

## AHS Board and Executive Expense Report

**Name** Dr. Jack Regehr

**Title** Zone Medical Director South Zone

**Location** Chinook

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings			110	117	227			
Oct-16	Expense Claim	Meetings		190		247	437			
Oct-16	Direct Billing	Meetings	757				757			
<b>Total</b>			\$ 757	\$ 190	\$ 110	\$ 364	\$ 1,421	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,421

Maximum daily single meal expense claimed in the month \$ 24

Maximum daily base hotel rate claimed in the month \$ 99

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:**

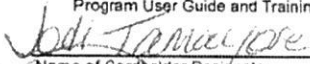
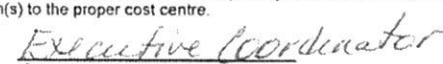
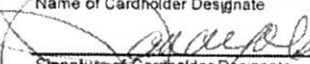
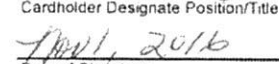
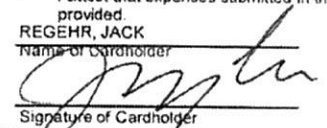
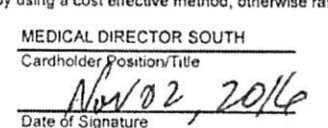
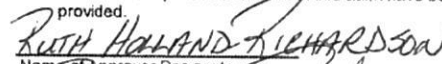
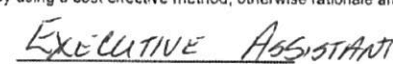
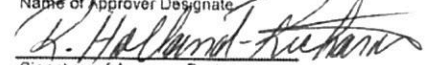
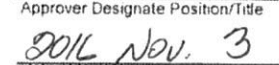
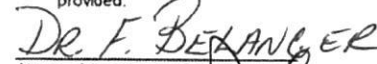

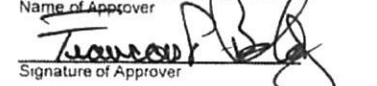
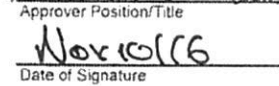
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

REGEHR, JACK	MEDICAL DIRECTOR SOUTH	Billing Reporting Period:	20/10/2016
Cardholder's Name	Cardholder's Position/Title		
MEDICAL AFFAIRS	CRH	Total Statement Amount:	\$226.58
Cardholder's Dept	Cardholder's Site/Location		
JACK.REGEHR@AHS.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/09/2016	[REDACTED]	GAS KING #150, GAS / SERVICE STATIONS	75.00	CAD	✓ 75.00	3.57		Prepaid Fuel - ZMD travel to MH Return - Unable to obtain refund on amount. Rec'd cash - Used on 23/9
27/09/2016	[REDACTED]	CLARION HOTEL, CLARION HOTELS	109.89	CAD	✓ 109.89	5.23		ZMD Accom- Overnight
27/09/2016	[REDACTED]	HIGHWAY 3 GAS (TEMPO), GAS / SERVICE STATIONS	25.77	CAD	✓ 25.77	1.22		Fuel - ZMD Travel to Brooks, MH return
28/09/2016	[REDACTED]	BLUE GOOSE, GAS / SERVICE STATIONS	15.92	CAD	✓ 15.92	.76		Fuel - ZMD to MH to Magrath

*[Handwritten signature]*

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
 Name of Cardholder Designate	 Cardholder Designate Position/Title	
 Signature of Cardholder Designate	 Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
REGEHR, JACK Name of Cardholder	MEDICAL DIRECTOR SOUTH Cardholder Position/Title	
 Signature of Cardholder	 Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
 Name of Approver Designate	 Approver Designate Position/Title	
 Signature of Approver Designate	 Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
 Name of Approver	 Approver Position/Title	
 Signature of Approver	 Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

*fuel ZMD travel  
to MH return  
prepaid fuel -  
no cc required only  
cash -  
Used 23/9  
receipt  
Attached*

# GasKing

Eastside Gas King #150  
213 N Mayor Magrath Dr  
Lethbridge, AB  
T1H 3P7  
Tel (403) 320-6686  
GST R101957306

SALE RECEIPT # [REDACTED]  
Customer: Cash Sale  
Cashier: [REDACTED]  
20-Sep-2016 at 11:11 PM

Description	Quantity	Price	Amount
Reg(87) Pump-2	39.382L	\$0.914/L	\$36.00
Sub Total			36.00
Total			36.00
GST (5.0%) included in \$36.00			1.71
Crer Card prepaid			75.00
Total Tendered			75.00
Change			39.00

Download the Free Gas King App  
today. Details at gasking.com.

