Alberta Health Services

www.albertahealthservices.ca

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 November 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					-			
Jan-26	Expense Claim	Meetings		24		510	534			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ 24	$ -	$ 510	$ 534	$ -	$ -	$ -

Total posted for the Month $ 534

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

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 C Stewart Prof Corp **Email Address:** [redacted]

Committee, Project or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments
Chief Medical Officer - Physician Leadership Retreat	14-Oct-25	In Person			YES Proceed to pg2	
			Stipend Total	$ 0.00		

Required Participation Review/Confirmation: Cannot be signed by claimant

[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 Physician Leader Retreat - Edmonton travel from Lethbridge to Edmonton October 13, with return October 14, 2025	10/13/25			$24.00							1010	0.505	Travel to Edmonton return to Lethbridge
												0.505	
												0.505	
												0.505	
												0.505	
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												0.505	
Sub Totals:		$0.00	$0.00	$24.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	1,010.0	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf
For applicable "Other" expenses, please identify or explain in the "Details" column.

Totals:	
Total Stipend	$ 0.00
Total KM Rate	$ 510.05
Total Expense	$ 24.00
Total Payment	$ 534.05

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 compliant to all the above statements

Physician Signature [redacted] ***Date:*** 15-Oct-2025

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:*** 15-Oct-2025