 JACK REGEHR
 9929 108TH STREET GOVERNMENT CENTRE
 EDMONTON AB
 CA
 T5K1G8

Trip #: [REDACTED]
 Booking Date: 15 Jun 18
 Client: [REDACTED]
 Agent: [REDACTED]
 Agents email: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR JACK REGEHR

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket [REDACTED]	0.00	0.00	\$0.00	0.00	100.00	100.00 CAD
Total:	0.00	0.00	0.00	0.00	100.00	100.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	06/13/2018		[REDACTED]	100.00 CAD
Total Payment:					100.00 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL SR. LEADERS MEETING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

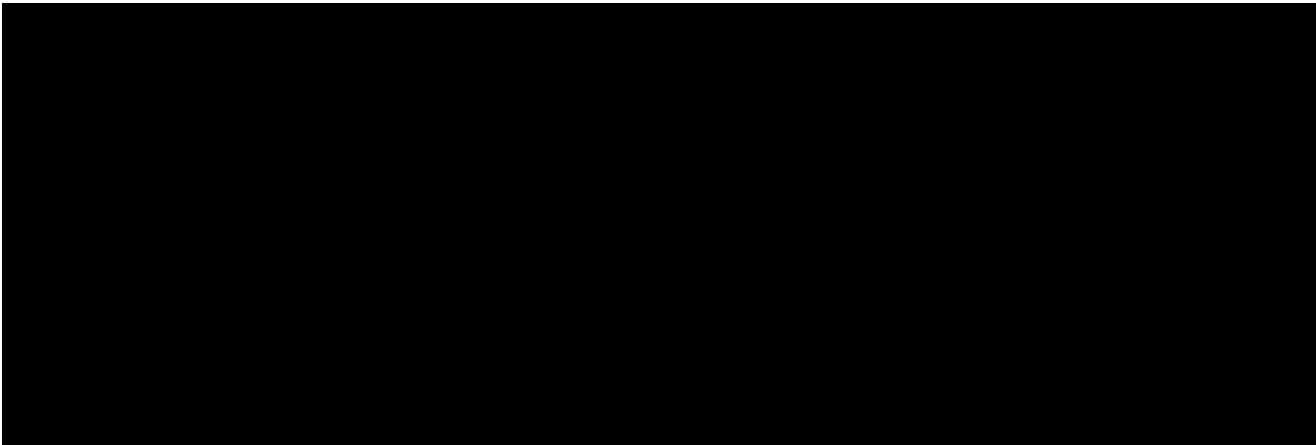
ALBERTA HEALTH SERVICES
JACK REGEHR
9929 108TH STREET GOVERNMENT CENTRE
EDMONTON AB
CA
T5K1G8

Trip #: [REDACTED]
Booking Date: 15 Jun 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
JACK REGEHR	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: JACK REGEHR

Booking Date: 13 Jun 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 26 Jun 18 6:00PM		CALGARY INTL 26 Jun 18 6:55PM	M/	
WESTJET	03004	CALGARY INTL 26 Jun 18 7:45PM		LETHBRIDGE 26 Jun 18 8:30PM	M/	