

AHS Board and Executive Expense Report

Name: Dr Curtis Johnston
Title: Associate Chief Medical Officer
Location: Edmonton
 Expenses posted during the month of January 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)
Jan-25	P-Card	Meetings					-			
	Expense Claim	Meetings				311	311			200
	Direct Bill	Meetings					-			
Total by category			\$ -	\$ -	\$ -	\$ 311	\$ 311	\$ -	\$ -	\$ 200

**Total
posted for
the Month** \$ 511

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

Claimant Name	Claimant Title	Claimant	Expense Claim								
JOHNSTON, CURTIS	Associate Chief Medical Officer	Edmonton	\$ 311.08								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/28/2024	Return trip Medical Leadership Development Visioning Session in Calgary		Mileage-Other	\$ 311.08	10030 107 Street NW Edmonton	10301 Southport Lane SE Calgary		1			616
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	29-Jan-25									

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
JOHNSTON, CURTIS	Associate Chief Medical Officer	Edmonton	\$ 200.00	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/16/2024	Name change from CME (Continuing Medical Education) accreditation as Dr. Johnston is now Provincial Medical Affairs. Name changed from Virtual Medical Leadership Development (VMLD) to Provincial Medical Leadership Development Educational Series (PMiLES).	AB - Other Zones	Courses and Professional Development	\$ 200.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	29-Jan-25									



UNIVERSITY OF
CALGARY

CUMMING SCHOOL OF MEDICINE

Continuing Medical Education and Professional Development
3280 Hospital Drive NW
CWPW Building – Ground Floor
Calgary, AB, Canada T2N 4Z6

December 16, 2024

Curtis Johnston
[REDACTED]

Re: Provincial Medical Leadership Development

Dear Mr. Johnston:

Thank you for your Accreditation application fee payment regarding the Provincial Medical Leadership Development series taking place December 2024 – August 2025.

For your records, please find attached receipt No. [REDACTED]

Sincerely,

[REDACTED]
Financial Administrator
Continuing Medical Education & Professional Development
Cumming School of Medicine
University of Calgary



UNIVERSITY OF
CALGARY

RECEIPT

GST # CA 108102864

Received From

Curtis Johnston

the sum of

Two Hundred Dollars

for

ACCRES: Prov Medical Leadership Series

\$200.00

Description of item

Name Change

GST Amount

Payment Method

☐ Cash

☐ Debit

☐ Cheque

☒ Visa

☐ Mastercard

☐ Amex

Credit Account

GL B/U Fund Dept ID Account Program

Received by

Date

Dec 16 24

Office of U of C Continuing Medical Education
Department / Faculty (Name)

U OF C CONTINUING
MEDICAL EDUC

3280 HOSPITAL DRIVE NW
CALGARY AB

CARD

CARD TYPE

VISA

DATE

2024/12/16

TIME

15:46:55

RECEIPT NUMBER

PURCHASE

TOTAL

\$200.00

PASSWORD USED

APPROVED

AUTH#

01-027

THANK YOU

CARDHOLDER WILL PAY

CARD ISSUER ABOVE AMOUNT

PURSUANT TO CARDHOLDER

AGREEMENT.

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS