

AHS Board and Executive Expense Report

Name Dr. Gerry Predy
Title Senior Medical Officer of Health & Senior Medical Director
Location Edmonton

Expenses submitted during the month of April 2018

			Travel (1)					Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel			
Apr-18	Expense Claim	Meetings				23	23	1,000		
Total			\$ -	\$ -	\$ -	\$ 23	\$ 23	\$ 1,000	\$ -	\$ -

Total for the Month \$ 1,023

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 Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
PREDY, GERALD N	Senior Medical Officer of Health & Senior Medical Director	Edmonton	\$ 1,023.15									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
4/18/2018	Parking to attend Public Health Committee Review Project Meeting	AB - Local	Parking - Lot or Parkade	\$ 8.00			Parking to attend Public Health Committee Review Project Meeting	1				
4/18/2018	Roundtrip from Coronation Plaza to ATB Building		Mileage-Local-Home Zone	\$ 8.08	Coronation Plaza	ATB Building	Roundtrip from Coronation Plaza to ATB Building to attend Public Health Committee Review Project Meeting	1			16	
4/25/2018	Roundtrip from Coronation Plaza to Seventh Street Plaza		Mileage-Local-Home Zone	\$ 7.07	Coronation Plaza	Seventh Street Plaza	Roundtrip from Coronation Plaza to Seventh Street Plaza to attend COEC Meeting.	1			14	
4/30/2018	The Canadian Medical Protective Association Membership Fee	AB - Local	Membership Dues	\$ 1,000.00			Total is \$2,244 but AMA reimbursed for part, claiming \$1,000.	1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		8-May-18								

RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR R

CITY OF EDMONTON

Terminal: 7010b Zone: 7010

Plate: [REDACTED]

LP - P1 North Wall 1 (Office)

Valid through:
WEDNESDAY 18 APR 18
12:17 PM

Amount Paid: \$8.00 (GST incl.)
Start Time: 4/18/2018 10:41 AM
Trn: 624610a82acfa6be

Auth No: [REDACTED]
Receipt No: [REDACTED]

RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR R

Gerry Predy
April 2018

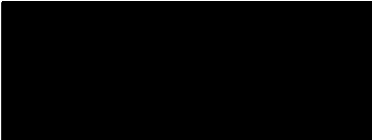
Employee #

[REDACTED]

Statement of Account

Date: 05/01/2018

Dr Gerald Preedy



Member Number: [REDACTED]



From: 01/01/2018

To: 12/31/2018

Reference	Date	Fees	Tax	Total
[REDACTED]	2018-01	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-02	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-03	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-04	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-05	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-06	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-07	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-08	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-09	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-10	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-11	\$ 187.00	\$ 0.00	\$ 187.00
[REDACTED]	2018-12	\$ 187.00	\$ 0.00	\$ 187.00
		\$ 2,244.00	\$ 0.00	\$ 2,244.00
Total Received for the period				<u>\$ 2,244.00</u>
Balance Due				<u>\$ 0.00</u>

*1,244.00 pd via
AmA reimbursement*

*So \$1000.00 remained paid
by employee*

Remaining Pre-Authorized Debits

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

IMPORTANT REMINDER: Please ensure personal information is used and protected in accordance with applicable privacy legislation.



The Canadian Medical Protective Association

P.O. Box 8225, Station T, Ottawa ON K1G 3H7 | T 613-725-2000, 1-800-267-6522 | F 613-725-1300, 1-877-763-1300 www.cmpa-acpm.ca