

AHS Board and Executive Expense Report

Name: Karen Horon

Title: VP Cancer Care Alberta & Clinical Support Services

Location: Calgary

Expenses posted during the month of May 2024

							Travel (1)							
Approved MMM-YY	Source Document	Purpose	Airf	are	Me	eals	Accommodatio		Other Travel	Total Travel	Profession Developm (2)		Working Sessions Hosting and Hospitality (3)	Other (4)
May-24	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings				48			273	- 320 -				1,017
		Total by category	/ \$	-	\$	48	\$.	- \$	273	\$ 320	\$	-	\$ -	\$ 1,017

Total posted for

the Month \$ 1,338

Maximum daily single meal expense posted in the month \$ 24
Maximum daily base hotel rate posted 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 membership dues, 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 Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
HORON, KAREN L	VP Cancer Care Alberta & Clinical Support Services	Calgary	\$ 1,337.56	-							
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
5/12/2024	Pharmacist Practice Permit for May 2024-April 2025	AB - Local	Membership Dues	\$ 1,017.45				1			
5/13/2024	In-person tour of the Molecular Isotope Cyclotron Facility in Edmonton	AB - Other Zones	Taxi	\$ 71.30	Edmonton Airport	Matrix Hotel, Downtown Edmonton		1			
5/13/2024	In-person tour of the Molecular Isotope Cyclotron Facility in Edmonton	AB - Other Zones	Meals Per Diem	\$ 47.50				2			
5/14/2024	In-person tour of the Molecular Isotope Cyclotron Facility in Edmonton	AB - Other Zones	Taxi	\$ 20.10	Matrix Hotel, Jasper Avenue	Molecular Isotope Cyclotron Facility		1			
5/14/2024	In-person tour of the Molecular Isotope Cyclotron Facility in Edmonton	AB - Other Zones	Taxi	\$ 16.70	Molecular Isotope Cyclotron Facility	Seventh Street Plaza, Jasper Ave, Edmonton		1			
5/14/2024	In-person tour of the Molecular Isotope Cyclotron Facility in Edmonton	AB - Other Zones	Taxi	\$ 70.51	Seventh Street Plaza, Jasper Ave, Edmonton	Edmonton International Airport		1			
5/14/2024	In-person tour of the Molecular Isotope Cyclotron Facility in Edmonton	AB - Other Zones	Taxi	\$ 94.00	Calgary International Airport	SW Calgary		1			
Approver(s) for the claim	Approval Status	Approval Date						•			
MENTZELOPOULOS,	Approve	23-May-24									

ATHANA



1100-8215 112 St. NW Edmonton AB T6G 2C8 Telephone: 780-990-0321 Toll-Free: 1-877-227-3838 Fax: 780-990-0328 Web: abpharmacy.ca

Receipt GST# 106694045

Individual/organization					
Karen Horon					

Date 05/11/2024

THIS IS YOUR OFFICIAL RECEIPT FOR INCOME TAX PURPOSES **DO NOT DESTROY**

Payment date: May, 12 2024	
Receipt #	

Order #:

Description	Unit price	GST	Total	
Pharmacist 2024 Practice Permit	969.00	48.45	1017.45	
	In	voice total \$	1017.45	
Payment ref #	Payment/receip	t amount \$	1017.45	

Amount outstanding \$

0.00



MICF 155P CO-OP TAXI LINE RANSACTION RECORD 10538 114 ST NW CO-OP TAXI LINE EDMONTON AB 10538 114 ST NW EDMONTON AB Purchase 09:41:09 May 14,2024 MASTERCARD **Purchase** 07:38:06 Entry: Tap EMV Entry: Tap EMV (H) MASTERCARD Auth#: Response Batch \$ 16.70 \$_3.00 Total \$ 16.70 \$ 20.10 Mastercard Approved Signature Not Required Approved Important:Retain this copy for your record Signature Not Required Important:Retain this copy for your record Cardholder copy Cardholder copy





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