BLUE GOOSE  
Magrath AB  
403-758-3322  
G.S.T# 106091820  
Transaction #: [REDACTED]

Pump: 3 REGULAR  
Hose 1

Credit

Volume V 35.905

@ Price 0.919

Total \$ 33.00

Time: 22:21  
Date: 09/23/2016

\*\*\*\*\* Thank You [REDACTED]

*fuel ZMD travel  
Brooks -  
KCH -  
return*

HIGHWAY 3 GAS (TEMPUS)  
1740 HERSHMAN DR SW  
MEDICINE HAT, AB

Term ID: 56656472

Purchase

MASTERCARD

Total: \$ 25.77

09/23/16

Seq #: [REDACTED]

Appr Code: [REDACTED]

Auth Code: [REDACTED]

State Card

APPROVED  
Thank You

Customer Copy

Printed at [REDACTED]  
Return this copy to [REDACTED]

*Leth-MH-Magrath -  
AKS used*

*CASH*

*from:  
previous  
Fill up*

*AKS MH Magrath*

BLUE GOOSE  
227 NORTH 1 ST W  
MAGRATH AB T0K1R0  
403/758-3322

Merchant ID: [REDACTED]  
Term ID: [REDACTED]

Sale

MASTERCARD

Entry Method: Chip

09/23/16

Seq #: [REDACTED]

Auth Code: [REDACTED]

Total: \$ 15.52

By entering a verified PIN, cardholder  
agrees to pay issuer such total in  
accordance with issuer's agreement with  
cardholder (Merchant agreement if credit  
voucher).

Retain this copy for statement  
verification.

Application Label: MasterCard  
ATD: A0600000041010  
TVR: 00 00 00 00 00  
ISI: 00 00

Customer Copy

*fuel*

Print Header

Transaction #: [REDACTED]

Pump: 2 REGULAR  
Hose 1

Cash

Volume V 35.222 Liter

@ Price 0.909/Liter

Total \$ 32.02

Time: 17:46

Date: 09/27/2016

\*\*\*\* Thank You \*\*\*\*

*Left ~~for~~  
Brooks  
Mf.*

*AMS*

*6.25  
Cash  
from previous  
return*

*25.77 -  
pcard  
6.25  
Cash  
from prev  
-----  
32.02*



**Clarion Hotel & Conference Centre  
(CN841)**

954 7th Street S.W.  
Medicine Hat, AB T1A 7R7  
(403) 527-8844  
GM.CN841@choicehotels.com

REGEHR, JACK DR



*ZMD Accommodation -  
Books palliser HAC  
overnight  
MTH-LLA  
5/20/16*

Account: [REDACTED]  
Date: 9/30/16  
Room: [REDACTED] NVV9

Arrival Date: 9/26/16  
Departure Date: 9/27/16  
Check In Time: 9/26/16 7:05 PM  
Check Out Time: 9/27/16 11:50 AM

Rewards Program ID:

You were checked out by: [REDACTED]

You were checked in by: [REDACTED]

**Total Balance Due: 0.00**

Post Date	Description	Comment	Amount
9/26/16	Master Card	[REDACTED]	(109.89)
9/26/16	Room Charge	[REDACTED] REGEHR, JACK DR	99.00
9/26/16	Destination Marketing Fee		1.98
9/26/16	Goods & Services Tax		4.95
9/26/16	Tourism Levy		3.96
<b>Folio Summary 9/26/16 - 9/26/16</b>			
	Room Charge		99.00
	Destination Marketing Fee		1.98
	Goods & Services Tax		4.95
	Tourism Levy		3.96
	Master Card		(109.89)
Balance Due:			<b>0.00</b>

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

GST# 850078775RT0001  
1764239 Alberta Ltd.

x



You could be earning free nights and other great rewards. Join Choice Privileges today, at [www.choiceprivileges.com](http://www.choiceprivileges.com).

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 437.22									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/6/2016	ZMD Weekly Visit & Travel to Calgary		AB - Local	Meals Per Diem	\$ 47.50			Bfast = \$10.50 Lunch = \$13.00 Dinner = \$24.00	2			
9/6/2016	ZMD Travel to Calgary - PPEC			Mileage-Other	\$ 247.22				1			526
9/13/2016	ZMD Weekly Site Visit		AB - Local	Meals Per Diem	\$ 47.50			Bfast = \$10.50 Lunch = \$13.00 Dinner = \$24.00	1			
9/20/2016	ZMD Weekly Site Visit		AB - Local	Meals Per Diem	\$ 47.50			Bfast = \$10.50 Lunch = \$13.00 Dinner = \$24.00	1			
9/26/2016	ZMD Travel to Brooks HAC		AB - Local	Meals Per Diem	\$ 23.50			Bfast = \$10.50 Lunch = \$13.00	1			
9/27/2016	ZMD Weekly Site Visit MH		AB - Local	Meals Per Diem	\$ 24.00			Dinner = \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		14-Nov-16								

## 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.
- 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**

<b>Name :</b>	Dr Jack Regehr	<b>Reporting Period for the Month of :</b>	Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19/10/16	Direct Billing	Airline Ticket	ZMD Flight - Travel to Edmonton - Sr. Leaders Meeting	Marlin Travel	756.52
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 756.52</b>

## Jodi Tamayose

**From:** res@integraair.com  
**Sent:** Tuesday, September 20, 2016 5:49 PM  
**To:** Tiffany Aske  
**Subject:** INTEGRA AIR ITIN. For REGEHR, JACK  
**Importance:** High

### Passenger Itinerary for REGEHR, JACK

Please print/retain this page for your records. Thank you for choosing Integra Air.

