

AHS Board and Executive Expense Report

Name: Erin O'Neill
Title: Senior Vice President of Finance and Shared Services
Location: Edmonton
 Expenses posted during the month of October 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									
Oct-25	Expense Claim	Meetings		48	156	299	502				
Oct-25	Direct Bill	Meetings			192		192				
Total by category			\$ -	\$ 48	\$ 348	\$ 299	\$ 694	\$ -	\$ -	\$ -	\$ -

Total posted for the Month \$ 694

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 174
 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

AHS Executive Expenses Report Expenses

Invoice

09-26-25

Erin O'Neill

Folio No. : [REDACTED] Cashier No. : [REDACTED] Room No. : [REDACTED]
 A/R Number : [REDACTED] Arrival : 09-25-25
 Group Code : 2025FORUM Departure : 09-26-25
 Company : Alberta Health Services Conf. No. : [REDACTED]
 Membership No. : [REDACTED] Rate Code :
 Invoice No. : [REDACTED] Page No. : 1 of 1
 Ref# : GST# 139081681 RT0001

Date	Description	Charges	Credits
09-25-25	Room	135.00	
09-25-25	Destination Market Fee	8.10	
09-25-25	Federal GST - Guest Rooms 5%	7.16	
09-25-25	Tourism Levy 4%	5.72	
09-26-25	Mastercard		191.78
		Total	191.78
		Balance	0.00

Total GST \$ 7.16

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Total claimed 155.98

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:

YES

Name :	Erin O'Neill	Reporting Period for the Month of :	Oct-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
28-Oct-2025	Direct Billing	Hotel	Attendance at the Hospital Based Leadership Engagement Sessions for Calgary on October 24, 2025	Delta	\$191.82
	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	
Total Paid in the Month				\$	191.82



135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
Alberta Health Services

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 10-23-25
Departure: 10-24-25

O'Neill, Erin

A/R Invoice: [REDACTED]
A/R Account: [REDACTED]

Date	Description	Additional Information	Charges	Credits
10-23-25	Package Wrapper	[REDACTED]	174.00	
10-23-25	DMF	[REDACTED]	10.44	
10-23-25	Tourism Levy	[REDACTED]	7.38	
10-23-25	Rooms GST	[REDACTED]	9.22	8.03
10-28-25	realGST Exempt- 120903	gst exempt	-9.22	9.22
[REDACTED]			191.82	0.00
GST Summary			Total	191.82
Registration No: 763972957			10-23-25	0.00
Room	9.22		10-24-25	
F&B	0.00			
Other	17.82			
Total	27.04			

10-23-25 174.00
10-23-25 10.44
10-23-25 7.38
10-23-25 9.22
10-28-25 -9.22
10-23-25 191.82
10-24-25 0.00
10-24-25 191.82
10-24-25 0.00
10-24-25 0.00

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.