

AHS Board and Executive Expense Report

Name: Dr Curtis Johnston

Title: Associate Chief Medical Officer

Location: Edmonton

Expenses posted during the month of March 2025

						Travel (1)						
Approved MMM-YY	Source Document	Purpose	Airfare	Me	eals	Accommodati	on	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings							_			
Mar-25	Expense Claim				61			311	372			
Mar-25	•	Meetings			01	1	54	311	154			
		Total by category	\$ -	\$	61	\$ 1	54	\$ 311	\$ 526	\$ -	\$ -	\$ -

Total posted for

the Month \$ 526

Maximum daily single meal expense posted in the month \$ 24
Maximum daily base hotel rate posted in the month \$ 144
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 Location	Expense Claim Total]							
JOHNSTON, CURTIS	Associate Chief Medical Officer	Edmonton	\$ 372.08	1							
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of	# of	Attendee	Trip
								days	Attendees	Name(s)	Distance
1/29/2025	Senior Medical Leaders meeting in		Mileage-Other	\$ 155.54	Seventh Street	Southport		1			308
	person - Calgary				Plaza	Tower Calgary					
					Edmonton						
1/29/2025	Senior Medical Leaders meeting in	AB - Other Zones	Meals Per Diem	\$ 37.00				1			
	person - Calgary										
1/30/2025	Senior Medical Leaders meeting in	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
	person - Calgary										
1/30/2025	Senior Medical Leaders meeting in		Mileage-Other	\$ 155.54	Southport	Seventh Street		1			308
	person - Calgary				Tower Calgary	Plaza					
						Edmonton					
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	4-Mar-25									



Expense Report Direct Bill Summary

Purpose of This Form:

Name:

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.

Dr Curtis Johnston

Indicate whether you have expenses to report in this section for this reporting period:
 YES

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
27-Feb-2025	Direct Billing		In person round table Senior Medical Leaders meeting at Calgary Marriot Hotel Wildrose room Jan 29-30, 2025.	Hampton Inn Calgary Airport North	\$154.25
-	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					

Reporting Period for the Month of :

Mar-25

HAMPTON INN CALGARY AIRPORT NORTH 2000 2021 100 AVE. NE

CALGARY AL ,T3J 0R3 INVOICE

ORIGINAL

ALBERTA HEALTH SERVICES

Attn: ACCOUNTS PAYABLE CLERK

P.O. BOX 1600

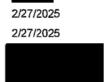
INVOICE#

INVOICE DATE

CURRENT DATE

YOUR ACCOUNT #

YOUR P/O#



EDMONTON AB T5J 2N9

CANADA

Page: 1

DATE Folio #

DESCRIPTION

AR TRANS

AMOUNT

2/12/2025

[JOHNSTON, CURTIS]

\$154.25

PAYMENT DUE UPON RECEIPT

\$154.25

QUESTIONS CONCERNING THIS INVOICE? CALL: HOTEL MANAGER 403-452-9888

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

ALBERTA HEALTH SERVICES ATTN: ACCOUNTS PAYABLE CLERK P.O. BOX 1600

EDMONTON AB T5J 2N9 CANADA

1/29/2025 3:44:00 PM 1/30/2025 7:51:00 AM

44.00

Rate Plan; HH # AL; Car:

CON

Confirmation Number: JOHNSTON, CURTIS 2/27/2025

1/29/2025	
1/29/2025	
1/29/2025	
1/29/2025	
2/12/2025	
2/12/2025	

GUEST ROOM GST TOURISM LEVY DMF-DESTINATION MKT. LEVY GST TAX ROOM ALLOWANCE Direct Bill - ALBERTA HEALTH SERVICES **BALANCE**

\$7.42 \$5.93 \$4.32 (\$7.42)(\$154.25) \$0.00

\$144.00

GST Total Invoice Amount

\$148.32 \$136.58

\$7.42 \$17.67

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 ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.