

AHS Board and Executive Expense Report

Name Dr. Stafford Dean
Title Chief Analytics Officer
Location Calgary

Expenses submitted during the month of February 2018

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Feb-18	Expense Claim	Meetings		72	485	482	1,039			
Total			\$ -	\$ 72	\$ 485	\$ 482	\$ 1,039	\$ -	\$ -	\$ -

Total for the Month \$ 1,039

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 144
 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 Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
DEAN, STAFFORD	Chief Analytics Officer	Calgary	\$ 39.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
1/24/2018	Heart Failure Outcomes Improvement Session	AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Parking at RGH for the Heart Failure Outcomes Improvement Session	1				
1/30/2018	Parking at SPT - ELT	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00			Parking at SPT - ELT	1				
2/1/2018	Quality Safety Outcomes Improvement Exec. Committee	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00			Parking SPT - Quality Safety Outcomes Improvement Exec. Committee	1				
Approver(s) for the claim		Approval Status		Approval Date								
TODD, KATHRYN		Approve		21-Feb-18								

Alberta Health Services
RECEIPT
Southport

License Plate Number



Expiration Date/Time

12:16 PM
JAN 30, 2018

Purchase Date/Time: 12:16pm Jan 29, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Tap)
Ticket # [Redacted]
S/N # [Redacted]
Setting: SPT Wireless
Mach Name: CA-SPT-001

MasterCard Auth # [Redacted]

www.ahs.ca
Do Not Place On Dash

Alberta Health Services
RGH Lot 1

RECEIPT

ENTRY DATE/TIME:

24/01/18 15:11

PAY DATE/TIME:

24/01/18 17:09

PARK-DUR.: HRS:MIN

0:01:58

ALLOWED EXIT TO:

24.01.18 17:26

PAID: \$ 9.00

MASTER CARD



REF. [Redacted]

* Parking Rates *

* Are GST Exempt *

* Please Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* HealthServices *

* Have Questions *

* Or Concerns? *

* Call Us *

* 403-943-3725 *

Alberta Health Services
RECEIPT
Southport

License Plate Number



Expiration Date/Time

11:39 AM
FEB 01, 2018

Purchase Date/Time: 11:39am Jan 31, 2018
Total Due: \$15.00 Rate: \$15.00 - 24 Hours
Total Paid: \$15.00 Pmt Type: CC (Tap)
Ticket # [Redacted]
S/N # [Redacted]
Setting: SPT Wireless

Alberta Health Services

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
DEAN, STAFFORD	Chief Analytics Officer	Calgary	\$ 999.86								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/1/2018	Parking at SHC - Quality Safety Outcomes Improvement Executive Committee Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25			Parking at SHC - Quality Safety Outcomes Improvement Executive Committee Meeting	1			
2/7/2018	Parking at FMC - Guest Lecturer at the Foundations of Health Services	AB - Other Zones	Parking - Lot or Parkade	\$ 13.50			Parking at FMC - Guest Lecturer at the Foundations of Health Services	1			
2/9/2018	Parking at the UofC - Meeting with Dr. Joe Dort	AB - Other Zones	Parking - Lot or Parkade	\$ 9.00			Parking at the UofC - Meeting with Dr. Joe Dort	1			
2/12/2018	In Edmonton for Epic Direction Setting Sessions	AB - Other Zones	Accommodations	\$ 485.01			In Edmonton for Epic Direction Setting Sessions	3			
2/12/2018	In Edmonton for Epic Direction Setting Sessions	AB - Other Zones	Parking	\$ 45.00			In Edmonton for Epic Direction Setting Sessions	3			
2/12/2018	Travel Calgary - Edmonton Return for Epic Direction Setting Sessions Feb 13-15, 2018		Mileage-Other	\$ 313.10	Calgary - Return	Edmonton - Return	Travel Calgary - Edmonton Return for Epic Direction Setting Sessions Feb 13-15, 2018	4			155
2/12/2018	Parking at ATB Place - Working in Edmonton	AB - Other Zones	Parking - Lot or Parkade	\$ 18.00			Parking at ATB Place - Working in Edmonton	1			
2/12/2018	In Edmonton for Epic Direction Setting Sessions Feb 13-15, 2018	AB - North Zone	Meals Per Diem	\$ 24.00			In Edmonton for Epic Direction Setting Sessions Feb 13-15, 2018 Dinner \$24.00	1			
2/13/2018	In Edmonton for Epic Direction Setting Sessions Feb 13-15, 2018	AB - North Zone	Meals Per Diem	\$ 24.00			In Edmonton for Epic Direction Setting Sessions Feb 13-15, 2018 Dinner \$24.00	1			
2/14/2018	In Edmonton for Epic Direction Setting Sessions Feb 13-15, 2018	AB - North Zone	Meals Per Diem	\$ 24.00			In Edmonton for Epic Direction Setting Sessions Feb 13-15, 2018 Dinner \$24.00	1			
2/15/2018	Parking at ATB Place - Working in Edmonton	AB - Other Zones	Parking - Lot or Parkade	\$ 30.00			Parking at ATB Place - Working in Edmonton	1			
Approver(s) for the claim		Approval Status		Approval Date							
TODD, KATHRYN		Approve		21-Feb-18							