**Itinerary**  
**www.integraair.com**



**Customer Care**  
Toll Free 1-877-213-8359  
Local 403-381-UFLY (8359)

#### Booking Information

- Booking Reference/Locator# [REDACTED]  
- Booked On: 09/20/2016 17:49

#### Passenger

Name: REGEHR, JACK

Phone #: [REDACTED]

Form of Payment: AMERICAN EXPRESS

#### Flight Information

918	Lethbridge (YQL)	Edmonton (YEG)	10/19/2016	06:45	08:00	CONFIRMED
829	Edmonton (YEG)	Lethbridge (YQL)	10/19/2016	18:05	19:20	CONFIRMED

#### Notes

#### Fare Summary

Fare	\$623.28	
<b>Taxes, Fees and Charges</b>		
Nav Canada Surcharge	\$24.00	
Security Fee	\$14.24	
Other Charges	\$95.00	
Subtotal	<b>\$756.52</b>	
GST(100411966RG0001)	\$0.00	
<b>Total - CAD</b>		<b>\$756.52</b>
<b>Balance Due</b>		<b>\$0.00</b>

#### Terms and Condition

##### General

1. Public domestic scheduled tariffs are available upon request or at [www.integraair.com](http://www.integraair.com)
2. Flights in a King Air 200 or a Jetstream 31 are operated by Bar XH Air Inc.
3. Scheduled flights have complimentary light snacks and beverages on each flight.

4. There are no washroom facilities on the King Air 200 and Jetstream 31 aircraft.

#### **Fare Policies**

1. Your reservation may be cancelled or changed up to 2 hours prior to flight time. Applicable change/cancellation fees of \$52.50 plus the difference in fares will apply. In the event of a cancellation, the fare will be placed into a credit file and is valid for one year from the date of cancellation.
2. Cancellations made on the same day of booking (within 24 hrs of original booking) are fully refundable to original form of payment.
3. Passengers cancelling within 2 hours of the flight time or not showing up for a flight will result in all fares, fees, and taxes being forfeited.

#### **Photo ID and Check In Policies**

1. Check in time for all scheduled flights is 45 minutes prior to the departure time.
2. Passengers arriving less than 15 minutes prior to the scheduled departure time will be denied boarding.
3. Photo ID is required for all passengers over 18 years of age.
4. Proof of age will be required for all infants.
5. Passport is required for transborder travel.

**Dangerous Goods must not be carried in or as passengers or crew, checked or carry-on baggage, except as otherwise provided. Dangerous goods permitted in carry-on baggage are also permitted on one person, except where otherwise specified.**

#### **For more information:**

Check **TRAVEL INFO** on our website at [www.integraair.com](http://www.integraair.com) or call toll-free at 1 877 213 8359.

#### **Lethbridge Boarding Location:**

Lethbridge County Airport  
417 Stub Ross Road

#### **Directions:**

The Lethbridge County Airport is located 4 kilometers south of the city on Highway 5

Free Parking is available at the East end of the parking lot in **marked** stalls only.  
If all spaces are taken it is the customers responsibility to obtain paid parking.

#### **Baggage Policy:**

Each passenger is allowed 1 checked bag with a maximum weight of 30lbs. Maximum size for checked baggage is 9"x16"x20"

Each passenger is allowed 1 carry on bag with a maximum size of 13"x10"x10" and a maximum weight of 13lbs.

Excess baggage may be accepted based on aircraft weight and space availability. Excess baggage rates are \$2.50 per pound for an extra bag or above weight limits for one checked bag.

#### **Edmonton Boarding Location: (If Traveling to Lethbridge)**

Executive Flight Centre  
3684 - 53 Ave East, Edmonton International Airport.

#### **Directions:**

From Highway #2 or the Queen Elizabeth Highway traveling south from Edmonton, take Exit 525 onto Highway 19 West and take the first left turn onto the Airport Service Road and travel 2.1 kilometers and turn right at the first set of lights on 53th Ave.

Paid Parking is available at a rate of \$12.08 per day

#### **Edmonton Boarding Location: (If traveling to Medicine Hat)**

Edmonton International Airport Main Terminal Bldg  
1000 Airport Road

Nisku, Ab

**Baggage Policy:**

Each passenger is allowed 1 checked bag with a maximum weight of 30lbs. Maximum size for checked baggage is 9"x16"x20"

Each passenger is allowed 1 carry on bag with a maximum size of 13"x10"x10" of maximum weight of 13lbs.

Excess baggage may be accepted based on aircraft weight and space availability. Excess baggage rates are \$2.50 per pound for an extra bag or above weight limits for one checked bag.

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Rationale for flight in excess of \$600:

Integra Air has limited flights to and from Lethbridge during specific days of the week and Integra Air uses a numbered level system to determine pricing. This flight was booked a month in advance.