

## AHS Board and Executive Expense Report

**Name** Dr. Jack Regehr  
**Title** Zone Medical Director South Zone  
**Location** Chinook

Expenses submitted during the month of December 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)
Dec-16	Expense Claim	Meetings				400	400			
Dec-16	Direct Billing	Meetings	645				645			
<b>Total</b>			\$ 645	\$ -	\$ -	\$ 400	\$ 1,045	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,045

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									
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 399.97									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/1/2016	Stakeholder Meeting; Physician Recognition Meetings			Mileage-Local-Home Zone	\$ 242.05				1			515
12/15/2016	Attend ZMAC			Mileage-Local-Home Zone	\$ 157.92				1			336
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		6-Jan-17								

## 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>	Dec-16
---------------	-----------------	--	--------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
2-Nov-2016	Direct Billing	Airline Ticket	ZMD Ticket to Edmonton - PPEC (Dr. Regehr unable to attend. Flight was cancelled) Credit obtained from Integra	Marlin Travel	645.22
	Direct Billing			Marlin Travel	-
	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>\$ 645.22</b>

## Jodi Tamayose

**From:** res@integraair.com  
**Sent:** Tuesday, November 01, 2016 4:29 PM  
**To:** Tiffany Aske; Ashley Quach  
**Subject:** Your Ticketless Itinerary - Integra Air 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: 11/01/2016 16:29

#### Passenger

Name: REGEHR, JACK

Phone #: [REDACTED]

#### Contact

Name: MARLIN TRAVEL GOVERNMENT CENTRE GSTEX

Form of Payment: MASTERCARD

#### Flight Information

FLIGHT	FROM	TO	DEPART	ARRIVE	STATUS
918	Lethbridge (YQL)	Edmonton (YEG)	12/07/2016 06:45	08:00	CONFIRMED
829	Edmonton (YEG)	Lethbridge (YQL)	12/07/2016 18:05	19:20	CONFIRMED

#### Notes

#### Fare Summary

Fare	\$511.98
<b>Taxes, Fees and Charges</b>	
Nav Canada Surcharge	\$24.00
Security Fee	\$14.24
Other Charges	\$95.00
Subtotal	<b>\$645.22</b>
GST(100411966RG0001)	\$0.00
<b>Total - CAD</b>	<b>\$645.22</b>
<b>Balance Due</b>	<b>\$0.00</b>

#### Terms and Condition

##### General

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.