Alberta Health Services
South Campus

RECEIPT

ENTRY DATE/TIME:
01/02/18 12:47
PAY DATE/TIME:
01/02/18 16:09
PARK-DUR.: HRS:MIN
0:03:22

ALLOWED EXIT TO:
02.02.18 13:02

PAID: \$ 14.25
MASTER CARD

REF. *****

* Parking Rates *
* Are GST Exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403 956 1090 *

RECEIPT
Foothills
Medical Centre
Lot 6 - North Level 3

License Plate Number

Expiration Date

06:43 PM
FEB 07, 2018

Purchase Date/Time: 03:43pm Feb 07, 2018
Total Due: \$13.50 Rate: \$13.50 - 3 Hours
Total Paid: \$13.50 Pmt Type: CC (Tap)
Ticket # *****
S/N # *****
Setting: FAC Lot 06 Level 3
Mach Name: CA-FMC-0609

***** MasterCard Auth # *****
www.ahs.ca
Do Not Place On Dash



THIS IS YOUR ORIGINAL RECEIPT

Space: 220

THIS IS YOUR ORIGINAL RECEIPT



THIS IS YOUR ORIGINAL RECEIPT

THIS IS YOUR ORIGINAL RECEIPT



Valid through:

FRIDAY 09 FEB18

11:26 AM

AMOUNT PAID: \$9.00 RECEIPT NO: 15337
ENTRY TIME: 2/9/2018 9:26 AM

AUTH TRN: *****

SPACE: 220

VALID THROUGH:

09FEB18
11:26 AM

AMOUNT PAID:

\$9.00
ENTRY TIME:
2/9/2018

9:26 AM
RECEIPT NO: *****

Km ~ 620 Km

PARKING (2)

Mon ~ Dinner Parking
Tues ~ Dinner Parking
Wed ~ Dinner Parking



02-15-18

Stafford Dean [Redacted]	Folio No. :	Room No. :
	A/R Number :	Arrival : 02-12-18
	Group Code :	Departure : 02-15-18
	Company : Alberta Health Services	Conf. No. : [Redacted]
	Membership No. : [Redacted]	Rate Code : [Redacted]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
02-12-18	Parking IHG	15.00	
02-12-18	*Accommodation	144.00	
02-12-18	Marketing Fee	4.32	
02-12-18	GST #87857 8491 RT0002	7.42	
02-12-18	AB Tourism Levy	5.93	
02-13-18	Parking IHG	15.00	
02-13-18	*Accommodation	144.00	
02-13-18	Marketing Fee	4.32	
02-13-18	GST #87857 8491 RT0002	7.42	
02-13-18	AB Tourism Levy	5.93	
02-14-18	Parking IHG	15.00	
02-14-18	*Accommodation	144.00	
02-14-18	Marketing Fee	4.32	
02-14-18	GST #87857 8491 RT0002	7.42	
02-14-18	AB Tourism Levy	5.93	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Total	530.01	0.00
Balance	530.01	

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.

Accommodations	\$485.01
Parking	45.00

Holiday Inn Express Downtown
Edmonton10010 - 104 Street
Canada T5J 0Z1 Edmonton, AB
Telephone: (780) 423-2450 Fax: (780) 426-6090
OGST #878578491 RT0002
www.hiexdowntown.com

ATB PLACE
GST:887315638RT001
RECEIPT

IN: 12.02.18 09:33
OUT: 12.02.18 12:20
AMOUNT: \$ 18.00
CC-DATA:

Feb 12 2018 12:20 pm

TRANSACTION
RECORD

Card Number :
[REDACTED]

Card Entry : CHIP

Trans Type :
PURCHASE

Amount : \$18.00

Auth # : [REDACTED]

Sequence # : [REDACTED]

Term ID : [REDACTED]

Date :
18/02/12

Time :
12:19:51

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH
ISSUERS AGREEMENT
WITH
CARDHOLDER

Application Label:
CAPITAL ONE

[REDACTED]

*** CUSTOMER
COPY ***

ATB PLACE
GST:887315638RT001
RECEIPT

IN: 15.02.18 07:01
PAY: 15.02.18 11:31
AMOUNT: \$ 30.00

Feb 15 2018 11:31 am

TRANSACTION
RECORD

Card Number :
[REDACTED]

Card Entry : CHIP

Trans Type : PURCHASE

Amount : \$30.00

Auth # : [REDACTED]

Sequence # : [REDACTED]

Term ID : [REDACTED]

Date : 18/02/15

Time : 11:30:31

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:
CAPITAL ONE

[REDACTED]

*** CUSTOMER
COPY ***

Thank you for
Visiting!