

AHS Board and Executive Expense Report

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

Expenses submitted during the month of November 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)
Nov-16	P-Card	Meetings			156	192	348			
Oct-16	Expense Claim	Meetings		98		494	592			
Nov-16	Expense Claim	Meetings		26		47	73			
Total			\$ -	\$ 124	\$ 156	\$ 733	\$ 1,013	\$ -	\$ -	\$ -

Total for the Month \$ 1,013

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 139
 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.

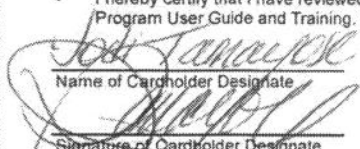
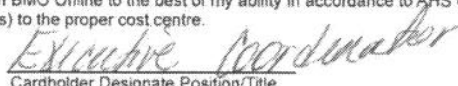
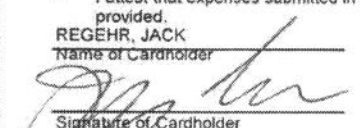
5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:			
<ul style="list-style-type: none"> • 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 			
<u>REGEHR, JACK</u>	<u>MEDICAL DIRECTOR SOUTH</u>	Billing Reporting Period:	<u>20/11/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>MEDICAL AFFAIRS</u>	<u>CRH</u>	Total Statement Amount:	<u>\$348.07</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>JACK.REGEHR@AHS.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/10/2016	[REDACTED]	ATS GROUP, LIMOUSINES AND TAXICABS	✓ 49.50	CAD	49.50	2.36		Cab Fare - Sr. Leaders Mtg
19/10/2016	[REDACTED]	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	✓ 36.80	CAD	36.80	1.75		Cab Fare -Sr. Leaders Mtg
25/10/2016	[REDACTED]	CDN TIRE GASBAR #01884, FUEL DISPENSER, AUTOMATED	✓ 50.00	CAD	50.00	2.38		Refuel Fleet Car - Leth-Calgary-Return
26/10/2016	[REDACTED]	U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	✓ 166.00	CAD	166.00	7.91		Accom- Quality Summit
16/11/2016	[REDACTED]	LAKEVIEW MOHAWK #4255, FUEL DISPENSER, AUTOMATED	✓ 45.71	CAD	45.71	2.18		Refuel Fleet car - Leth-MH-Return


 Date Dec 5/16
Dr. Francois Belanger
 VP Quality and CMO
 [REDACTED]

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 _____ Signature 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 _____ Signature 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 _____ Signature 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: <ul style="list-style-type: none"> • 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: _____

Card fare.
ATS

ATS GROUP
4608 101 ST NW
7808907070
EDMONTON AB

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CANADIAN TIRE
CENTRE VILLAGE MALL
LETHBRIDGE, ALBERTA
T1H 0E4

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/10/19
TIME 6249 17:21:41
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/10/19
TIME 9573 09:26:20
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PAYPOINT : 04P
STORE #:1884
PHONE #:403-328-8195
GST #: R100773019
TRANS #: [REDACTED]
HOST TIME :
2016-10-25 19:55:34
LOCAL TIME:
2016-10-25 21:53:29

PURCHASE
AMOUNT \$45.00
TIP \$4.50
TOTAL
\$49.50

PURCHASE
AMOUNT \$32.00
TIP \$4.80
TOTAL
\$36.80

PUMP 04
REGULAR
52.411L AT \$0.954
FUEL SALES \$ 50.00
GST INCLUDED \$ 2.38
TOTAL \$ 50.00

MasterCard
[REDACTED]

MasterCard
[REDACTED]
ATS
Ready
TAXI

ATS
Gas of this vehicle
with only return.

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

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 82061 6936 RT0001

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#821767308



Want great rewards? Visit my.huskyrewards.ca

Mayor Magrath Mohawk
1202 Mayor Magrath Dr S
Lethbridge AB
(403) 329-1555
GST# 12382839
Retailer ID 4070780
Act:56/99 4255-8
Batch:1795-8

2016/11/16 10:42:51

Pump# 8
Regular \$45.71
51.428 L x \$0.894/L
AMOUNT \$45.71
GST(Inc Pump) \$2.18

Pre Auth Completion
MasterCard

Date: 11/16/2016
Time: 10:42:51
AUTHCODE: [REDACTED]

Ready
ATS
TAXI

Approved

Quality Summit

HOTEL ALMA



169 UNIVERSITY GATE NW
CALGARY, ALBERTA, CANADA T2N 1N4
1.877.498.3203 T 403.220.3203 F 403.284.4184
W HOTELALMA.CA

REGEHR, JACK
ALBERTA HEALTH SERVICES

Room Number: [REDACTED]
Daily Rate: 139.00
Room Type: SQN
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
24/10/16	25/10/16	[REDACTED]	GROUPG	GROUP	[REDACTED]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
24/10/16	[REDACTED]	PARKING	PARKING CHARGE	\$10.00
24/10/16	[REDACTED]	ROOM CHARGE	[REDACTED] REGEHR, JACK	\$139.00
24/10/16	[REDACTED]	ROOM FEE	ROOM FEE	\$4.17
24/10/16	[REDACTED]	GST	GST	\$7.16
24/10/16	[REDACTED]	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.73
25/10/16	[REDACTED]	MASTERCARD	MASTERCARD	(\$166.06) ✓

CREDIT DUE: _____ (\$0.00)

SIGNATURE _____

TERMS DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND I AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
GST R#108102864

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 591.50

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/13/2016	ZMD - Weekly Site Visit - Various physician meetings		Mileage-Local-Home Zone	\$ 189.88				1			404
10/13/2016	ZMD Travel to MH All day Meetings	AB - Local	Meals Per Diem	\$ 37.00			Lunch = \$13.00 Dinner = \$24.00	2			
10/18/2016	Brooks - Engagement Session to MH PCN Meeting		Mileage-Local-Home Zone	\$ 219.02				1			466
10/18/2016	Travel to Brooks & Medicine Hat all day meetings	AB - Local	Meals Per Diem	\$ 37.00			Lunch = \$13.00 Dinner = \$24.00	2			
10/21/2016	SZ Strategic Physician Leadership Workshop		Mileage-Local-Home Zone	\$ 84.60				1			180
10/24/2016	Calgary - Quality Summit	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner = \$24.00	2			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	14-Nov-16

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim								
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 73.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/3/2016	Blood Tribe - Community Engagement Meeting		Mileage-Local-Home Zone	\$ 47.00				1			100
11/8/2016	ZMD MH-Weekly Site Visit	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
11/15/2016	ZMD MH Weekly Site Visit	AB - Other Zones	Meals Per Diem	\$ 13.00			Lunch \$13.00	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	13-Dec-16								