

AHS Board and Executive Expense Report

Name: Andre Tremblay
Title: AHS President & CEO
Location: Edmonton
 Expenses posted during the month of May 2025

| 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) |
| May-25 | P-Card | Meetings | | | 1,499 | 257 | 1,756 | 678 | | |
| May-25 | Expense Claim | Meetings | | 539 | | 3 | 542 | | | |
| May-25 | Direct Bill | Meetings | | | | | - | 3,150 | | |
| Total by category | | | \$ - | \$ 539 | \$ 1,499 | \$ 260 | \$ 2,298 | \$ 3,828 | \$ - | \$ - |

**Total
posted for
the Month** \$ 6,126

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 199
 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 | | | | | | | | |
|---------------------------|---|-------------------|---------------------|-----------|---------------|-------------|--|-----------|----------------|------------------|---------------|
| TREMBLAY, ANDRE | AHS President & CEO | Edmonton | \$ 1,014.34 | | | | | | | | |
| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 3/12/2025 | Meetings in Calgary - Location of Meetings Southport March 10-14 and Alberta Medical Associate Spring Meeting March 15th | AB - Other Zones | Accommodations | \$ 636.57 | | | Base room rate is below guideline limit. | 3 | | | |
| 3/16/2025 | Meetings in Calgary - Location of Meetings Southport March 10-14 and Alberta Medical Associate Spring Meeting March 15th | AB - Other Zones | Parking | \$ 154.35 | | | | 3 | | | |
| 3/18/2025 | CEO Site Tours Lacombe Hospital & Care Centre (Mar 19), Rimbey Hospital and Care Centre & Rocky Mountain House Health Centre (Mar 20) and event at Arthur J.E. Child Comprehensive Cancer Centre (March 21) | AB - Other Zones | Accommodations | \$ 223.42 | | | Base room rate is below guideline limit | 1 | | | |
| Approver(s) for the claim | Approval Status | Approval Date | | | | | | | | | |
| Approval kept on file | Approve | 16-May-25 | | | | | | | | | |

Sheraton Suites Calgary Eau Claire
255 Barclay Parade SW
Calgary, AB T2P 5C2
Canada
Tel: 403 266 7200 Fax: 403 266 1300



ANDRE TREMBLAY

Page Number : 1 Invoice Nbr :
Guest Number :
Folio ID :
Arrive Date : 12-MAR-25 17:47
Depart Date : 16-MAR-25 11:34
No. Of Guest :
Room Number :
Marriott Bonvoy Number :

Copy Tax Invoice

Tax ID : 846543619 RT0002

Sheraton Eau Claire YYCES MAR-26-2025 15:34 DM

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-----------|-----------|-----------------------------|---------------|---------------|
| 12-MAR-25 | DEPOSIT | Deposit-MC-9695 | | -848.76 |
| 12-MAR-25 | RT839 | Room Chrg - Grp - Corporate | 189.00 | |
| 12-MAR-25 | RT839 | GST (5%) | 9.73 | |
| 12-MAR-25 | RT839 | Tourism Levy (4%) | 7.79 | |
| 12-MAR-25 | RT839 | DMF (3%) | 5.67 | |
| 12-MAR-25 | RT839 | Parking | 51.45 | |

| | | | | |
|-----------|-------|-----------------------------|--------|---------|
| 14-MAR-25 | RT839 | Room Chrg - Grp - Corporate | 189.00 | |
| 14-MAR-25 | RT839 | GST (5%) | 9.73 | |
| 14-MAR-25 | RT839 | Tourism Levy (4%) | 7.79 | |
| 14-MAR-25 | RT839 | DMF (3%) | 5.67 | |
| 14-MAR-25 | RT839 | Parking | 51.45 | |
| 15-MAR-25 | RT839 | Room Chrg - Grp - Corporate | 189.00 | |
| 15-MAR-25 | RT839 | GST (5%) | 9.73 | |
| 15-MAR-25 | RT839 | Tourism Levy (4%) | 7.79 | |
| 15-MAR-25 | RT839 | DMF (3%) | 5.67 | |
| 15-MAR-25 | RT839 | Parking | 51.45 | |
| 16-MAR-25 | MC | Master Card | | -205.80 |

For Authorization Purpose Only

Continued on the next page

Sheraton Suites Calgary Eau Claire
255 Barclay Parade SW
Calgary, AB T2P 5C2
Canada
Tel: 403 266 7200 Fax: 403 266 1300



