

AHS Board and Executive Expense Report

Name: Janice Stewart

Title: Chief Zone Officer, Central Zone

Location: Red Deer

Expenses approved during the month of November 2022

			Travel (1)							
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-22	P-Card	Meetings				35	35			
	Expense Claim	Meetings					-			
Nov-22	Direct Bill	Meetings			131		131			
Total			\$ -	\$ -	\$ 131	\$ 35	\$ 166	\$ -	\$ -	\$ -

**Total for
the Month** \$ 166

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 122
 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

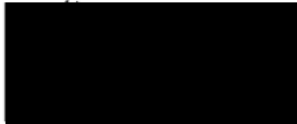
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
STEWART, JANICE D	Chief Zone Officer, Central Zone	Red Deer	\$ 26.50								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/27/2022	Meeting at Red Deer Regional Parking Special Department of Medicine (DOM) In Person meeting to discuss Urgent issues of DOM with Senior Administration	AB - Local	Parking - Lot or Parkade	\$ 7.50				1			
10/5/2022	Meeting in Calgary AHS Executive Education Program Cohort 8 Action Learning Project Presentation	AB - Local	Parking - Lot or Parkade	\$ 10.50				1			
10/6/2022	Meeting in Red Deer Regional Hospital for David Thompson Health Advisory Council	AB - Local	Parking - Lot or Parkade	\$ 8.50				1			
Approver(s) for the claim	Approval Status	Approval Date									
GORDON, DEBORAH A	Approve	8-Nov-22									

RECEIPT
Red Deer
Regional Hospital



Expiration Date/Time

01:26 PM
OCT 07, 2022

Purchase Date/Time: 01:26pm Oct 06, 2022
Total Due: \$8.50 Rate: \$8.50 - 24 Hours
Total Paid: \$8.50 Pmt Type: CC (Swipe)
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Red Deer Public
Mach Name: CE-ADRH-019



www.aris.ca
Do Not Place On Dash!

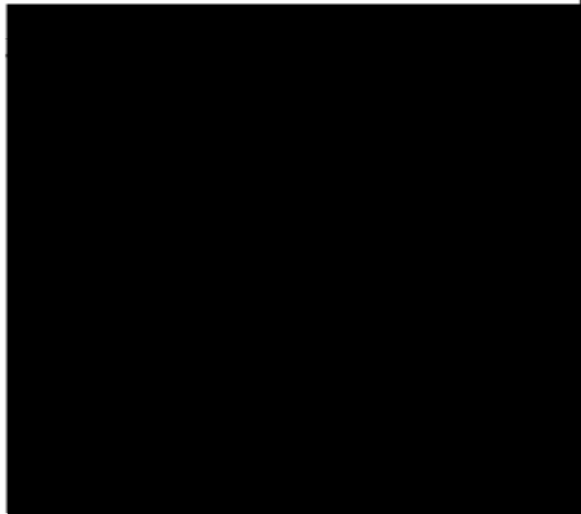
RECEIPT
Red Deer
Regional Hospital



Expiration Date/Time

08:02 PM
SEP 27, 2022

Purchase Date/Time: 06:02pm Sep 27, 2022
Total Due: \$7.50 Rate: \$7.50 - 3 Hours
Total Paid: \$7.50 Pmt Type: CC (Swipe)
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Red Deer Public
Mach Name: CE-ADRH-019



RECEIPT

License Plate Number



Expiration Date/Time

06:00 PM
OCT 05, 2022

Purchase Date/Time: 06:27am Oct 05, 2022
Total Parking: \$10.00
Total FEDERAL: \$0.50
Total Due: \$10.50 Rate: \$10 - 6 pm
Total Paid: \$10.50 Pmt Type: CC (Swipe)
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: Lot 104
Mach Name: Lot 104 -1



GST REG #887315638

PARKING RECEIPT
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AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
STEWART, JANICE D	Chief Zone Officer, Central Zone	Red Deer	\$ 8.50									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/8/2022	Red Deer Regional Connect Care Launch 5	AB - Local	Parking - Lot or Parkade	\$ 8.50				1				
Approver(s) for the claim	Approval Status	Approval Date										
GORDON, DEBORAH A	Approve	24-Nov-22										

Connect Care
Launch



Expiration Date/Time

07:59 AM
NOV 09, 2022

Purchase Date/Time: 07:59 AM Nov 09, 2022
Total Due: \$8.50
Total Paid: \$8.50
Ticket #:
SN #:
Setting: Red Deer Public
Mach Name:

Rate: \$8.50 - 24 Hours
Pmt Type: CC (Swipe)



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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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 : Janice Stewart	Reporting Period for the Month of : Nov-22
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
11-Nov-22	Direct Billing	Hotel	Nov 5-6, 2022 Connect Care Launch 5 in Drumheller at 4am start	Best Western Drumheller	\$130.69
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in the Month					\$ 130.69



REMIT TO: Canalta Real Estate Services Ltd.
 o/a SureStay Plus by Best Western Drumheller
 PO Box 2109
 Drumheller AB, T0J 0Y0
 Website: www.canaltahotels.com

Invoice

Invoice#: [REDACTED]

GST#: 894648450 RT0001

Page: 1/1

Bill To: [REDACTED]

Alberta Health Services

Invoice Date	07-Nov-22
Due Date	07-Dec-22

Folio No	Description	QTY	Amount	Total
	Room: [REDACTED] Janice Stewart Nov-05 - Nov-06			
			0.00	0.00
	Room Rent	1	122.00	122.00
	Destination Marketing Fee	1	3.66	3.66
	Tourism Levy	1	4.88	4.88
	Tourism Levy On DMF	1	0.15	0.15
Invoice Summary			Invoice Total	\$130.69

Room Charges	Other Charges	GST/HST	PST/RST	DMF/TIF	Accommodation Tax	TL (AB)
\$122.00	\$0.00	\$0.00	\$0.00	\$3.66	\$0.00	\$5.03

Terms: Net 30 Days

Make all payments to: Canalta Real Estate Services Ltd.

Please remit payment to PO Box 2109, Drumheller, AB T0J 0Y0

Should you have any inquiries concerning this invoice, please contact Account Receivables Office

Phone: 1-403-823-2030 Email: accr@canalta.com Website: www.canaltahotels.com

Thank you for choosing Canalta Hotels!

