

AHS Board and Executive Expense Report

Name Dr. Debrah Wirtzfeld
Title ACMO Physician Health, Diversity and Wellness
Location Edmonton

Expenses approved during the month of November 2020

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)
Nov-20	Expense Claim	Professional Fees					-			2,150
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,150

**Total for
the Month** \$ 2,150

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed 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 small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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								
WIRTZFELD, DEBRAH	Associate Chief Medical Officer Physician Health, Diversity and Wellness	Edmonton	\$ 2,150.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/3/2020	CPSA Annual Jan 1, 2021-Dec 31, 2021	AB - North Zone	Membership Dues	\$ 2,150.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
BELANGER, FRANCOIS	Approve	9-Nov-20									

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College of Physicians & Surgeons of Alberta

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Edmonton AB

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Payment Details

Type Pre-Authorization Completion

Date 11/2/2020 8:21:05 PM

Order ID [REDACTED]

Amount (CAD) \$2,150.00

Card Number **** * [REDACTED]

Account [REDACTED]

Ref Num [REDACTED]

Auth Code [REDACTED]

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