

### **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 2017

					Travel (1)					
								Professional	Working Sessions Hosting and	
	Source					Other	Total	Development	Hospitality	Other
MMM-YY	Document	Purpose	Airfare	Meals	Accommodation	Travel	Travel	(2)	(3)	(4)
Dec-17	P-Card	Meetings				104	104			
Dec-17	Direct Billing	Meetings	694				694			
Total			\$ 694	\$ -	\$ -	\$ 104	\$ 798	\$ -	\$ -	\$ -

Total for

the Month \$ 798

Maximum daily single meal expense claimed in the month \$ - Aximum daily base hotel rate claimed in the

### 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 P-Card**

Claimant Name	Claimant Title		Expense Claim Total									
REGEHR, JACK	ZMD, South Zone	Chinook	\$104.48									
Expense Date	Business reasc	on		Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/21/2017	Meetings - Me Palliser PCN	dicine Hat &	AB - Local	Fuel	\$ 57.13	Lethbridge	Medicine Hat		1			
12/5/2017	Meetings - Me Brooks	dicine Hat &	AB - Local	Fuel	\$ 47.35	Lethbridge	Brooks	Travel to Medicine Hat to Brooks with return to Lethbridge	1			
Approver(s) fo	or the claim	Approval Sta		Approval Date								
BELANGER, FR	ANCOIS	Approve		11-Jan-18								

MEDICINE HAT ALBERTA TIH SE (403) 52

GST

PC0605830:8554101

TERMINAL: PAYPOINT:

2017-11-21

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PUHP REGULAR 03

LITRES

L 48,455

PRICE/L FUEL SALES

\$ 1.179 \$ 57,13\*

TOTAL QUED \$ 57.13

TOTAL PAID

CREDIT/CARD \$ 57-13

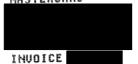
\* GST INCL. \$ 2.72

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Mr. Anni Lorez



# **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.

Indicate whether you have expenses to report in this section for this reporting period:

- 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.

Thateate Wheth	ier you have expenses to report in the	123	
Name :	Dr. Jack Regehr	Reporting 'eriod for the Month of :	Dec-17

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Nov-2017	Direct Billing	Other Transportation	Flight - Air Canada - Attend PPEC December 6/17	Marlin Travel	311.88
28-Nov-2017	Direct Billing	Other Transportation	Flight - Integra - Return home	Marlin Travel	382.14
	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	-
Total Paid in the	Month				\$ 694.02



### Invoice

Trip #: ALBERTA HEALTH SERVICES **Booking Date:** 01 Dec 17 JACK REGEHR Client: 9929 108TH STREET GOVERNMENT CENTRE Agent: **EDMONTON AB** Agents email: CA T5K1G8 File Locator:

PASSENGERS: DR JACK REGEHR

REFERENCE/ DESC	RIPTION	2		FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	_
AIR CANADA Ticke	et:			289.40	0.00	\$0.00	22.48	0.00	311.88	CAE
INTEGRA AIR Cor	nfirmation #			382.14	0.00	0 \$0.00	0.00	0.00	382.14	CAD
			Total:	671.54	0.00	0.00	22.48	0.00	694.02	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form	of Payment			Amount	
		11/30/2017 11/30/2017							311.88 382.14	
							Total Pa	ayment:	694.02	CAD
						Balance Du	e CAD Cui	rency	0.00	CAE
				Total GS	ST	0.00	Tota	al HST	\$0.00	

**CORPORATE UNIT 101** REASON FOR TRAVEL PPEC MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT... 303 801 2147 PLEASE QUOTE ACCESS PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY ----------AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES

JACK REGEHR

9929 108TH STREET GOVERNMENT CENTRE

EDMONTON AB

CA

Trip #:

Client:

Agent:

Agents email:

T5K1G8

File Locator:

### MY ITINERARY

 Passengers
 Citizenship
 Required Travel Documents

 JACK REGEHR
 Not Specified
 Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



Passengers: JACK RE	EGEHR			Booking Date: File Locator/Ticket #:	30 Nov 17	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	07212	LETHBRIDGE 06 Dec 17 5:15AM		CALGARY INTL 06 Dec 17 6:06AM	W/	
AIR CANADA	08130	CALGARY INTL 06 Dec 17 7:15AM		EDMONTON INTL 06 Dec 17 8:13AM	W/	
CHARTER AIRLINE	00829	EDMONTON INTL 06 Dec 17 6:05PM	DESCRIPTION DESCRIPTION A	LETHBRIDGE 06 Dec 17 7:20PM	Υ/	
Passengers: JACK RE	GEHR			Booking Date: File Locator/Ticket #:	30 Nov 17	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
AIR CANADA	07212	LETHBRIDGE 06 Dec 17 5:15AM		CALGARY INTL 06 Dec 17 6:06AM	W/	
AIR CANADA	08130	CALGARY INTL 06 Dec 17 7:15AM		EDMONTON INTL 06 Dec 17 8:13AM	W/	CKROOKS
CHARTER AIRLINE	00829	EDMONTON INTL 06 Dec 17 6:05PM		LETHBRIDGE 06 Dec 17 7:20PM	Υ/	