

## AHS Board and Executive Expense Report

**Name** Janice Stewart  
**Title** Chief Zone Officer, Central Zone  
**Location** Red Deer  
 Expenses submitted during the month of April 2020

### 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)
Apr-20	P-Card	Meetings			949	51	1,000			
Apr-20	Expense Claim	Meetings		69		10	79			
<b>Total</b>			\$ -	\$ 69	\$ 949	\$ 61	\$ 1,079	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,079

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 169  
 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									
STEWART, JANICE D	Chief Zone Officer, Central Zone	Red Deer	\$ 174.41									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/21/2019	Yellowhead East Health Advisory Council Meeting in Lloydminster	AB - Local	Accommodations	\$ 135.16				1				
11/22/2019	Meeting at Peter Lougheed Center in Calgary - Orientation with new SOO	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25				1				
11/25/2019	Parking at RDRHC. Red Deer Regional Health Center Tour.	AB - Local	Parking - Lot or Parkade	\$ 8.50				1				
11/26/2019	Parking at RDRHC. Unit tour with Director.	AB - Local	Parking - Lot or Parkade	\$ 8.00				1				
12/9/2019	Parking at RDRHC. Unit tour with Director.	AB - Local	Parking - Lot or Parkade	\$ 8.50				1				
Approver(s) for the claim		Approval Status		Approval Date								
HUBAND, BRENDA		Approve		7-Jan-20								



**Holiday Inn  
& Suites**

11-21-19

<b>Ms Janice Stewart</b> [Redacted]	Folio No. : A/R Number : Group Code : Company : <b>Government Canada</b> Membership No. : Invoice No. :	Room No. : [Redacted] Arrival : <b>11-20-19</b> Departure : <b>11-21-19</b> Conf. No. : [Redacted] Rate Code : [Redacted] Page No. : <b>1 of 1</b>
--	--	---

Date	Description	Charges	Credits
11-20-19	*Accommodation	124.00	
11-20-19	GST Tax 5%	6.20	
11-20-19	Tourism Levy Occ Tax 4%	4.96	
11-21-19	MasterCard		135.16
<b>Total</b>		<b>135.16</b>	<b>135.16</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

**RECEIPT**

RED DEER  
REGIONAL HOSPITAL  
PARKING

License Plate Number



Expiration Date/Time

**04:16 PM  
NOV 26, 2019**

Purchase Date/Time: 01:04pm Nov 26, 2019  
Total Due: \$8.00 Rate: PAY PER 1/2HR-\$1.25  
Total Paid: \$8.00 Pmt Type: CC (Swipe)  
Ticket # [Redacted]  
S/N # [Redacted]  
Setting: Red Deer  
Mach Name: CE-RDRH-023

MasterCard

Auth #:

THANK YOU  
DRIVE SAFELY

**RECEIPT**

RED DEER  
REGIONAL HOSPITAL  
PARKING

License Plate Number



Expiration Date/Time

**08:28 AM  
NOV 26, 2019**

Purchase Date/Time: 08:29am Nov 26, 2019  
Total Due: \$8.50 Rate: PAY PER 24HRS-\$8.50  
Total Paid: \$8.50 Pmt Type: CC (Swipe)  
Ticket # [Redacted]  
S/N # [Redacted]  
Setting: Red Deer  
Mach Name: CE-RDRH-023

MasterCard

Auth #:

THANK YOU  
DRIVE SAFELY

**RECEIPT**

Peter Lougheed Centre

License Plate Number



Expiration Date/Time

**09:54 AM  
NOV 23, 2019**

Purchase Date/Time: 09:54am Nov 22, 2019  
Total Due: \$14.25 Rate: \$14.25 - 24 Hours  
Total Paid: \$14.25 Pmt Type: CC (Swipe)  
Ticket # [Redacted]  
S/N # [Redacted]  
Setting: PLC Main Lobby  
Mach Name: CA-PLC-003

MasterCard

Auth #:

www.ahs.ca  
Do Not Place On Dash!

**RECEIPT**

RED DEER  
REGIONAL HOSPITAL  
PARKING

License Plate Number



Expiration Date/Time

**07:29 AM  
DEC 10, 2019**

Purchase Date/Time: 07:30am Dec 09, 2019  
Total Due: \$8.50 Rate: PAY PER 24HRS-\$8.50  
Total Paid: \$8.50 Pmt Type: CC (Swipe)  
Ticket # [Redacted]  
S/N # [Redacted]  
Setting: Red Deer  
Mach Name: CE-RDRH-023

MasterCard

Auth #:

THANK YOU  
DRIVE SAFELY

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
STEWART, JANICE D	Chief Zone Officer, Central Zone	Red Deer	\$ 282.29									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/9/2019	Sundre Hospital Legacy Gala		Mileage-Other	\$ 121.20	Calgary	Sundre Community Centre, 96 2nd Ave NW #3, Sundre, AB		1			240	
11/14/2019	Red Deer Regional Hospital Centre SOO Interview.		Mileage-Local-Home Zone	\$ 4.29	43 Michener Bend, Red Deer	Red Deer Regional Hospital Centre, 3942 50a Ave, Red Deer		1			8.5	
11/21/2019	Festival of Trees Dinner Event - Red Deer		Mileage-Local-Home Zone	\$ 6.06	43 Michener Bend, Red Deer	Western Park, 4847A 19 St, Red Deer		1			12	
11/22/2019	Meeting at Peter Lougheed Center, Calgary-Orientation with new SOO		Mileage-Other	\$ 146.45	43 Michener Bend, Red Deer	Peter Lougheed Centre, 3500 26 Ave NE, Calgary		1			290	
11/26/2019	Unit Tour/meeting with Director or Women's and Children's Health Services at Red Deer Regional Hospital Centre		Mileage-Local-Home Zone	\$ 4.29	Michener Bend, Red Deer	Red Deer Regional Hospital Centre, 3942 50a Ave, Red Deer		1			8.5	
Approver(s) for the claim		Approval Status		Approval Date								
HUBAND, BRENDA		Approve		17-Dec-19								

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
STEWART, JANICE D	Chief Zone Officer, Central Zone	Red Deer	\$ 82.82									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
12/6/2019	Drumheller Health Visit. Mileage from Red Deer to Drumheller.		Mileage-Local-Home Zone	\$ 82.82	43 Michener Bend, Red Deer	Drumheller Health Centre, 351 9 St NW		1			164	
Approver(s) for the claim		Approval Status		Approval Date								
HUBAND, BRENDA		Approve		13-Jan-20								