

AHS Board and Executive Expense Report

Name: Erin O'Neill
Title: Senior Vice President of Finance and Shared Services
Location: Edmonton
 Expenses posted during the month of January 2026

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)
	P-Card	Meetings					-			
Jan-26	Expense Claim	Meetings		132		159	291			
Jan-26	Direct Bill	Meetings			278	305	583			
Total by category			\$ -	\$ 132	\$ 278	\$ 464	\$ 874	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 874

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 129
 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								
O'NEILL, ERIN	Senior Vice President of Finance and Shared Services	Edmonton	\$ 290.98								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/12/2026	Attended the Capacity and Flow Workshops at the Chinook Regional Hospital on Jan 12 & 13 and in at the Peter Lougheed Hospital on Jan 14	AB - Other Zones	Taxi	\$ 44.40	Home	Airport		1			
1/12/2026	Attended the Capacity and Flow Workshops at the Chinook Regional Hospital on Jan 12 & 13 and in at the Peter Lougheed Hospital on Jan 14	AB - Other Zones	Meals Per Diem	\$ 132.00				3			
1/14/2026	Attended the Capacity and Flow Workshops at the Chinook Regional Hospital on Jan 12 & 13 and in at the Peter Lougheed Hospital on Jan 14	AB - Other Zones	Fuel-Travel and Car Rental	\$ 63.12				1			
1/14/2026	Attended the Capacity and Flow Workshops at the Chinook Regional Hospital on Jan 12 & 13 and in at the Peter Lougheed Hospital on Jan 14	AB - Other Zones	Taxi	\$ 51.46	Airport	Home		1			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	23-Jan-26									



Total

\$44.40

Trip fare

\$37.74

Airport drop-off fee / Airport pick-up fee	\$4.25
GST	\$2.11
Per-Trip Fee 	\$0.30

Payments

 Mastercard  1/12/26 6:13 p.m.	\$44.40
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Want to switch your payment method?

 Switch

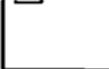
Download the receipt in a PDF format

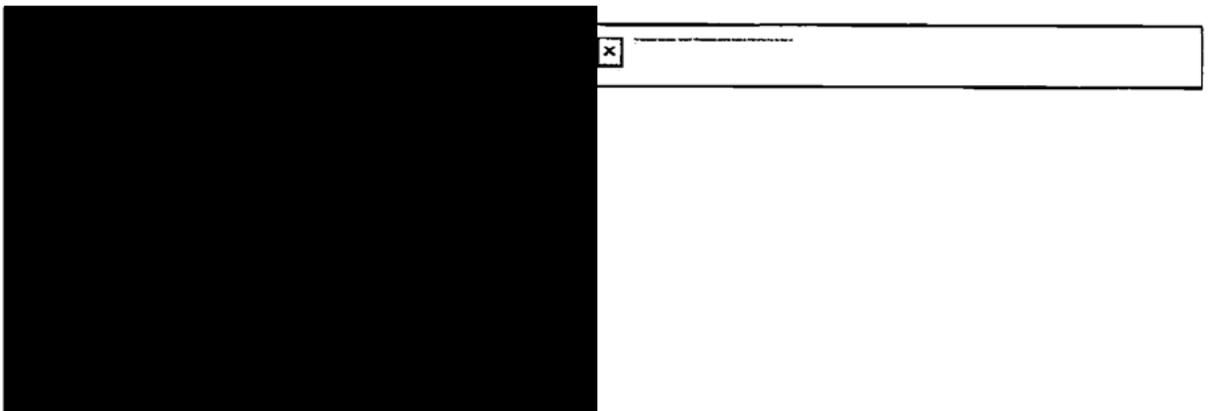
 Download PDF

[Visit the trip page](#) for more information, including invoices (where available)

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

Trip details

 UberX
31.09 kilometers, 33 minutes



WELCOME
SHELL CANADA
9182 Airport Link NE
Calgary AB T2E 6W5
(403) 262 - 0011

REGULAR
PUMP NO. 07
LITRES 49.740
PRICE/L \$1.269
TOTAL FUEL \$63.12

TOTAL SALE \$63.12
Interac \$63.12

FUEL INCLUDES
GST - Fuel \$3.01
No. [REDACTED]
TYPE: PURCHASE

Interac FLASH
DEFAULT
XXXXXXXXXX [REDACTED]

AMT: \$ 63.12
DATE: 2026/01/14
TIME: 18:10:04
TERM: [REDACTED]
REF: [REDACTED]
AUTH: [REDACTED]