ANDRE TREMBLAY

Page Number : 1 Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 20-MAR-25 17:25
Depart Date : 21-MAR-25 15:27
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Marriott Bonvoy Number : [REDACTED]

Information Invoice

Tax ID : 846543619 RT0002

Sheraton Eau CYYCES MAR-26-2025 12:29 DR

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-------------|-----------|----------------------------|---------------|---------------|
| 20-MAR-25 | DEPOSIT | Deposit-MC [REDACTED] | | -223.42 |
| 20-MAR-25 | RT941 | Room Chrg - Govt./Military | 199.00 | |
| 20-MAR-25 | RT941 | GST (5%) | 10.25 | |
| 20-MAR-25 | RT941 | Tourism Levy (4%) | 8.20 | |
| 20-MAR-25 | RT941 | DMF (3%) | 5.97 | |
| ** Total | | | 223.42 | -223.42 |
| *** Balance | | | 0.00 | |

Continued on the next page

AHS Executive Expenses Report P-Card

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total | | | | | | | | |
|---------------------------|---|-------------------|--------------------------------------|-----------|---------------|-------------|---|-----------|----------------|------------------|---------------|
| TREMBLAY, ANDRE | AHS President & CEO | Edmonton | \$ 1,419.63 | | | | | | | | |
| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 3/20/2025 | Site Visit Lacombe Hospital & Care Centre March 19 | AB - Other Zones | Accommodations | \$ 178.87 | | | | 1 | | | |
| 4/4/2025 | ICD.D Course (September 2025 to March 2026) | AB - Local | Courses and Professional Development | \$ 678.00 | | | | 1 | | | |
| 4/16/2025 | Site visits April 15-17 (Foothills Medical Centre, Peter Lougheed Centre, South Health Campus, Alberta Children's Hospital, Rockyview General Hospital) | AB - Other Zones | Accommodations | \$ 459.86 | | | Base room rate is below guideline limit | 2 | | | |
| 4/17/2025 | Site visits April 15-17 (Foothills Medical Centre, Peter Lougheed Centre, South Health Campus, Alberta Children's Hospital, Rockyview General Hospital) | AB - Other Zones | Parking - Lot or Parkade | \$ 102.90 | | | | 1 | | | |
| Approver(s) for the claim | Approval Status | Approval Date | | | | | | | | | |
| Approval kept on file | Approve | 16-May-25 | | | | | | | | | |



05-02-25

| | | | | |
|-----------------------|------------------|--------------------------|-------------|-----------------|
| Andre Tremblay | Folio No. : | | Room No. : | |
| | A/R Number : | | Arrival : | 03-19-25 |
| | Group Code : | | Departure : | 03-20-25 |
| | Company : | Government Canada | Conf. No. : | |
| | Membership No. : | | Rate Code : | |
| | Invoice No. : | | Page No. : | 1 of 1 |
| | Ref. No. : | | | |

INFORMATION INVOICE

| Date | Description | Charges | Credits |
|--------------|-------------------------|---------------|---------------|
| 03-19-25 | *Accommodation | 161.00 | |
| 03-19-25 | AHT | 6.44 | |
| 03-19-25 | GST Tax | 8.05 | |
| 03-19-25 | DMF Fee | 3.22 | |
| 03-19-25 | GST on DMF | 0.16 | |
| 03-20-25 | MasterCard XXXXXXXXXXXX | | 178.87 |
| Total | | 178.87 | 178.87 |

Balance 0.00**Tax Summary**

| | |
|----------------|-------------|
| GST Tax | 8.05 |
| AHT | 6.44 |
| | 0.00 |
| | 0.00 |

Guest Signature:

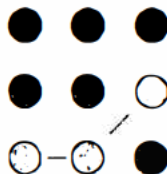
I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express - Red Deer North
6433 Orr Dr.
Red Deer, AB T4P1A6
Telephone: (587) 457-7829 Fax: (587) 457-1110
GST Tax# 878160969RT0008

Owned and Operated by Zainul & Shazma Holdings 1997 Ltd.

INSTITUTE OF
CORPORATE
DIRECTORS

THINK BEYOND
THE BOARDROOM.



