

## 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	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Mar-25	Expense Claim	Meetings		61		311	372			
Mar-25	Direct Bill	Meetings			154		154			
<b>Total by category</b>			\$ -	\$ 61	\$ 154	\$ 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								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/29/2025	Senior Medical Leaders meeting in person - Calgary		Mileage-Other	\$ 155.54	Seventh Street Plaza Edmonton	Southport Tower Calgary		1			308
1/29/2025	Senior Medical Leaders meeting in person - Calgary	AB - Other Zones	Meals Per Diem	\$ 37.00				1			
1/30/2025	Senior Medical Leaders meeting in person - Calgary	AB - Other Zones	Meals Per Diem	\$ 24.00				1			
1/30/2025	Senior Medical Leaders meeting in person - Calgary		Mileage-Other	\$ 155.54	Southport Tower Calgary	Seventh Street Plaza Edmonton		1			308
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	4-Mar-25									

## 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 Curtis Johnston	<b>Reporting Period for the Month of :</b>	Mar-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
27-Feb-2025	Direct Billing	Hotel	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	
<b>Total Paid in the Month</b>					\$ 154.25

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

EDMONTON AB T5J 2N9  
CANADA

Page: 1

INVOICE# [REDACTED]  
INVOICE DATE 2/27/2025  
CURRENT DATE 2/27/2025  
YOUR ACCOUNT # [REDACTED]  
YOUR P/O # [REDACTED]

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/12/2025	[REDACTED]		[ 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

144.00

CON

Rate Plan:  
HH #  
AL:  
Car:

Confirmation Number:

JOHNSTON, CURTIS

2/27/2025

1/29/2025	GUEST ROOM	\$144.00
1/29/2025	GST	\$7.42
1/29/2025	TOURISM LEVY	\$5.93
1/29/2025	DMF-DESTINATION MKT. LEVY	\$4.32
2/12/2025	GST TAX ROOM ALLOWANCE	(\$7.42)
2/12/2025	Direct Bill - ALBERTA HEALTH SERVICES	(\$154.25)
	**BALANCE**	\$0.00

GST	\$148.32	\$7.42
Total Invoice Amount	\$136.58	\$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.