Interac
AID: [REDACTED]
TVR: [REDACTED]

00 APPROVED - THANK
YOU 001

INVOICE NUMBER:
[REDACTED]

NO SIGNATURE
TRANSACTION

-- IMPORTANT --
Retain this copy for
your records

*** CUSTOMER COPY



YOUR OPINION COUNTS
www.shell.ca/opinion
You could win \$1000
THANK YOU
Questions? Call 1-800-661-1600

STORE [REDACTED] TRAN [REDACTED]
1/14/2026 6:11:25 PM

Uber

Jan 14, 2026
9:23 pm



**Thanks for tipping,
Erin**



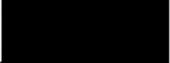
We hope you enjoyed your ride this evening.

Total

\$51.46

Trip fare	\$36.85
Airport drop-off fee / Airport pick-up fee	\$4.00
GST	\$2.04
Tip	\$8.57

Payments

 Mastercard  1/14/26 10:08 p.m.	\$51.46
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Want to switch your payment method?

 Switch

Download the receipt in a PDF format

 Download PDF

[Visit the trip page](#) for more information, including invoices (where available)

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

Trip details



UberX
30.15 kilometers, 28 minutes

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. 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 : Erin O'Neill	Reporting Period for the Month of : Jan-26
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
14-Jan-2026	Direct Billing	Hotel	Attended the Capacity and Flow Workshops at the Chinook Regional Hospital in Lethbridge on January 12 & 13, 2026.	Sandman Hotel Group	\$277.68
19-Jan-2026	Direct Billing	Car Rental	Attended the Capacity and Flow Workshops at the Chinook Regional Hospital in Lethbridge on January 12 & 13, 2026.	Enterprise Rent A Car	\$305.04
	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					\$ 582.72



Division of Northland Properties Corporation | Sandman Signature Lethbridge Lodge | 320 Scenic Drive S. | Lethbridge, AB, T1J 4B4
Reservations: 1-800-SANDMAN | Telephone: 403-328-1123 | Fax: 403-328-0002 | Email: reservations@sandman.ca

COPY OF INVOICE

Alberta Health Services*
P.O. Box 1600
Edmonton AB T5J 2N9
Canada

O'Neill, Erin

Invoice No. [REDACTED]
Due Date [REDACTED]
Arrival 01/12/26
Departure 01/14/26
Page No. 1 of 1
Folio No. [REDACTED]
Room No. [REDACTED]
Conf. No. [REDACTED]
Po. Number [REDACTED]
GST No: 12176 7065 RT 0001

Group Code:
Company Name: Alberta Health Services*
Account No. [REDACTED]

Date	Description	Charges CAD	Credits CAD
01/12/26	Government Rate	129.00	
01/12/26	Room - DMF	2.58	
01/12/26	Tourism Levy	5.26	
01/12/26	ECO Fees	2.00	
01/13/26	Government Rate	129.00	
01/13/26	Room - DMF	2.58	
01/13/26	Tourism Levy	5.26	
01/13/26	ECO Fees	2.00	



Total	277.68	0.00
Balance	277.68	CAD
Net Amount	258.00	CAD
Total incl. vat	277.68	CAD



Federal GST# : 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date



19-Jan-2026

Bill To Information

ALBERTA HEALTH SERVICES
PO BOX 1600 STN MAIN
EDMONTON, AB - T5J 2N9
CANADA

Rental Information

Reservation Number : [REDACTED]
Driver : ONEILL, ERIN
Additional Driver : GREENING, STACY
Pickup Date/Time : 01/12/2026 11:22
Return Date/Time : 01/14/2026 18:00
Miles/kms : 505
Car Class : SFAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2025/MAZD/CX70 [REDACTED] 36854/37359/505

Rental Branch

CALGARY INTL ARPT
2000 AIRPORT RD NE
CALGARY, AB - T2E 6W5

Return Branch

CALGARY INTL ARPT
2000 AIRPORT RD NE
CALGARY, AB - T2E 6W5

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	82.00	246.00
			Sub Total	246.00
AIRPORT FACILITY CHARGE	3	DAY	6.00	18.00
CONCESSION RECOVERY FEE		PERCENT	15.61	38.76
VLF REC	3	DAY	0.76	2.28
Total Charges (CAD)				305.04

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMPANY P.O. BOX 9716 STATION A TORONTO ON M5W 1R6 Email Remit To: CanadianAR@em.com	Tel#: +1 8773121084 AskARCanada@em.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.