

AHS Board and Executive Expense Report

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

Expenses submitted during the month of September 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)
Sep-16	P-Card	Meetings			324	139	463			
Sep-16	Expense Claim	Meetings		143		190	332			
Sep-16	Direct Billing	Meetings	1,474				1,474			
Total			\$ 1,474	\$ 143	\$ 324	\$ 329	\$ 2,270	\$ -	\$ -	\$ -

Total for the Month \$ 2,270

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 184
 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.

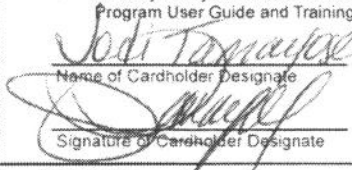

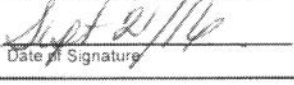
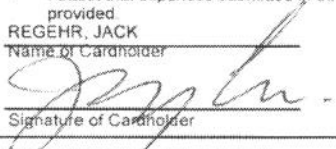
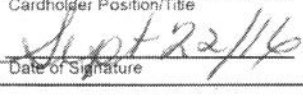
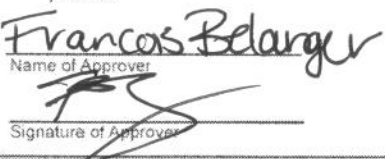
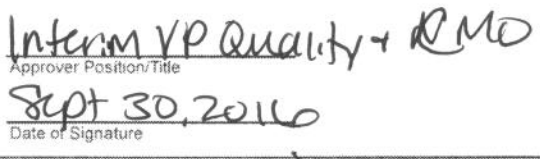
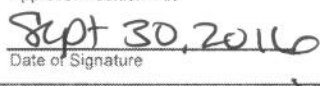
Instruction:

- 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:	20/09/2016
MEDICAL AFFAIRS Cardholder's Dept	CRH Cardholder's Site/Location	Total Statement Amount:	\$462.98
JACK.REGEHR@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/08/2016	██████████	LAKEVIEW MOHAWK #4255, FUEL DISPENSER, AUTOMATED	45.00	CAD	45.00	2.14		Fuel for Fleet Car - Travel to Medicine Hat ZMD Weekly site visit
30/08/2016	██████████	CDN TIRE GASBAR #01884, FUEL DISPENSER, AUTOMATED	33.00	CAD	33.00	1.57		Fuel - Fleet Car - ZMD Travel to MH Weekly site Visit
07/09/2016	██████████	DELTA CALGARY AIRPORT, DELTA HOTELS	206.58	CAD	206.58	.00	.00	Accommodations - PPEC
13/09/2016	██████████	HIGHWAY 3 GAS (TEMPO), GAS / SERVICE STATIONS	45.80	CAD	45.80	2.18		Fuel Fleet Car - MH, Leth Brooks, return
13/09/2016	██████████	GAS KING #150, FUEL DISPENSER, AUTOMATED	15.00	CAD	15.00	.71		Fuel - Fleet Car - Leth-Medicine Hat return
13/09/2016	██████████	MEDICINE HAT LODGE, BEST WESTERN HOTELS	117.60	CAD	117.60	5.60		Accommodations - MH - ZMD Weekly Site Visit

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
 Name of Cardholder Designate	 Cardholder Designate Position/Title	 Date of Signature
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. • 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. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
REGEHR, JACK Name of Cardholder  Signature of Cardholder	MEDICAL DIRECTOR SOUTH Cardholder Position/Title  Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. • 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. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
_____ Name of Approver Designate	_____ Approver Designate Position/Title	_____ Date of Signature
Approver By signing this statement <ul style="list-style-type: none"> • 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. • 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. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
 Name of Approver	 Approver Position/Title	 Date of Signature
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

AMS
Med Mag
action

CANADIAN TIRE
CENTRE VILLAGE MALL
LETHBRIDGE, ALBERTA
T1H 0E4

PAYPOINT : 02P
STORE #: 1884
PHONE #: 403-328-8195
GST #: R100773019
TRANS #: [REDACTED]
HOST TIME :
2016-08-30 17:38:36
LOCAL TIME:
2016-08-30 19:36:26

PUMP 02
REGULAR
35.329L AT \$0.934

FUEL SALES \$ 33.00
GST INCLUDED \$ 1.57
TOTAL \$ 33.00

PURCHASE
MASTERCARD

REFERENCE #: [REDACTED]

INVOICE # [REDACTED]
SEQUENCE #: [REDACTED]
AUTH# [REDACTED]

MASTERCARD
[REDACTED]

VERIFIED BY PIN

[REDACTED] APPROVED

THANK YOU
COLLECT E-CT
'MONEY'. VISIT
CANADIANTIRE.CA
TODAY.

