

AHS Board and Executive Expense Report

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

Expenses submitted during the month of June 2018

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)
Jun-18	P-Card	Meetings			271	176	447			
Jun-18	Expense Claim	Meetings				857	857			
Jun-18	Direct Billing	Meetings	322				322			
Total			\$ 322	\$ -	\$ 271	\$ 1,033	\$ 1,626	\$ -	\$ -	\$ -

Total for the Month \$ 1,626

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 199
 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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 446.65								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/28/2018	Oyen - Palliser HAC	AB - Local	Fuel-Travel and Car Rental	\$ 88.98			Oyen - Palliser HAC	1			
5/30/2018	Edmonton - ZEL Retreat	AB - Other Zones	Parking - Lot or Parkade	\$ 35.00			Edmonton - ZEL Retreat	1			
5/31/2018	Edmonton -ZEL Retreat	AB - Other Zones	Accommodations	\$ 270.67			Rationale: Less expensive accommodation not available close to meeting location	1			
6/5/2018	Brooks - MIC meeting	AB - Local	Fuel-Travel and Car Rental	\$ 52.00			Brooks - MIC meeting	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		20-Aug-18							

7 Card

RECEIPT
Impark Lot 02-256

License Plate Number



Expiration Date/Time

06:00 PM
MAY 30, 2018

Purchase Date/Time: 07:22am May 30, 2018

Total Parking: \$33.33

Total GST: \$1.67

Total Due: \$35.00

Total Paid: \$35.00

Rate: \$35- All Day
Payment Type: Card

Ticket

S/N #

Setting: Lot 256

Mach Name: Meter 1

MasterCard

Auth #

gst #687315636RT0006
NO IN AND OUT PRIVILEGES

PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

Palliser HAC
PALLISER URSL'S
1110 HWY 36
WINDYK, AB T202H
4035010131

Received By: [Redacted] Ref # [Redacted]
Term # [Redacted]

Sale

*Westmount
Petrol*

MASTERCARD

Entry Method: Chip

05/28/18

17:27:57

In: # [Redacted]

Appr Code: [Redacted]

Card # [Redacted]

Batch #: [Redacted]

Total

\$ 88.98

By using this card, the PIN, cardholder
agrees to pay the total in
accordance with the agreement with
cardholder. (Other than payment of credit
cardholder).

Return this card for statement
verification.

Application Line 1: [Redacted] Card
AID: 6011000300000000
TUR: 00 00 00 00 00
ESI: 15 00

Customer ID:

*AHS Gas Fleet
Car*



Want great rewards? Visit myHuskyRewards.ca

Mayor Magrath Mohawk
1282 Mayor Magrath Dr S
Lethbridge AB
T1K 2R2
(403) 329-1555
GST# 123820839
Retailer ID 4978786

2018/06/05 18:02:25

Pump# 6
Regular \$52.00
38.979 L @ \$1.334/L
AMOUNT \$52.00
GST(Inc Pump) \$2.48

Pre Auth Completion
MasterCard

AID: [Redacted]

EXP: [Redacted]

Date: 06/05/2018

Time: 18:02:25

AUTHCODE [Redacted]

Approved



PLEASE TELL US
HOW WE DID?
myHusky.ca/Feedback

*Brooks
Medical
Issues
Committee
Meeting*

The Fairmont
HOTEL MACDONALD
 10065 - 100 Street NW
 Edmonton, AB, Canada T5J 0N6
 T (780) 424-5181 F (780) 429-6481
 G.S.T. Registration # 846543619

Room : ██████████
 Folio # :
 Cashier # : 4141
 Page # : 1 of 1

Alberta Health Services
 Jack Dr Regehr

Arrival : 05-29-18
 Departure : 05-30-18

Date	Description	Additional Information	Charges	Credits
05-29-18	Room Charge		199.00	
05-29-18	Room - DMF		5.97	
05-29-18	Room - AB Tourism Levy		8.20	
05-29-18	Room - GST		10.25	
05-29-18	Parking - Valet	██████████, Valet parking was the only option	45.00	
05-29-18	Parking - GST		2.25	
05-29-18	Mastercard			270.67
Total			270.67	270.67
Balance Due			0.00	

GST Summary

Room	10.25
F&B	0.00
Other	2.25
Total	12.50

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay, please contact Garrett Turta, General Manager, at Garrett.Turta@fairmont.com. We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414
 Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month (18.00% per annum.)
 I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat) credit to my account. (At participating hotels.)

Je me porte personnellement responsable du règlement total de cette note et, cas où la compagnie, l'association ou l'on représenté désigné au refusera le paiement. Les comptes en souffrance sont sujets à un intérêt de 1.5% par mois après un mois. (18,00% par année)
 J'ai accepté la livraison du journal The Globe and Mail. Si j'avais refusé, j'aurais pu obtenir un crédit à mon compte de 1,00\$ par jour (du Lundi au Vendredi) et de 2,00\$ le Samedi. (Dans les hôtels participants.)

