

AHS Board and Executive Expense Report

Name: Andre Tremblay
Title: AHS President & CEO
Location: Edmonton
 Expenses posted during the month of December 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) |
| Dec-25 | P-Card Expense Claim | Meetings | | | 311 | | 311 | | | |
| | | Meetings | | | | | - | | | |
| Dec-25 | Direct Bill | Meetings | | | 339 | | 339 | | | |
| Total by category | | | \$ - | \$ - | 651 | \$ - | \$ 651 | \$ - | \$ - | \$ - |

**Total
posted for
the Month** \$ 651

Maximum daily single meal expense posted in the month \$ -
 Maximum daily base hotel rate posted in the month \$ 245
 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

Courtyard Calgary Downtown
525 5 Ave SW
Suite 100
Calgary, AB T2P 3R7
Canada
Tel: 403-300-6650 Fax: 714-258-5880



ANDRE TREMBLAY

[REDACTED]

| | | |
|-------------------------|---|-----------------|
| Page Number | : | 1 |
| Guest Number | : | [REDACTED] |
| Folio ID | : | [REDACTED] |
| Arrive Date | : | 23-OCT-25 21:30 |
| Depart Date | : | 24-OCT-25 08:46 |
| No. Of Guest | : | [REDACTED] |
| Room Number | : | [REDACTED] |
| Marriott Bonvoy Number: | : | [REDACTED] |

Copy Invoice

Tax ID : 76077 3523 RT0001

Courtyard YYCXD 24-NOV-25 10:45 [REDACTED]

| Date | Reference | Description | Charges (CAD) | Credits (CAD) |
|-----------|------------|------------------------------------|---------------|---------------|
| 23-OCT-25 | [REDACTED] | Room Revenue | 28.00 | |
| 23-OCT-25 | [REDACTED] | Room Chrg - Govt./Military | 245.00 | |
| 23-OCT-25 | [REDACTED] | Destination Marketing Fee | 14.70 | |
| 23-OCT-25 | [REDACTED] | Alberta Tourism Levy | 10.39 | |
| 23-OCT-25 | [REDACTED] | GST | 12.99 | |
| 23-OCT-25 | [REDACTED] | Deposit-MC [REDACTED] | | -315.42 |
| 24-OCT-25 | [REDACTED] | MasterCard / Diners Int [REDACTED] | 4.34 | |
| 24-NOV-25 | [REDACTED] | | 0.00 | |

Total paid was
\$311.08

[REDACTED]
** Total Value Added Tax 7% 0.00
*** Balance 0.00

Continued on the next page

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 : | Dec-25 |
|--------|----------------|-------------------------------------|--------|

| Invoice Date DD-MMM-YYYY | Payment Method | Category | Business Reason | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|---|--|-------------|
| 23-Oct-2025 | Direct Billing | Hotel | Accomodations during travel October 21 - 23 for South Zone Engagement session/meetings at Cardston Health Center, Chinook Regional Hospital, Medicine Hat Regional Hospital, and site visits at High River General Hospital and Oilfields General Hospital. | Best Western Plus Service Inn & Suites | \$339.44 |
| | 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 | | | | | \$ 339.44 |

Best Western Plus Service Inn & Suites
209-41 Street South
Lethbridge, AB T1J1Z3

Fax: 403-327-8807
Email: info@bestwesternlethbridge.ca

Phone: 403-329-6844

Web: www.bestwesternlethbridge.ca



**Best
Western
PLUS.**

Invoice

Guest Name: TREMBLAY, ANDRE

Invoice #:

Contact: Accounts Payable, Alberta Health Services

Account Name : Alberta Health Services (GST Exempt)

PO Box 1600

Account #:

Canada

Confirmation #:

Invoice Printed :

Monday, December 1, 2025 04:45 PM

Phone :

Folio #:

E-mail :

Billing Reference:

| Department | Date | Reference | Voucher | Folio | Charge | Credit |
|--------------------------|------------|---|---------|-------|----------|--------|
| Room Charge | 10/21/2025 | Auto Posted | | | \$159.99 | |
| DMF | 10/21/2025 | Auto Posted | | | \$3.20 | |
| Provincial Tourism Le | 10/21/2025 | Auto Posted | | | \$6.40 | |
| Provincial Tourism Le | 10/21/2025 | Auto Posted | | | \$0.13 | |
| Room Charge | 10/22/2025 | Auto Posted | | | \$159.99 | |
| DMF | 10/22/2025 | Auto Posted | | | \$3.20 | |
| Provincial Tourism Le | 10/22/2025 | Auto Posted | | | \$6.40 | |
| Provincial Tourism Le | 10/22/2025 | Auto Posted | | | \$0.13 | |
| Sub Total | | | | | | |
| Direct Bill Transfer | 10/23/2025 | From Account [REDACTED] ANDRE TREMBLAY | | | \$339.44 | |
| Payments | | | | | | |
| Current Balance: | | | | | \$339.44 | |

GST #821456530RT 0001

Thank you for your continued business and support.