

## AHS Board and Executive Expense Report

**Name:** Dr Jane Ojedokun  
**Title:** Zone Medical Director North Zone  
**Location:** Whitecourt  
 Expenses posted during the month of March 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					-			
Mar-26	Expense Claim	Meetings		48		526	574			
Mar-26	Direct Bill	Meetings			158		158			
<b>Total by category</b>			\$ -	\$ 48	\$ 158	\$ 526	\$ 732	\$ -	\$ -	\$ -

**Total  
posted for  
the Month**     \$        732

Maximum daily single meal expense posted in the month     \$        24  
 Maximum daily base hotel rate posted in the month             \$       148  
 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								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 573.91								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/6/2026	Return mileage for in-person physician meeting on February 6 in Wetaskiwin		Mileage-Other	\$ 248.46	Whitecourt	Wetaskiwin		1			492
2/11/2026	Return mileage from Whitecourt to Edson for in-person Mayor and MLA meeting on Feb 11, 2026		Mileage-Other	\$ 97.16	Whitecourt	Edson		1			192.4
2/19/2026	Return Mileage from Whitecourt to Edmonton for in-person physician meetings on Feb 19 and 20, 2026		Mileage-Other	\$ 180.79	Whitecourt	Edmonton		1			358
2/19/2026	Travel to in-person physician meetings within Edmonton corridor - rural on February 19 and 20, 2026	AB - North Zone	Meals Per Diem	\$ 47.50				2			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	6-Mar-26									

## 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

<b>Name :</b> Dr Jane Ojedokun	<b>Reporting Period for the Month of :</b> Mar-26
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
23-Feb-2026	Direct Billing	Hotel	Hotel in Wainwright, February 19, 2026 for in-person physician meetings	Canalta Real Estate Services Ltd	\$158.43
	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	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					\$ 158.43



REMIT TO: Canalta Real Estate Services Ltd.

**o/a Ramada Wainwright**  
PO Box 2109 - 545 Highway 10 E  
Drumheller AB, T0J 0Y0  
*Website: www.canaltahotels.com*

# Invoice

Invoice#: [REDACTED]

GST#: 894648450 RT0001

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**Bill To:** [REDACTED]

**Alberta Health Services**

PO Box 1600  
Edmonton AB, T5J 2N9

Invoice Date	23-Feb-26
Due Date	25-Mar-26

Folio No	Description	QTY	Amount	Total
[REDACTED]	Room: , 1 King Bed, 1 Sofa Bed - Standard Room: Jane Ojedokun Feb-19			
[REDACTED]	[REDACTED]		0.00	0.00
	ROOM CHARGE	1	147.90	147.90
	Tourism Levy 4%	1	6.09	6.09
	GST 5%	1	7.62	7.62
	DMF 3%	1	4.44	4.44

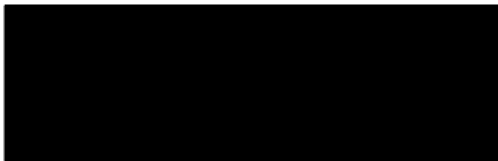
**Invoice Summary**

158.43 paid as GST was short paid

**Invoice Total \$166.05**

Room Charges	Other Charges	Other Payments	GST/HST	PST/RST	DMF/TIF	Accommodation Tax	TL (AB)
\$147.90	\$0.00	\$0.00	\$7.62	\$0.00	\$4.44	\$0.00	\$6.09

**Terms: Net 30 Days**



**Make all payments to: Canalta Real Estate Services Ltd.**

Please remit payment to PO Box 2109 - 545 Highway 10 E, Drumheller, AB T0J 0Y0

Should you have any inquiries concerning this invoice, please contact Account Receivables Office

Phone: 1-403-823-2030 Email: [accr@canalta.com](mailto:accr@canalta.com) Website: [www.canaltahotels.com](http://www.canaltahotels.com)

**Thank you for choosing Canalta Hotels!**