Thank you for choosing to stay with Fairmont Hotels & Resorts
Merci d'avoir choisi les Hôtels Fairmont

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 857.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/22/2018	Weekly Site Visit to Medicine - Several Physician Meetings		Mileage-Local-Home Zone	\$ 169.68	Lethbridge	Medicine Hat		1			336
5/29/2018	ZEL Retreat		Mileage-Other	\$ 254.02	Lethbridge	Edmonton		1			503
5/30/2018	Attend Physician Leader Institute Workshop		Mileage-Other	\$ 151.00	Edmonton	Calgary		1			299
6/1/2018	Return home from PLI Session		Mileage-Other	\$ 112.62	Calgary	Lethbridge		1			223
6/12/2018	Medicine Hat - Weekly Site Visit - Palliser PCN & Physician Meetings		Mileage-Local-Home Zone	\$ 169.68	Lethbridge	Medicine Hat		1			336

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	8-Aug-18

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

Name : Dr. Jack Regehr	Reporting Period for the Month of : May-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
6-Jun-2018	Direct Billing	Other Transportation	Red Arrow - Required to return to South Zone for urgent matter. No flights available. Return from Calgary Airport to Lethbridge.	Marlin Travel	56.10
11-May-2018	Direct Billing	Airline Ticket	Air Canada - ZMD Travel to Edmonton Attend Sr. Leaders Meeting - June 25/2018 and Executive Leadership Team (ELT) June 26/18	Marlin Travel	101.71
11-May-2018	Direct Billing	Airline Ticket	West Jet - ZMD Travel to Edmonton Sr. Leaders Meeting (June 25/2018) and Executive Leadership Team (ELT) June 26/18	Marlin Travel	163.84
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 321.65

From: [REDACTED]@visiontravel.ca>
Sent: Wednesday, June 06, 2018 4:12 PM
To: [REDACTED]
Subject: FW: Red Arrow Itinerary/Receipt

From: Red Arrow Reservations [mailto:itinerary@redarrow.ca]
Sent: Wednesday, June 06, 2018 4:12 PM
To: [REDACTED]
Subject: Red Arrow Itinerary/Receipt



ITINERARY/RECEIPT

2018-06-06

You can reach us at:

ALBERTA HEALTH SERVICES - VISION TRAVEL
 10030 107 STREET
 EDMONTON , AB T5J 3E4

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[REDACTED]	2018-06-06	[REDACTED]			2018-06-06	2018-06-06	-	Website User

Travellers:

Regehr/Jack

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
Calgary>Lethbridge 17:15 Assigned to: 04B Departs Calgary (CALGARY YYC / YYC Desk arrivals level between door 4&5) at 17:15 on 2018-06-06. Arrives Lethbridge (LETHTO / LTO 449 Mayor Magrath Dr S) at 20:45 on 2018-06-06. (3 hrs 30 mins)	3 hrs 30 mins	Adult	1	\$ 59.05	\$ 56.10

Payments Received

Base Price: \$ 59.05

DATE	GUEST	REFERENCE	AMOUNT
2018-06-06	ALBERTA HEALTH TRAVEL	MasterCard [REDACTED]	\$ 56.10

Discounts: \$ 2.95
Service Charges: \$ 0.00
Invoice Total: \$ 56.10
Payments Received: \$ 56.10
Balance Due: \$ 0.00

**PLEASE NOTE THAT A PAPER TICKET IS NOT REQUIRED FOR CHECK-IN.
PLEASE CHECK IN 15 MINUTES PRIOR TO DEPARTURE**

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. December 15 - January 5 to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. **Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time** Corporate Billing Accounts: Payment due 30 days after completion of trip.

If you wish to change or cancel your booking, please contact a Passenger Experience Representative at 1-800-232-1958.

Thank you for booking with Red Arrow Motorcoach. We appreciate your business!

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication



A DIRECT TRAVEL® COMPANY

Invoice

ALBERTA HEALTH SERVICES
JACK REGEHR
9929 108TH STREET GOVERNMENT CENTRE
EDMONTON AB
CA
T5K1G8

Trip #:
Booking Date: 11 May 18
Client:
Agent:
Agents email:
File Locator:

PASSENGERS: DR JACK REGEHR

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Rows include WESTJET Ticket # and AIR CANADA Ticket # with their respective costs.

PAYMENTS table with columns: Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Shows two payment entries for 05/11/2018.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SR. LEADERS MEETING

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
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 -----
-----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----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
T5K1G8

Trip #: [REDACTED]
Booking Date: 11 May 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [REDACTED]
File Locator: [REDACTED]

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



AIR

Passengers:	JACK REGEHR	Booking Date:	11 May 18			
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 25 Jun 18 6:00PM		CALGARY INTL 25 Jun 18 6:55PM	M/	
WESTJET	03004	CALGARY INTL 25 Jun 18 7:45PM		LETHBRIDGE 25 Jun 18 8:30PM	M/	

Passengers:	JACK REGEHR	Booking Date:	11 May 18			
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 25 Jun 18 6:00PM		CALGARY INTL 25 Jun 18 6:55PM	M/	
WESTJET	03004	CALGARY INTL 25 Jun 18 7:45PM		LETHBRIDGE 25 Jun 18 8:30PM	M/	