

## AHS Board and Executive Expense Report

**Name** Dr. Jack Regehr  
**Title** Zone Medical Director South Zone  
**Location** Chinook

Expenses submitted during the month of July 2016

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)
Jul-16	P-Card	Meetings				74	74			
Jul-16	Expense Claim	Meetings		95		369	464			
<b>Total</b>			\$ -	\$ 95	\$ -	\$ 443	\$ 538	\$ -	\$ -	\$ -

**Total for the Month** \$ 538

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed 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 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.

**Instruction:**

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

REGEHR, JACK Cardholder's Name	MEDICAL DIRECTOR SOUTH Cardholder's Position/Title	Billing Reporting Period:	20/07/2016
MEDICAL AFFAIRS Cardholder's Dept	CRH Cardholder's Site/Location	Total Statement Amount:	\$74.00
JACK.REGEHR@AHS.CA Cardholder's e-mail address	Last 6 digits of the P-Card #: [REDACTED]		

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight Description
20/06/2016	[REDACTED]	BLUE GOOSE, GAS / SERVICE STATIONS	34.00	CAD	✓ 34.00	1.62	00 Fuel - ZMD Travel to MH
12/07/2016	[REDACTED]	BLUE GOOSE, GAS / SERVICE STATIONS	40.00	CAD	✓ 40.00	1.90	00 Refuel Fleet Vehicle - Trip to Medicine Hat

Signatures		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.</li> </ul>		
<p><u>Jodi Tamarese</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Coordinator</u> Cardholder Designate Position/Title</p> <p><u>July 25/16</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>REGEHR, JACK</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>MEDICAL DIRECTOR SOUTH</u> Cardholder Position/Title</p> <p><u>July 25/16</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Sara Campbell</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>Aug 2, 2016</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.</li> <li>• I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP Quality + CMO</u> Approver Position/Title</p> <p><u>Aug 2, 2016</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

BLUE GOOSE  
Magrath AB  
403-758-3322  
G.S.T# 106091820  
Transaction #: [REDACTED]

Pump: 2      REGULAR  
Hose 1

Credit

Volume      V 31.809

@ Price 1.069

Total      \$ 34.00 ✓

Time: 21:17  
Date: 06/20/2016

\*\*\*\* Thank You \*\*\*\*

*Gas  
Medical  
Has  
Return*

BLUE GOOSE  
Magrath AB  
403-758-3322  
G.S.T# 106091820  
Transaction #: [REDACTED]

Pump: 1      REGULAR  
Hose 1

Credit

Volume      V 42.154

@ Price 0.949

Total      \$ 40.00 ✓

Time: 18:31  
Date: 07/12/2016

\*\*\*\* Thank You \*\*\*\*

*Gas  
MH  
Return*

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
REGEHR, JACK	ZMD, South Zone	Chinook	464.16

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/12/2016	ZMD Zone Site Visit	AB - Local	Meals Per Diem	47.50			(Breakfast- \$10.50, Lunch- \$13, Dinner-\$24.00) = \$47.50	1			
7/15/2016	ZMD Travel to Cardston - Physician Issue		Mileage-Local-Home Zone	40.40				1			80
7/19/2016	ZMD Zone Site Visit	AB - Local	Meals Per Diem	47.50			(Breakfast- \$10.50, Lunch- \$13, Dinner-\$24.00) = \$47.50	1			
7/19/2016	Zone Medical Director - Zone Weekly Visit		Mileage-Local-Home Zone	204.02				1			404
7/22/2016	ZMD Meet with Pikani Health Services		Mileage-Local-Home Zone	104.54			ZMD Travel from Magrath to Cardston for physician meeting. Then travel from Cardston to Pikani for meeting with Health Services.	1			207
7/22/2016	ZMD meet with physician		Mileage-Local-Home Zone	20.20				1			40
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
BELANGER, FRANCOIS		Approve		2-Aug-16							