Alberta Health Services

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AHS Board and Executive Expense Report

Name: Dr David Stewart
Title: Zone Medical Director South Zone (Interim)
Location: Lethbridge
Expenses posted during the month of August 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					-			
Aug-25	Expense Claim	Meetings		24		679	703			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ 24	$ -	$ 679	$ 703	$ -	$ -	$ -

Total posted for the Month $ 703

Maximum daily single meal expense posted in the month	$	24
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

Alberta Health Services

MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

Practitioner Name: Dr. David Stewart **AHS Medical Staff:** ☐ Yes ☑ No **Primary Zone:** South

Prof Corp: Yes Name: David Calvin Stewart PC **Email Address:** [redacted]

Committee, Project or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments
CMO Physician Leader Retreat	13-Jun-25	In Person			YES Proceed to pg2	
Interim Zone Medical Director Lunch Meeting with Deputy Zone Medical Director and Zone Clinic Department Head In Medicine Hat	23-Jun-25	In Person			YES Proceed to pg2	
			Stipend Total	$ 0.00		

Required Participation Review/Confirmation: Cannot be signed by claimant

[redacted] 14-Jul-2025

Name Title Signature Date

Please send the completed invoice and receipts (if applicable) to:

[redacted]

Prepared By: _____

Dr. David Stewart

Alberta Health Services

Expense Claim Details - Medical Staff Reimbursment for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		*Meals -Per Diem (Refer Below)*			*Transportation & Accommodation*						*Mileage**		*Details* *Other - include description of expense **Mileage - Required to include to/from destination
Committee/ Project/ Event Name	**Expense Date (MM/DD/YY)**	**B**	**L**	**D**	**Hotel**	**Airfare**	**Taxi**	**Parking**	**Rental**	**Other* (Note details)**	**KM**	**Rate**	
CMO Leadership Retreat	6/13/25			$24.00							1010	0.505	Mileage from Lethbridge to Edmonton return
ZMD Visit to Medicine Hat. Meet with Deputy ZMD / ZCDH in Medicine Hat	6/23/25										334	0.505	Mileage from Lethbridge to Medicine Hat return
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
Sub Totals:		$0.00	$0.00	$24.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	1,344.0	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: [redacted]
For applicable "Other" expenses, please identify or explain in the "Details" column.

Required for Travel Expenses: *Must be signed by the physician*

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this policy.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

I, by signing this form, attest that I am co

Physician Signature: [redacted] ***Date:*** 14-Jul-2025

Totals:	
Total Stipend	$ 0.00
Total KM Rate	$ 678.72
Total Expense	$ 24.00
Total Payment	$ 702.72

Required for Travel Expenses: *Must be signed by the Approver*

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Approved By (PRINT ONLY): ***DOA Level:*** ***Position #:*** ***Phone #:***

I, by signing this form, attest that I am compliant to all the above statements

[redacted] ***Date:*** 14-Jul-2025