

## 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 December 2025

Travel (1)											
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions (3)	Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings									
Dec-25	Expense Claim	Meetings		37		216	253				
Dec-25	Direct Bill	Meetings			375		375				
<b>Total by category</b>			\$ -	\$ 37	\$ 375	\$ 216	\$ 627	\$ -	\$ -	\$ -	\$ -

**Total posted for the Month** \$ 627

Maximum daily single meal expense posted in the month \$ 24  
 Maximum daily base hotel rate posted in the month \$ 209  
 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

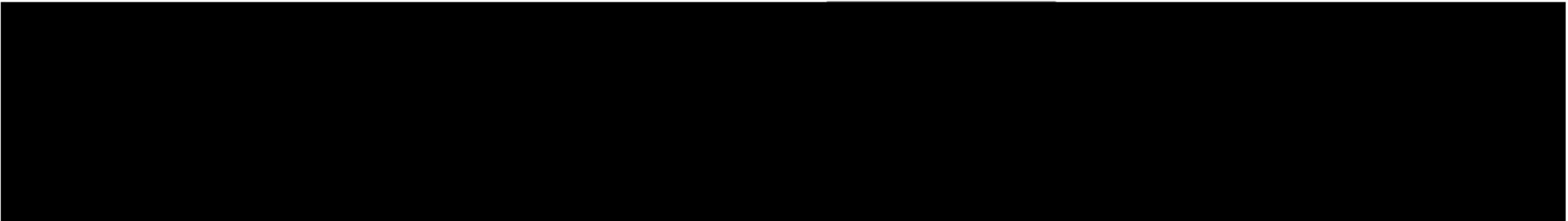
## MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE

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

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
CEO Visit - Medicine Hat	23-Oct-25	In Person	2-4 Hrs		YES Proceed to pg2	
Brooks Visit	23-Oct-25	In Person	2-4 Hrs			
				<b>Stipend Total</b>	<b>\$ 0.00</b>	

Required Participation Review/Confirmation: Cannot be signed by claimant



Approved by Dr. Peter Jamieson  
Vice President & CMO  
November 27, 2025

Prepared By: \_\_\_\_\_

## Expense Claim Details - Medical Staff Reimbursement 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	
CEO Visit Medicine Hat	10/23/25			\$24.00							167	0.505	Lethbridge to Medicine Hat
Brooks Visit	10/23/25		\$13.00								106	0.505	Medicine Hat to Brooks
Return to home											154	0.505	Brooks to Lethbridge
												0.505	
												0.505	
												0.505	
												0.505	
												0.505	
<b>Sub Totals:</b>		\$0.00	\$13.00	\$24.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		427.00	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.

**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

Date: 27-Nov-2025

Totals:	
Total Stipend	\$ 0.00
Total KM Rate	\$ 215.64
Total Expense	\$ 37.00
Total Payment	\$ 252.64

**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

Date: 27-Nov-2025

## 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. 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**

Name :		Dr. David Stewart	Reporting Period for the Month of :	Dec-25	
Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
15-Oct-2025	Direct Billing	Hotel	CMO Leadership Meeting in Edmonton on Oct 14th.	Renaissance Edmonton Airport Hotel	\$226.05
27-Oct-2025	Direct Billing	Hotel	CEO Visit to Medicine Hat at MHRH on morning of Oct. 23rd. Brooks site visit on afternoon of Oct. 23rd.	BW Premier Executive Residency Medicine Hat	\$148.73
	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>					\$374.78



## RENAISSANCE EDMONTON AIRPORT

GUEST FOLIO

ROOM	ZZ/STEWART/DAVID/DR	209.00	10/14/25	DUPLICATE	7:48	ACCT#
NAME		RATE	DEPART	TIME		
AHS			10/13/25			
TYPE			ARRIVE	TIME		
ROOM CLERK	ADDRESS	DB/DB ALBERTA HEA				MB#:
		PAYMENT				
DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE	
10/13	TELECOMM		.00			
10/13	TR ROOM		209.00			
10/13	DMF		8.36			
10/13	TLVY DMF		.33			
10/13	TOURISM		8.36			
10/13	GST/DMF		.00			
10/14	DIR BILL			226.05		.00

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

Was that the best night's sleep you have ever had? Have a repeat performance at your place by visiting [CollectRenaissance.com](http://CollectRenaissance.com).

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 credit 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.

Signature X

**BW Premier Executive Residency Medicine Hat**

35 Paul Stober Drive SE  
Medicine Hat, Alberta T1B 4Y2  
Main:403-905-3202 Fax:  
fd@bwpmh.com

David Stewart

**Guest Folio**

User: null  
Date: October 27, 2025  
Time: 12:23 PM

INV

Arrival date: 10/22/2025  
Departure 10/23/2025  
Confirmation  
Room: [REDACTED]  
Folio #: [REDACTED]

DATE	DESCRIPTION	TYPE	CHARGES	CREDITS	BALANCE
10/22/25	Room [REDACTED]	Room Rent	\$ 139.00		\$ 139.00
10/22/25		Alberta Tourism Levy	\$ 5.56		\$ 144.56
10/22/25		Destination Marketing Fee	\$ 4.17		\$ 148.73
10/23/25	CL:Alberta Health Services	Direct Bill		-\$ 148.73	\$ 0.00
<b>Totals</b>					<b>\$ 0.00</b>

Guest Signature: \_\_\_\_\_