1601-250 Yonge Street
Toronto, ON, M5B 2L7
Tel: 1-877-593-7741
Website: icd.ca
Email: membership@icd.ca

RECEIPT

| | | Receipt Date | Member ID |
|--|---|--------------------------------------|-----------|
| Received From: | | 4/3/2025 | |
| Andre Tremblay, MA, BA, Ec.D. Alberta Health Services [REDACTED] | | | |
| Business Address | | Home Address | |
| [REDACTED] | | AB | |
| Phone: | | Home Phone: | |
| Email: [REDACTED] | | Mobile Phone: [REDACTED] | |
| Receipt for: | TORDEP120- TORDEP120, Application Fee | | \$150.00 |
| | TORDEP120- TORDEP120 ICD Membership for Course Participants | | \$450.00 |
| | HST 13% | | \$78.00 |
| Payment Type and Amount: | | Mastercard ***** [REDACTED] \$678.00 | |
| GST# 12179 8201 QST# 12048 55478 | | | |

Sheraton Suites Calgary Eau Claire
255 Barclay Parade SW
Calgary, AB T2P 5C2
Canada
Tel: 403 266 7200 Fax: 403 266 1300



Page Number : 1 Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : A
Arrive Date : 15-APR-25 15:30
Depart Date : 17-APR-25
No. Of Guest : 1
Room Number : [REDACTED]
Marriott Bonvoy Number : [REDACTED]

Information Invoice

Tax ID : 846543619 RT0002

Sheraton Eau C YYCES APR-17-2025 01:40 9999

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-------------|------------|----------------------------|---------------|---------------|
| 15-APR-25 | DEPOSIT | Deposit-MC-[REDACTED] | | -459.85 |
| 15-APR-25 | [REDACTED] | Room Chrg - Govt./Military | 199.00 | |
| 15-APR-25 | [REDACTED] | GST (5%) | 10.55 | |
| 15-APR-25 | [REDACTED] | Tourism Levy (4%) | 8.44 | |
| 15-APR-25 | [REDACTED] | DMF (6%) | 11.94 | |
| 16-APR-25 | [REDACTED] | Room Chrg - Govt./Military | 199.00 | |
| 16-APR-25 | [REDACTED] | GST (5%) | 10.55 | |
| 16-APR-25 | [REDACTED] | Tourism Levy (4%) | 8.44 | |
| 16-APR-25 | [REDACTED] | DMF (6%) | 11.94 | |
| APR-17-202 | | Master Card | | -0.01 |
| ** Total | | | 459.86 | -459.86 |
| *** Balance | | | 0.00 | |

Continued on the next page

Sheraton Suites Calgary Eau Claire
255 Barclay Parade SW
Calgary, AB T2P 5G2
Canada
Tel: 403.266 7200 Fax: 403 266 1300



ANDRE TREMBLAY

Page Number : 1 Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : A
Arrive Date : 15-APR-25 15:30
Depart Date : 17-APR-25
No. Of Guest : 1
Room Number : [REDACTED]
Marriott Bonvoy Number : [REDACTED]

Information Invoice

Tax ID : 846543619 RT0002

Sheraton Eau C YYCES APR-17-2025 01:40 9999

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-------------|------------|-------------|---------------|---------------|
| 15-APR-25 | [REDACTED] | Parking | 51.45 | |
| 16-APR-25 | [REDACTED] | Parking | 51.45 | |
| APR-17-2025 | MC | Master Card | | -102.90 |

** Total 102.90 -102.90
*** Balance 0.00

Continued on the next page

AHS Executive Expenses Report Expenses

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total | | | | | | | | |
|---------------------------|---|-------------------|-----------------------------|-----------|---------------|-------------|---------------|-----------|----------------|------------------|---------------|
| TREMBLAY, ANDRE | AHS President & CEO | Edmonton | \$ 277.64 | | | | | | | | |
| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 3/6/2025 | In-flight internet service | AB - Local | Other-USER TO ASSIGN CODING | \$ 3.14 | | | | 1 | | | |
| 3/12/2025 | Meetings in Calgary SouthPort Location and Attendance to AMA Forum. | AB - Other Zones | Meals Per Diem | \$ 179.50 | | | | 4 | | | |
| 3/19/2025 | Site Visits in Lacombe Hospital & Care Centre, Ponoka Hospital & Care Centre, Rimbey Hospital and Care Centre, Rocky Mountain House Health Centre, and Arthur J.E. Child Comprehensive Cancer Centre. | AB - Other Zones | Meals Per Diem | \$ 95.00 | | | | 3 | | | |
| Approver(s) for the claim | Approval Status | Approval Date | | | | | | | | | |
| Approval kept on file | Approve | 16-May-25 | | | | | | | | | |

[REDACTED]

From: Customer Care [REDACTED]
Sent: March 6, 2025 11:34 AM
To: [REDACTED]
Subject: WestJet Connect purchase confirmation

Thank you for your order.

