Alberta Health Services

www.albertahealthservices.ca

AHS Board and Executive Expense Report

Name: Stacy Greening
Title: Senior Vice President of Clinical Operations
Location: Whitecourt
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)**
Jan-26	P-Card	Meetings			288	80	368			
Jan-26	Expense Claim	Meetings		172			172			
Jan-26	Direct Bill	Meetings			278		278			
		Total by category	$ -	$ 172	$ 565	$ 80	$ 817	$ -	$ -	$ -

Total posted for the Month $ 817

Maximum daily single meal expense posted in the month	$	24
Maximum daily base hotel rate posted in the month	$	149
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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitecourt	$ 367.75

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	Travel to Lethbridge and Calgary to attend Strategic Planning Sessions (Jan 12-15, 2026)	AB - Other Zones	Accommodations	$ 125.34				1			
1/15/2026	Travel to attend Strategic Planning Sessions (Jan 12-15, 2026)	AB - Other Zones	Parking - Lot or Parkade	$ 80.00				4			
1/15/2026	Strategic Planning Workshop and Staff Open Forum (Jan 15, 2026) at PLC (Peter Lougheed Centre) in Calgary.	AB - Other Zones	Accommodations	$ 162.41				1			

Approver(s) for the claim	Approval Status	Approval Date
TREMBLAY, ANDRE	Approve	23-Jan-26

Holiday Inn and Suites Edmonton Arpt - Conference Ctr
1100-4 Street, Nisku ,AB T9E 8E2
Alberta CA
780-979-0839
yegae@shiringroup.ca

Date Range: 2026-01-11 - 2026-01-12
Tax ID : 862202249 RT0004

Guest Folio

Confirmation Number [redacted]

Primary Guest

Guest Name	GREENING STACY
Address	
City / State / Zip Code	
Country	CA

Stay Details

Check In Date	Jan 11, 2026
Check Out Date	Jan 12, 2026
Room	[redacted]
Source	
Guests	

Company Details

Name	
Tax ID	
PO Number	
Account Name	ALBERTA HEALTH SERVICES
Account Number	[redacted]

Other Details

Tax/Fee Exemption	NO
Tax/Fee Exempt Date	
Travel Agent	
IATA	[redacted]
Name	DIRECT TRAVEL

Date	Type	Description	Amount
Jan 11, 2026	Charge	GUEST ROOM	CAD114.99
Jan 11, 2026	Tax	GST	CAD5.75
Jan 11, 2026	Tax	Tourism Levy	CAD4.60
Jan 12, 2026	Payments	MASTER[redacted]	-CAD125.34

Summary

Type	Amount
GUEST ROOM	CAD114.99
GST	CAD5.75
Tourism Levy	CAD4.60
CREDIT CARD	-CAD125.34
Folio Balance	**CAD0.00**

Check In Time	**09:04 PM**	**This hotel is owned, operated, and managed by 978556 Alberta Ltd., under licence from IHG Hotels Ltd**
Check Out Time	**08:08 AM**	

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

Exit Lane 15/01/26 16:53
Receipt [redacted]

Short-term parking tkt
VP - No. [redacted]
12/01/26 08:14
15/01/26 16:53
Period 3d8h40'
(Tax) $80.00

Total $80.00

Payment Received
AID [redacted]
APP LABEL Mastercard
CARD **********[redacted]
AUTHORIZATION
TOTAL CAD$80.00

APPROVED

Sub Total $76.19
Tax 5% $3.81

0B1B34A3

Sheraton Cavalier Hotel Calgary
2620 32 Avenue N.E.
Calgary, AB T1Y 6B8
Canada
Tel: 403-291-0107 Fax: 403-291-2834

SHERATON
EST. 1937

STACY GREENING

Page Number	:	1	
Guest Number	:	[redacted]	
Folio ID	:		
Arrive Date	:	14-JAN-26	11:51
Depart Date	:	15-JAN-26	07:50
No. Of Guest	:	[redacted]	
Room Number	:		
Marriott Bonvoy Number	:		

Tax ID : GST- r100846435
Sheraton Caval YYCSC 15-JAN-26 08:00 [redacted]

Tax Invoice

Date	Reference	Description	Charges (CAD)	Credits (CAD)
14-JAN-26	[redacted]	Room Chrg - Special Corp	149.00	
14-JAN-26		GST	7.45	
14-JAN-26		ALberta TL Tax	5.96	
15-JAN-26		Mastercard [redacted]		-162.41

For Authorization Purpose Only
xxxxxx [redacted]

Date	Time	Code	Authorized
14-JAN-26	11:51	[redacted]	193.70

[redacted]

** Total	162.41	-162.41
*** Balance	0.00	

Continued on the next page

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitecourt	$ 172.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/11/2026	Travel to Lethbridge and Calgary to attend Strategic Planning Sessions (Jan 12-15, 2026)	AB - Other Zones	Meals Per Diem	$ 172.00				5			

Approver(s) for the claim	Approval Status	Approval Date
TREMBLAY, ANDRE	Approve	23-Jan-26

Alberta Health Services

www.albertahealthservices.ca

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 reportir

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 :	Stacy Greening	**Reporting Period for the Month of :**	Jan-26

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
14-Jan-2026	**Direct Billing**	**Hotel**	Travel to Lethbridge to attend Strategic Planning Workshops with staff at Chinook Regional Hospital (Jan 12-14, 2026)	**Sandman Hotel Group**	$277.68
	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**	
Total Paid in the Month					$ 277.68

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

Greening, Stacy

Invoice No. [redacted]
Due Date
Arrival 01/12/26
Departure 01/14/26
Page No. 1 of 1
Folio No. [redacted]
Room No.
Conf. No.
Po. Number
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**	

[redacted]

Net Amount	258.00	CAD
Total incl. vat	277.68	CAD