

AHS Board and Executive Expense Report

Name: Stacy Greening
Title: Senior Vice President of Clinical Operations
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)
Mar-26	P-Card	Meetings			376		376			
Mar-26	Expense Claim	Meetings		111			111			
	Direct Bill	Meetings					-			
Total by category			\$ -	\$ 111	\$ 376	\$ -	\$ 487	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 487

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 179
 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	\$ 376.39								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/16/2026	Strategic Planning Meeting (March 17, 2026) in Edmonton.	AB - Other Zones	Accommodations	\$ 175.55				1			
3/17/2026	Committee of Supply Meeting with Deputy Minister of Hospital and Surgical Health Services (March 18, 2026) in Edmonton.	AB - Other Zones	Accommodations	\$ 200.84			Base room rate below guideline limit	1			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	25-Mar-26									



Stacy Greening

INFORMATION INVOICE

Room No. : [REDACTED]
 Arrival : 03-16-26
 Departure : 03-17-26
 Page No. : 1 of 2
 Folio No. [REDACTED]
 Conf. No. [REDACTED]
 Cashier No. [REDACTED]
 Custom Ref. [REDACTED]

Company Name :
 Group Name :
 Guest Name :

Date	Description	Charges	Credits
03-16-26	Package Revenue	156.60	
03-16-26	Destination Marketing Fee	5.67	
03-16-26	Room GST	7.38	
03-16-26	Tourism Levy	5.90	
03-17-26	Mastercard XXXXXXXXXXXX [REDACTED] XX/XX		175.55
Total Charges		175.55	
Total Credits			175.55
Balance			0.00

Merchant ID	[REDACTED]	Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Swiped
Approval Amount	175.55	Transaction Amount	175.55

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.



Stacy Greening

INVOICE

Room No. : [REDACTED]
 Arrival : 03-17-26
 Departure : 03-18-26
 Page No. : 1 of 2
 Folio No. : [REDACTED]
 Conf. No. : [REDACTED]
 Cashier No. : [REDACTED]
 Custom Ref. :

Company Name :
 Group Name :
 Guest Name :

Date	Description	Charges	Credits
03-17-26	Package Revenue	179.00	
03-17-26	Destination Marketing Fee	6.54	
03-17-26	Room GST	8.50	
03-17-26	Tourism Levy	6.80	
03-18-26	Mastercard [REDACTED] XX/XX XXXXXXXXXXXX [REDACTED] XX/XX		200.84
Total Charges		200.84	
Total Credits			200.84
Balance			0.00

Merchant ID	[REDACTED]	Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Swiped
Approval Amount	200.84	Transaction Amount	200.84

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitecourt	\$ 111.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/16/2026	Travel to Edmonton for multiple meetings (Mar 16-18, 2026), Royal Alexandra Site Discussion, Strategic Planning, Committee of Supply.	AB - Other Zones	Meals Per Diem	\$ 111.00				3			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	25-Mar-26									