-- IMPORTANT --
RETAIN THIS COPY FOR
YOUR RECORDS

- CUSTOMER'S COPY -
STATION# 1884
LETHBRIDGE NORTH



Want great rewards? Visit myHuskyRewards.ca

Mayor Magrath Mohawk
202 Mayor Magrath Dr S
Lethbridge AB
(403) 329-1555
GST# 123820839
Retailer ID 4970786
Act:58593 4255-1
Batch:1716-27

2016/08/29 18:15:22

Disp# 1
Regular \$45.00
47.922 L x \$0.939/L
AMOUNT \$45.00
GST (Inc Pump) \$2.14

Pre Auth Completion
MasterCard

ATD- [REDACTED]

Date: 08/29/2016

Time: 18:15:22

AUTHCODE [REDACTED]

TUR: [REDACTED]

Approved



PLEASE TELL US
HOW WE DID?
myHusky.ca/Feedback



AMS
Fleet car
Not topped
by
last user
[Signature]

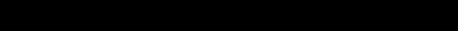


DELTA
CALGARY AIRPORT
2001 Airport Road NE, Calgary, Alberta T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-8722

ZMD Accommodation
PPEC

Dr Jack Regehr

Room: 
Folio: 
Cashier:
Arrival: 09-06-16
Departure: 09-07-16

Date	Description	Additional Information	Charges	Credits
09-06-16	Room Charge		184.00	
09-06-16	Rooms Destination Marketing Fee		5.52	
09-06-16	Rooms Tourism Levy		7.58	
09-06-16	Rooms GST		9.48	
09-07-16	Master Card			206.58

GST Summary	
Registration No:807209770 RT0001	
Room	9.48
F&B	0.00
Other	5.52
Total	15.00

Total	206.58	206.58
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

HIGHWAY 3 GAS (TEMPO)
1740 GERSHAW DR SW
MEDICINE HAT, AB

Term ID: 56713181

Purchase

MASTERCARD

Entry Method:

Total: \$ 45.80 \$45.80

09/13/13

14:25

Guest H:

Code:

01/027

010

23 13 04 AU

00

06 50 F4 29

APPROVED
Thank You

Customer Copy

IMPORTANT
retain this copy for your records

*AMS Fleetcar
part empty
on receipt of
Car
Travel
with
Brooks
Med Hat*

Eastside Gas King
#150
218 N Mayor Magrath
Lethbridge AB
T1H 3P7
403-320-6686

Inv#:

Trans: Purchase

MasterCard

AID:

Seq#

Terminal ID

Auth No:

Date: 09/13/2016

Time: 17:09:58

APPROVED

Pump # : 2-REG

Vol : 16.412L

Price/L : \$0.914

Total : \$15.00

Fuel Includes:

GST(5.0%): \$0.71

Tax Total: \$0.71

GST # R101957306

Pump # : 2-REG

Vol : 16.412L

Price/L : \$0.914

Total : \$15.00

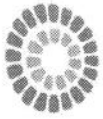
Fuel Includes:

GST(5.0%): \$0.71

Tax Total: \$0.71

GST # R101957306

*AMS Fleetcar
Med Hat
to Lethbridge*



Medicine Hat Lodge

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Brooks MIC →
MH - Weekly
Site Visit

Jack Regehr



Page # 1
Res. # [Redacted]
Checked in Mon Sep 12/16 - 10:19pm
Departing Tue Sep 13/16
Nights 1
Room Rate 105.00
Room [Redacted]

Date	Description	Reference	Charges	Credits
Sep12	GOVERNMENT RATE		105.00	
Sep12	GST		5.25	
Sep12	Room Tax		4.20	
Sep12	Destination Marketing Fee		3.15	
Sep13	PAID BY MASTERCARD			117.60
Total Outstanding			0.00	
			117.60	117.60

P.O. number: [Redacted]

Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST 5.25
Room Tax 4.20

Phone: 403-529-2222 Admin Fax: 403-528-4075 Front Desk Fax: 403-529-1538 Toll Free: 1-800-661-8095

www.medhatlodge.com



STAGEWEST *hospitality*
SINCE 1944



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
REGEHR, JACK	ZMD, South Zone	Chinook	332.38

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/16/2016	ZMD Travel All Day Meetings Medicine Hat	AB - Local	Meals Per Diem	47.50			Bfast = 10.50 Lunch = 13.00 Dinner = 24.00	1			
8/23/2016	ZMD Travel to MH for weekly Zone Meetings		Mileage-Local-Home Zone	189.88				1			404
8/23/2016	ZMD Travel All Day Meetings	AB - Local	Meals Per Diem	47.50			Bfast = 10.50 Lunch = 13.00 Dinner = 24.00	1			
8/30/2016	ZMD Travel All Day Meetings - MH	AB - Local	Meals Per Diem	47.50			Bfast = 10.50 Lunch = 13.00 Dinner = 24.00	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	19-Sep-16

