

AHS Board and Executive Expense Report

Name: Dr David Stewart

Title: Zone Medical Director South Zone (Interim)

Location: Medicine Hat

Expenses posted during the month of June 2025

					Travel (1)					
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other n Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-25	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings			237		- - 237			
		Total by category	\$ -	\$ -	\$ 237	\$	- \$ 237	\$ -	\$ -	\$ -

Total posted for

the Month \$ 237

Maximum daily single meal expense posted in the month \$ - Maximum daily base hotel rate posted in the month \$ 219 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



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:

ame: Dr. David Stewart	Reporting Period for the Month of :	Jun-25
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YES

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
			Attend Chief Medical Officer Physician Leadership Retreat in		
			Edmonton June 13, 2025. Room rate was best available at time	Renaissance Edmonton	40000
16-Jun-2025	Direct Billing	Hotel	of booking.	Airport Hotel	\$236.87
	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	
					\$ 236.87
Total Paid in the Month					



RENAISSANCE EDMONTON AIRPORT

GUEST FOLIO

ROOM	ZZ/STEWART/DAVID/DR NAME ALBERTA HEALTH SERVI		219.00 RATE	06/13/25 DEPART TIME 06/12/25 ARRIVE TIME		DUPLICATE	9:45 ACCT#	
ROCM	ADDRESS	DB/DB ALBERTA HEA				M-M-hadassallassari ossalmassadossaria	MB#:	
DATE	RE	Ch	HARGES	LCRI	EDITS	BALANCES DUE		
06/12 06/12 06/12 06/12 06/12 06/12 06/13	TELECOMM TR ROOM DMF TLVY DMF TOURISM GST/DMF DIR BILL	BASEHSIA		.00 219.00 8.76 .35 8.76 .00		236.87		.00

RENAISSANCE EDMONTON AIRPORT 4236-36 STREET ED INTRN. APT, AB T9E 0V4 RENAISSANCE® 780-488-7159 FAX: 780-488-6372

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.