Below you will find your order details.

Receipt

WestJet Connect Internet

Purchase reference [REDACTED]

| | | |
|------------|----------|-----------|
| [REDACTED] | 6-MAR-25 | YEG - YXX |
|------------|----------|-----------|

Purchase details

| | |
|---------------------|-----------------|
| Inflight chat | CAD 2.99 |
| Tax | |
| - GST AB | CAD 0.15 |
| Total price: | CAD 3.14 |

Payment Type: Card ending with [REDACTED]

Customer care

For any questions about your service or purchase, please contact us.

Customer care number: 855-812-3621 (Toll free)

Email: [REDACTED]

Customer care representatives will be happy to help you in English.

The purchase was made on WestJet Connect 6-MAR-25 18:32:09 UTC

GST number: 862106366RT

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AHS Executive Expenses Report Expenses

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total | | | | | | | | |
|---------------------------|--|-------------------|---------------------|-----------|---------------|-------------|---------------|-----------|----------------|------------------|---------------|
| TREMBLAY, ANDRE | AHS President & CEO | Edmonton | \$ 264.00 | | | | | | | | |
| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 4/1/2025 | Site Visits - Red Deer Regional Hospital Centre, Big Country Hospital, Hanna Health Centre, Stettler Hospital and Care Center, Our Lady of the Rosary Hospital, Coronation Hospital and Care Centre, and Consort Hospital and Care Centre. | AB - Other Zones | Meals Per Diem | \$ 132.00 | | | | 3 | | | |
| 4/15/2025 | Site Visits in Foothill Medical Centre, Peter Lougheed Centre, South Health Campus, Alberta Children's Hospital, and Rockyview General Hospital. | AB - Other Zones | Meals Per Diem | \$ 132.00 | | | | 3 | | | |
| Approver(s) for the claim | Approval Status | Approval Date | | | | | | | | | |
| Approval kept on file | Approve | 16-May-25 | | | | | | | | | |

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.
- 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 : | Andre Tremblay | Reporting Period for the Month of : | May-25 |
|---------------|----------------|--|--------|

| Invoice Date DD-MMM-YYYY | Payment Method | Category | Business Reason | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|--|---------------------------------------|-------------|
| 15-May-2025 | Direct Billing | Conference | Registration fee for Andre to attend the BIO Convergence on June 16-19, 2025 in Washington | Biotechnology Innovation Organization | \$3,150.00 |
| | 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 | | | | | \$ 3,150.00 |

From: BIO International Convention [REDACTED]

Sent: Thursday, May 15, 2025 10:28 AM

To: [REDACTED]

Subject: BIO International Convention 2025 Registration Invoice [REDACTED]

You don't often get email from [REDACTED]. Learn why this is important

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message



*** Please do not reply to this e-mail. It was sent from an automated system. ***

Biotechnology Innovation Organization

Events and Industry Programs

1400 L St NW, Lobby 2, PO Box 34727

Washington, District of Columbia 20005-9997

Phone: +1.202.962.6655 Fax: +1.202.488.0993 Email: customercare@bio.org

2025.BIO.INTERNATIONAL.CONVENTION

INVOICE

Original Registration Date:
May 13 2025 5:01PM

Date of Current Invoice:
May 15 2025 12:27PM

Payment is Due to BIO: Immediately Upon Receipt.

Registration Identification Number: [REDACTED]

Registrant:

Andre Tremblay
Alberta Health Services
[REDACTED]

International Wire Transfers:

Bank of America, NA
555 California St, San Francisco, CA 94104
Account Name: Biotechnology Innovation Organization
International Wires USD: BOFAUS3N
Swift Code/Foreign Currency: BOFAUS6S
Account # [REDACTED]

Domestic Wire Transfers:

Bank of America, NA
222 Broadway, New York, NY 10038
Account Name: Biotechnology Innovation Organization
ACH Routing# [REDACTED]
Wire Routing# [REDACTED]
Account# [REDACTED]

Please include the following information when sending payment.

Registration ID [REDACTED]
Registration Name: **Andre Tremblay**
Balance Due: **\$3,150.00**

The Biotechnology Innovation Organization Federal Taxpayer ID (TIN) is:
52 1224577

CREDIT CARD PAYMENT: Please login to your record.

Credit Cards Accepted: Visa, Master Card, or American Express

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