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.
- 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 : Dr. Jack Regehr	Reporting Period for the Month of : Sep-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
20-06-2016	Direct Billing	Airline Ticket	Integra Air - Flight to Edmonton for Senior Leaders Meeting	Marlin Travel	611.12
27-06-2016	Direct Billing	Airline Ticket	Flight to Edmonton - CMO Off Site Meeting (change of meeting times requiring flight to be changed). Credit received.	Marlin Travel	595.22
27-06-2016	Direct Billing	Airline Ticket	Flight to Edmonton - CMO Off Site Meeting	Marlin Travel	268.48
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 1,474.82

Jodi Tamayose

From: res@integraair.com
Sent: Tuesday, April 26, 2016 5:04 PM
To: Tiffany Aske; Ashley Quach
Subject: INTEGRA AIR ITIN. For REGEHR, JACK

Importance: High

Passenger Itinerary for REGEHR, JACK

Please print/retain this page for your records. Thank you for choosing Integra Air.

Itinerary
www.integraair.com



Customer Care
Toll Free 1-877-213-8359
Local 403-381-UFLY (8359)

Booking Information - Booking Reference/Locator #: [REDACTED]
- Booked On: 04/26/2016 17:03

Passenger

Name: REGEHR, JACK

Phone #: [REDACTED]

Contact

Name: MARLIN TRAVEL GOVERNMENT CENTRE GSTEX

Form of Payment: MASTERCARD

Flight Information

918	Lethbridge (YQL)	Executive Flt Ctr (YEG)	06/20/2016	06:45	08:00	CONFIRMED
829	Executive Flt Ctr (YEG)	Lethbridge (YQL)	06/20/2016	18:05	19:20	CONFIRMED

Notes

Fare Summary

Fare	\$527.88	
Taxes, Fees and Charges		
Nav Canada Surcharge	\$24.00	
Security Fee	\$14.24	
Other Charges	\$45.00	
Subtotal	\$611.12	
GST(100411966RG0001)	\$0.00	
Total - CAD		\$611.12
Balance Due		\$0.00

Terms and Condition

General

1. Public domestic scheduled tariffs are available upon request or at www.integraair.com

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: LEISA KING WHITBY Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

Invoice Number: [REDACTED]
Date: May 26, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
 DR JACK REGEHR

Monday, June 27, 2016

✈ Air

OTHER TRAVEL	Flight: 918	ECONOMY CLASS
From: LETHBRIDGE	06:45 AM	
To: EDMONTON INTL AB	08:00 AM	
Stops: 0 Arrival: 27Jun16		
INTEGRA AIR LOCATOR [REDACTED]		

✈ Air

OTHER TRAVEL	Flight: 829	ECONOMY CLASS
From: EDMONTON INTL AB	06:05 PM	
To: LETHBRIDGE	07:20 PM	
Stops: 0 Arrival: 27Jun16		
INTEGRA AIR LOCATOR [REDACTED]		

Cost:

INTEGRA AIR [REDACTED]	[REDACTED]	511.98
	Tax:	83.24
	Ticket Total:	595.22

Total:

	Grand Total:	595.22
	Less Credit Card Payments:	595.22
Credit / Balance Due To This Invoice:		0.00
Total Balance Due:		0.00

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: May 26, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: LEISA KING WHITBY Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: June 15, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR JACK REGEHR

Monday, June 27, 2016

 **Air**

OTHER TRAVEL
From: LETHBRIDGE
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 27Jun16
INTEGRA AIR LOCATOR [REDACTED]

Flight: 918 ECONOMY CLASS
06:45 AM
08:00 AM

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 27Jun16
AIR CANADA E
AIR CANADA CONFIRMATION SWX8NV
TICKET NUMBER [REDACTED]
SEAT 8C

Flight: 8163 G CLASS
10:05 PM **Equipment:** DH4
10:56 PM

Mile(s) Flown: 163

 **Air**

AIR CANADA
From: CALGARY AB
To: LETHBRIDGE
Stops: 0 **Arrival:** 28Jun16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]

Flight: 7221 G CLASS
11:45 PM **Equipment:** BEH
12:30 AM

Mile(s) Flown: 115

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: June 15, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Monday, June 27, 2016

TICKET NUMBER [REDACTED]
SEAT 3B

Cost:

AIR CANADA WEB [REDACTED]	231.00
Tax:	37.48
Ticket Total:	268.48

Total:

Grand Total:	268.48
Less Credit Card Payments:	268.48 X
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.