

## AHS Board and Executive Expense Report

**Name:** Dr Brian Muir  
**Title:** Zone Medical Director North Zone  
**Location:** Edmonton  
 Expenses approved during the month of August 2022

			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)
Aug-22	P-Card	Meetings			2,085		2,085			
Aug-22	Expense Claim	Meetings		710		2,006	2,716			
Aug-22	Direct Bill	Meetings			279		279			
<b>Total</b>			\$ -	\$ 710	\$ 2,364	\$ 2,006	\$ 5,080	\$ -	\$ -	\$ -

**Total for  
the Month** \$ 5,080

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed 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 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								
MUIR, BRIAN	Zone Medical Director North Zone	Edmonton	\$ 975.55								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/1/2022	Hotel for June 26 - June 30 while working in Fort McMurray - In person Physician meetings and travel with Dr. Belanger	AB - North Zone	Accommodations	\$ 780.44				4			
7/19/2022	Hotel July 17 for travel to Fort McMurray with the Minister of Health visit	AB - North Zone	Accommodations	\$ 195.11				2			
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	12-Aug-22									

**TOWNEPLACE**  
**SUITES<sup>®</sup>**  
BY MARRIOTT

**TownePlace Suites<sup>®</sup>**

321 Sakitawaw Trail, Fort McMurray T9H 5E7 P 780.750.8530

[Marriott.com/YMMTS](http://Marriott.com/YMMTS)

Brian Muir

Room: [REDACTED]

Room Type: STDO

Number of Guests: 1

Rate: \$179.00

Arrive: 26Jun22

Time: 04:57PM

Depart: 30Jun22

Time: 06:12AM

Folio Number: [REDACTED]

DATE	DESCRIPTION	CHARGES	CREDITS
26Jun22	Room Charge	179.00	
26Jun22	Gst 869371682 Rt0002	8.95	
26Jun22	Tourism Levy	7.16	
27Jun22	Room Charge	179.00	
27Jun22	Gst 869371682 Rt0002	8.95	
27Jun22	Tourism Levy	7.16	
28Jun22	Room Charge	179.00	
28Jun22	Gst 869371682 Rt0002	8.95	
28Jun22	Tourism Levy	7.16	
29Jun22	Room Charge	179.00	
29Jun22	Gst 869371682 Rt0002	8.95	
29Jun22	Tourism Levy	7.16	
30Jun22	Master Card		780.44
			[REDACTED]
		<b>BALANCE:</b>	<b>0.00</b>

See our "Privacy & Cookie Statement" on [Marriott.com](http://Marriott.com).

Operated under license from Marriott International, Inc. or one of its affiliates.

To plan your next stay, visit [TownePlaceSuites.com](http://TownePlaceSuites.com).

**TOWNEPLACE**  
**SUITES®**  
BY MARRIOTT

**TownePlace Suites®**

321 Sakitawaw Trail, Fort McMurray T9H 5E7 P 780.750.8530

[Marriott.com/YMMTS](http://Marriott.com/YMMTS)

Brian Muir

Room: [REDACTED]

Room Type: STDO

Number of Guests: 1

Rate: \$179.00

[REDACTED]

Arrive: 17Jul22

Time: 05:14PM

Depart: 18Jul22

Time: 08:15AM

Folio Number [REDACTED]

DATE	DESCRIPTION	CHARGES	CREDITS
17Jul22	Room Charge	179.00	
17Jul22	Gst 869371682 Rt0002	8.95	
17Jul22	Tourism Levy	7.16	
18Jul22	Master Card		195.11
	[REDACTED]		
		<b>BALANCE:</b>	<b>0.00</b>

See our "Privacy & Cookie Statement" on [Marriott.com](http://Marriott.com).

Operated under license from Marriott International, Inc. or one of its affiliates.

To plan your next stay, visit [TownePlaceSuites.com](http://TownePlaceSuites.com).

## AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
MUIR, BRIAN	Zone Medical Director North Zone	Edmonton	\$ 1,109.62								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/18/2022	Hotel for 2 (July 18 & 19) nights in Cold Lake for Minister meeting and face to face physician meetings	AB - North Zone	Accommodations	\$ 281.22				2			
7/25/2022	Overnight stay(July 24) in Peace River for meeting with Dr. Belanger and Minister of Health	AB - North Zone	Accommodations	\$ 107.91				1			
7/26/2022	overnight stay (July 25 & 26) in Slave Lake for Minister meeting	AB - North Zone	Accommodations	\$ 135.16				1			
8/18/2022	3 nights (August 14, 15, 16) in Fort McMurray for face to face physician meetings	AB - North Zone	Accommodations	\$ 585.33				3			
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	29-Aug-22									



07-20-22

<b>Brian Muir</b> [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	07-18-22
	Group Code :		Departure :	07-20-22
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 2

Date	Description	Charges	Credits
07-18-22	*Accommodation	129.00	
07-18-22	Hotel Levy Tax 4%	5.16	
07-18-22	GST Tax 5%	6.45	
07-19-22	*Accommodation	129.00	
07-19-22	Hotel Levy Tax 4%	5.16	
07-19-22	GST Tax 5%	6.45	
07-20-22	[Redacted]		281.22

# CHATEAU NOVA

**Chateau Nova Peace River**  
10010 - 74 Street  
PEACE RIVER AB T8S 0B3

Confirmation Number: [REDACTED]  
Room Number: [REDACTED]  
Room Type: [REDACTED]  
No. of Guests: 1

ARRIVAL  
07/24/2022

DEPARTURE  
07/25/2022

RATE PLAN  
GOVT

ACCOUNT: [REDACTED]

Room Number

Number Name  
Description  
Muir, Brian

Comments

Amount (CAD)

07/24/2022	ROOM	Room Charge	99.00
07/24/2022	GST	GST	4.95
07/24/2022	RMTAX	Tourism Levy	3.96
07/25/2022			(107.91)

Subtotal for [REDACTED] 0.00

Sub-Total: 99.00

Total Tax: 8.91

Total Payments: (107.91)

Total Due: 0.00

TERMS: 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 OF 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. (HOTEL GST#805267945RT0001)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_



07-26-22

<b>Brian Muir</b>	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	07-25-22
[REDACTED]	Group Code :	[REDACTED]	Departure :	07-26-22
[REDACTED]	Company :	[REDACTED]	Conf. No. :	[REDACTED]
[REDACTED]	Membership No. :	[REDACTED]	Rate Code :	[REDACTED]
[REDACTED]	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
07-25-22	*Accommodation	124.00	
07-25-22	GST (806941001RT001) 5% - F	6.20	
07-25-22	Tourism Levy 4% - Room	4.96	
07-26-22	[REDACTED]		135.16
<b>Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a>. We look forward to welcoming you back soon.</b>		<b>Total</b>	<b>135.16</b>
		<b>Balance</b>	<b>0.00</b>

**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 Hotel Slave Lake  
 1551 Main Street SE  
 PO Box 427  
 Slave Lake, Alberta, T0G2A0 Canada  
 Telephone: (780) 849-4819 Fax: (780) 849-5045



**TOWNEPLACE  
SUITES®**  
BY MARRIOTT

**TownePlace Suites®**

321 Sakitawaw Trail, Fort McMurray T9H 5E7 P 780.750.8530

Marriott.com/YMMTS

Brian/P/Dr Muir

Room: [REDACTED]  
Room Type: STDO  
Number of Guests: 1  
Rate: \$179.00

Arrive: 14Aug22 Time: 05:34PM Depart: 17Aug22 Time: 10:20AM

DATE	DESCRIPTION	CHARGES	CREDITS
14Aug22	Room Charge	179.00	
14Aug22	Gst 869371682 Rt0002	8.95	
14Aug22	Tourism Levy	7.16	
15Aug22	Room Charge	179.00	
15Aug22	Gst 869371682 Rt0002	8.95	
15Aug22	Tourism Levy	7.16	
16Aug22	Room Charge	179.00	
16Aug22	Gst 869371682 Rt0002	8.95	
16Aug22	Tourism Levy	7.16	
17Aug22	[REDACTED]		585.33
		<b>BALANCE:</b>	<b>0.00</b>

See our "Privacy & Cookie Statement" on Marriott.com.

