

AHS Board and Executive Expense Report

Name Dr. Jack Regehr
Title Zone Medical Director South Zone
Location Calgary

Expenses submitted during the month of August 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-16	P-Card	Meetings				45	45			
Total			\$ -	\$ -	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ -

Total for the Month \$ 45

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

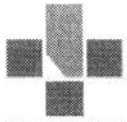
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

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.

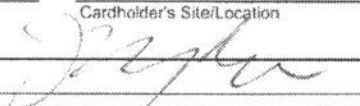

5) Remuneration, Allowances Reported in the Financial Statements


Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

REGEHR, JACK Cardholder's Name	MEDICAL DIRECTOR SOUTH Cardholder's Position/Title	Billing Reporting Period: 20/08/2016
MEDICAL AFFAIRS Cardholder's Dept	CRH Cardholder's Site/Location	Total Statement Amount: \$45.49
JACK.REGEHR@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #: 

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
17/08/2016		GAS KING #300. FUEL DISPENSER. AUTOMATED	45.49 ✓	CAD	45.49	2.17		Refuel Fleet Car - ZMD Travel to MH

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Bob Tanayose</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Coordinator</u> Cardholder Designate Position/Title</p> <p><u>Aug 24, 2016</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>REGEHR, JACK</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>MEDICAL DIRECTOR SOUTH</u> Cardholder Position/Title</p> <p><u>24/08/16</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such 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 the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Dr. Francois Belanger</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Acting VP Quality & CMO</u> Approver Position/Title</p> <p><u>Aug 25, 2016</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

16 Aug 16
Let's Meet at
Return

Southview Gas King
#300
2610 16 Ave S
Lethbridge, AB
T1W 1W2
403-328-2211

Ino: [REDACTED]
Trans: Pre-Auth
Completion

[REDACTED]
MasterCard

Seq#: [REDACTED]
Terminal ID: GS15PC03
Auth No: [REDACTED]
ACI/ISO: [REDACTED]
Date: 08/17/2016
Time: 08:46:50
APPROVED

Pump # : 3-REG
Vol : 46.950L
Price/L : \$0.969
Total : \$45.49

Fuel Includes:
GST(5.0%):\$2.17
Tax Total:\$2.17
GST # R101957306

Pump # : 3-REG
Vol : 46.950L
Price/L : \$0.969
Total : \$45.49

Fuel Includes:
GST(5.0%):\$2.17
Tax Total:\$2.17
GST # R101957306