

## 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 2023

Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
Aug-23	P-Card	Meetings			624	8	631			
Aug-23	Expense Claim	Meetings		235		1,782	2,017			
	Direct Bill	Meetings					-			
<b>Total</b>			\$ -	\$ 235	\$ 624	\$ 1,790	\$ 2,649	\$ -	\$ -	\$ -

**Total for  
the Month** \$ 2,649

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 187  
 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	\$ 211.33								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/17/2023	In-person meeting with Residency Program at the NLRH (Northern Lights Regional Health Centre) on July 17	AB - North Zone	Parking - Lot or Parkade	\$ 7.50				1			
7/18/2023	In-person meeting with Residency Program in Fort McMurray on July 18th - hotel	AB - North Zone	Accommodations	\$ 203.83				1			
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	22-Aug-23									

RECEIPT  
NLRH Parking  
Ft. McMurray, Alberta  
For assistance call  
1-855-535-1100

License Plate Number



Expiration Date/Time

07:15 AM  
JUL 18, 2023  
Alberta Health Services

Purchase Date/Time: 07:15am Jul 17, 2023

Total Due: \$7.50 Rate: \$7.50-Daily-24hrs

Total Paid: \$7.50 Pmt Type: CC (Swipe)

Ticket #: [Redacted]

S/N #: [Redacted]

Setting: [Redacted]

Meter ID: [Redacted]

Alberta Health



Parking Rates are  
GST Exempt

NO REFUNDS

**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/P/Dr Muir

Room: [REDACTED]

Room Type: STDO

Number of Guests: 1

Rate: \$187.00

Clerk [REDACTED]

Arrive: 16Jul23

Time: 06:47PM

Depart: 17Jul23

Time: 07:04AM

Folio Number [REDACTED]

DATE	DESCRIPTION	CHARGES	CREDITS
16Jul23	Room Charge	187.00	
16Jul23	Gst 869371682 Rt0002	9.35	
16Jul23	Tourism Levy	7.48	
17Jul23	Master Card		203.83
	[REDACTED]		
	<i>This card was electronically swiped on 16Jul23</i>		
		<b>BALANCE:</b>	<b>0.00</b>

[REDACTED] Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account.  
Check your Marriott Bonvoy account statement or your online statement for updated activity.

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

## AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
MUIR, BRIAN	Zone Medical Director North Zone	Edmonton	\$ 419.88								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/20/2023	Accommodations for July 18 and 19 for in-person meetings in Lac La Biche, Bonnyville, Morinville, Redwater and Barrhead MLA meetings	AB - North Zone	Accommodations	\$ 207.98				2			
7/21/2023	Accommodations for July 20, Hinton Medical Staff Meeting with Physicians in person	AB - North Zone	Accommodations	\$ 107.91				1			
8/14/2023	Accommodation for August 13 for in-person meetings on Aug 14 in both Edmonton and Westlock	AB - North Zone	Accommodations	\$ 103.99				1			
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	22-Aug-23									



18

07-20-23

<b>Brian Muir</b> [Redacted]	Folio No. :	[Redacted]	Room No. :	[Redacted]
	A/R Number :	[Redacted]	Arrival :	<b>07-18-23</b>
	Group Code :	[Redacted]	Departure :	<b>07-20-23</b>
	Company :	<b>Alberta Health Services</b>	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :	[Redacted]	Page No. :	<b>1 of 1</b>

Date	Description	Charges	Credits
07-18-23	*Accommodation	99.99	
07-18-23	Hospitality Tax 4%	4.00	
07-19-23	*Accommodation	99.99	
07-19-23	Hospitality Tax 4%	4.00	
07-20-23	MasterCard [Redacted]		207.98

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 - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

	<b>Total</b>	<b>207.98</b>	<b>207.98</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.



BCMinns Hinton (2166)

336 Smith St  
Hinton, AB T7V 2A1  
(780) 865-5099  
hinton@bcminns.com

Account  
Date: 7/21/23

Room:

Arrival Date: 7/20/23

Departure Date: 7/21/23

Check In Time: 7/20/23 8:18 PM

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by:

Total Balance Due: 0.00

Post Date	Description	Comment	Amount
7/20/23	Room Charge	MUIR, BRIAN P DR	99.00
7/20/23	Goods & Services Tax		4.95
7/20/23	Tourism Levy		3.96
7/21/23	Master Card		(107.91)

Folio Summary 7/20/23 - 7/21/23

Room Charge	99.00
Goods & Services Tax	4.95
Tourism Levy	3.96
Master Card	(107.91)

Balance Due: 0.00

GST 104673280

Thanks for staying Canadian! Get your best rate by booking direct.

Safe Travels!



08-14-23

<b>Brian Muir</b> [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	08-13-23
	Group Code :		Departure :	08-14-23
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
08-13-23	*Accommodation	99.99	
08-13-23	Hospitality Tax 4%	4.00	
<b>Total</b>		<b>103.99</b>	<b>0.00</b>
<b>Balance</b>		<b>103.99</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 - [www.ihg.com/reviews](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

**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 & Suites  
 201 Jennifer Heil Way  
 Spruce Grove, AB T7X 0T3 GST#839627189RT0001  
 Telephone: (780) 571-1101 Fax: (780) 571-3728  
 This hotel is independently Owned and Operated by 1839016 Alberta Ltd.



## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
MUIR, BRIAN	Zone Medical Director North Zone	Edmonton	\$ 2,017.43								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/16/2023	Travel on July 16 from GP to Fort McMurray for all day in-person meetings in Fort McMurray		Mileage-Other	\$ 379.76	Grande Prairie	Fort McMurray		1			752
7/16/2023	Travel July 16 - 21, per diem meals for in-person MLA meetings within the North Zone	AB - North Zone	Meals Per Diem	\$ 148.00				6			
7/17/2023	for in-person meetings within the North Zone with MLAs		Mileage-Other	\$ 147.51	Hotel/hospital in Fort McMurray on July 17	Lac La Biche		1			292.1
7/18/2023	Travel from Lac La Biche to Spruce Grove on July 18 (meetings next morning)		Mileage-Other	\$ 207.66	Lac LA Biche	Spruce Grove		1			411.2
7/19/2023	In-person meeting on July 19 in Barrhead - return mileage		Mileage-Other	\$ 118.17	Spruce Grove	Barrhead		1			234
7/20/2023	Mileage for travel from Spruce Grove on July 20 to Hinton for in-person meetings		Mileage-Other	\$ 129.13	Spruce Grove	Hinton		1			255.7
7/21/2023	Travel on July 21 from Hinton back home to Grande Prairie		Mileage-Other	\$ 169.18	Hinton	Grande Prairie		1			335
7/23/2023	Travel for in-person MLA meeting July 23, 24, 25 - per diem meals	AB - North Zone	Meals Per Diem	\$ 87.00				3			
7/23/2023	In person meetings with Dr. Jamieson in LLB, Athabasca, Slave Lake on July 24		Mileage-Other	\$ 285.07	Grande Prairie	Lac La Biche		1			564.5
7/24/2023	Travel with Dr. Jamieson on July 24 from LLB, Athabasca, Slave Lake		Mileage-Other	\$ 180.54	Lac La Biche	Grande Prairie		1			357.5
7/25/2023	Travel with Dr. Jamieson on July 25 from High Prairie, Peace River, back to Grande Prairie		Mileage-Other	\$ 165.41	High Prairie	Grande Prairie		1			338
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	22-Aug-23									