Operated under license from Marriott International, Inc. or one of its affiliates.

To plan your next stay, visit [TownePlaceSuites.com](http://TownePlaceSuites.com).

## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
MUIR, BRIAN	Zone Medical Director North Zone	Edmonton	\$ 448.35								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/15/2022	roundtrip travel for site visits with Dr. Belanger		Mileage-Other	\$ 287.35	Grande Prairie	Spirit River, Peace River, High Prairie back to Grande Prairie round trip		1			569
6/26/2022	Travel to Fort McMurray for face to face physician meetings and meet with Dr. Belanger	AB - North Zone	Meals Per Diem	\$ 161.00				5			
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	12-Aug-22									

## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
MUIR, BRIAN	Zone Medical Director North Zone	Edmonton	\$ 2,267.43								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/17/2022	Travel with Minister to various NZ sites, July 17 - July 29	AB - North Zone	Meals Per Diem	\$ 549.00				12			
7/17/2022	Travelling to Fort McMurray for Minister Visit		Mileage-Other	\$ 387.34	Grande Prairie	Cold Lake		1			767
7/18/2022	Travel for Minister Visit in Cold Lake		Mileage-Other	\$ 122.72	Fort McMurray	Cold Lake		1			243
7/18/2022	Travel for Minister Visit in Cold Lake		Mileage-Other	\$ 98.70	Fort McMurray	Cold Lake		1			210
7/19/2022	Travelling from Cold Lake to Bonnyville, Elk Point and St. Paul for in-person physician meetings		Mileage-Other	\$ 99.17	Cold Lake	Bonnyville, Elk Point and St. Paul		1			211
7/20/2022	travel from St. Paul to Lac La Biche and Athabasca for face to face physician meetings		Mileage-Other	\$ 111.86	St. Paul	Lac La Biche and Athabasca		1			238
7/21/2022	Travel Home to Grande Prairie from Athabasca		Mileage-Other	\$ 214.79	Athabasca	Grande Prairie		1			457
7/24/2022	Travel from Grande Prairie to Peace River to meet with Dr. Belanger		Mileage-Other	\$ 97.29	Grande Prairie	Peace River		1			207
7/25/2022	Travel to Slave Lake for in person Minister meeting		Mileage-Other	\$ 127.37	Peace River	Slave Lake		1			271
7/26/2022	Travel with Minister for in person meeting		Mileage-Other	\$ 172.49	Slave Lake	Grande Prairie		1			367
7/27/2022	Travel with Minister for face to face meeting		Mileage-Other	\$ 143.35	Grande Prairie	Whitcourt		1			305
7/28/2022	Travel home (Grande Prairie) from Minister visit in Whitcourt		Mileage-Other	\$ 143.35	Whitcourt	Grande Prairie		1			305
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	12-Aug-22									

## 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

<b>Name :</b> Dr. Brian Muir	<b>Reporting Period for the Month of :</b> Aug-22
------------------------------	---

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
7/27/2022	Direct Billing	Hotel	Hotel stay July 27 & 28 - All day meeting with Minister of Health on July 28 in Whitecourt	Holiday Inn Express & Suites Whitecourt	\$279.04
	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	
<b>Total Paid in the Month</b>					\$ 279.04



07-29-22

<b>Alberta Health Services</b>	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	07-27-22
	Group Code :	[REDACTED]	Departure :	07-29-22
	Company :	[REDACTED]	Conf. No. :	[REDACTED]
	Membership No. :	[REDACTED]	Rate Code :	[REDACTED]
Muir, Brian	Invoice No. :	[REDACTED]	Page No. :	1 of 1

Date	Description	Charges	Credits
07-27-22	*Accommodation	128.00	
07-27-22	GST 806941001RT0001 5%	6.40	
07-27-22	Tourism Levy 4%	5.12	
07-28-22	*Accommodation	128.00	
07-28-22	GST 806941001RT0001 5%	6.40	
07-28-22	Tourism Levy 4%	5.12	
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihg.com/reviews">www.ihg.com/reviews</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>279.04</b>
		<b>Balance</b>	<b>279.04</b>

**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.

Owned by 3G Equity Inc. Operated by APX Hospitality.