

AHS Board and Executive Expense Report

Name: Andre Tremblay
Title: AHS President & CEO
Location: Edmonton
 Expenses posted during the month of June 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)
Jun-25	P-Card	Meetings			683		683			
Jun-25	Expense Claim	Meetings		350			350			
Jun-25	Direct Bill	Meetings			149		149			
Total by category			\$ -	\$ 350	\$ 833	\$ -	\$ 1,183	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 1,183

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 208
 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	\$ 683.47								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/5/2025	Site Visits in Calgary Zone and Nearby May 8-9 - Wetaskiwin Community Health Centre, Innisfail Health Centre, Olds Hospital and Care Centre, and ICU Shift in Foothills Medical Centre-Calgary.	AB - Other Zones	Accommodations	\$ 229.93				1			
5/16/2025	Site visits in North Zone May 13-16: Northwest Health Centre, St. Theresa General Hospital, Spirit River Community Health Services, Central Peace Health Complex, Fairview Health Complex, Grimshaw / Berwyn and District Community Health Centre, Peace River Community Health Centre	AB - North Zone	Accommodations	\$ 453.54				2			
Approver(s) for the claim	Approval Status	Approval Date									
Approval kept on file	Approve	25-Jun-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
Guest Number :
Folio ID : A
Arrive Date : 08-MAY-25 17:41
Depart Date : 09-MAY-25 14:01
No. Of Guest :
Room Number :
Marriott Bonvoy Number :

Invoice Nbr :

Copy Invoice

Tax ID : 846543619 RT0002

Sheraton Eau C YYCES JUN-09-2025 11:59 AK

Date	Reference	Description	Charges (CAD)	Credits (CAD)
08-MAY-25		Deposit-MC-7389		-229.92
08-MAY-25		Room Chrg - Govt./Military	199.00	
08-MAY-25		GST (5%)	10.55	
08-MAY-25		Tourism Levy (4%)	8.44	
08-MAY-25		DMF (6%)	11.94	
09-MAY-25		Master Card		-0.01

For Authorization Purpose Only

** Total 229.93 -229.93
*** Balance 0.00

Continued on the next page

BW Plus Peace River Hotel & Suites

8016 99 Ave
Peace River, Alberta T8S 1R2
Main:(780) 617-7600 Fax:(780) 624-5066
Reservations@bestwesternpeaceriver.ca

Guest Folio

User: [Redacted]
Date: June 09, 2025
Time: 1:18 PM

Andre Tremblay



Arrival date: 5/14/2025
Departure 5/16/2025

Confirmation [Redacted]
Room: [Redacted]
Folio #: [Redacted]

DATE	DESCRIPTION	TYPE	CHARGES	CREDITS	BALANCE
5/14/25	Room [Redacted]	Room Rent	\$ 208.05		\$ 208.05
5/14/25		Tourism Levy Tax	\$ 8.32		\$ 216.37
5/14/25		Goods And Services Tax	\$ 10.40		\$ 226.77
5/15/25	Room [Redacted]	Room Rent	\$ 208.05		\$ 434.82
5/15/25		Tourism Levy Tax	\$ 8.32		\$ 443.14
5/15/25		Goods And Services Tax	\$ 10.40		\$ 453.54
5/16/25	[Redacted]	Mastercard		-\$ 453.54	\$ 0.00
Totals					\$ 0.00

Guest Signature: _____

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
TREMBLAY, ANDRE	AHS President & CEO	Edmonton	\$ 350.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/6/2025	Site Visit - Royal Alexandra Hospital.	AB - Local	Meals Per Diem	\$ 13.00			CEO was travelling from office and sites and would require him to buy his meal elsewhere.	1			
5/8/2025	Site Visits in Wetaskiwin Hospital and Care Centre, Innisfail Health Centre, Olds Hospital and Care Centre, and ICU Shift at Foothills Medical Centre-Calgary.	AB - Other Zones	Meals Per Diem	\$ 84.50				2			
5/13/2025	Site Visits in North Zone: Northwest Health Centre, Fort Vermilion Community Health Centre, St. Theresa General Hospital, Spirit River Community Health Services, Central Peace Health Complex, Fairview Health Complex, Grimshaw / Berwyn and District Community Health Centre, Peace River Community Health Centre	AB - North Zone	Meals Per Diem	\$ 155.50				4			
5/21/2025	Meeting in Rocky Mountain House Health Centre	AB - Other Zones	Meals Per Diem	\$ 13.00				1			
5/26/2025	Site Visits- Chinook Regional Hospital, Edson Healthcare Centre and WestView Health Centre.	AB - Other Zones	Meals Per Diem	\$ 84.00				3			
Approver(s) for the claim	Approval Status	Approval Date									
Approval kept on file	Approve	25-Jun-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 :	Jun-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
27-May-2025	Direct Billing	Hotel	Site Visit Chinook Regional Hospital (Lethbridge) May 27, 2025	Sandman Hotel Group	\$149.45
	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					\$ 149.45



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

Tremblay, Andre

Invoice No. [REDACTED]
Due Date
Arrival 05/26/25
Departure 05/27/25
Page No. 1 of 1
Folio No. [REDACTED]
Room No. [REDACTED]
Conf. No.
Po. Number GST Registration # R124072513
GST No: 12176 7065 RT 0001

Group Code:
Company Name: Alberta Health Services*
Account No. [REDACTED]

Date	Description	Charges CAD	Credits CAD
05/26/25	Government Rate	139.00	
05/26/25	Room - DMF	2.78	
05/26/25	Tourism Levy	5.67	
05/26/25	ECO Fees	2.00	

Please note our terms of payment is for 30 days.
Payments can be made via bank transfer to:

Total 149.45 0.00

Balance 149.45 CAD

Net Amount 139.00 CAD
Total incl. vat 149.45 CAD

Remittance advice email: aftpayments@northland.ca
Beneficiary's Name: Northland Properties Corporation
Beneficiary's Bank: HSBC Bank Canada, 885 West Georgia Street,
Vancouver, British Columbia, Canada V6C 3G1