

AHS Board and Executive Expense Report

NameDr. Jack RegehrTitleZone Medical Director South ZoneLocationChinookExpenses submitted during the month of December 2018

					Travel (1)					
МММ-ҮҮ	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-18 Dec-18	P-Card Expense Claim	Meetings Meetings			660	110 868	770 868			
「otal			\$ -	\$ -	\$ 660	\$ 978	\$ 1,638	\$ -	\$ -	\$
Total for the Month	\$ 1,638									

Maximum daily single meal expense claimed in the month	\$ -
Maximum daily base hotel rate claimed in the month	\$ 160
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	\$ 769.57									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
, -,	Refuel Fleet Car - Tavel to HAC Mtg	MH - Palliser	AB - Local	Fuel-Travel and Car Rental	\$ 59.10			Refuel Fleet Car - Tavel to MH - Palliser HAC Mtg	1			
11/21/2018	Refuel Fleet Car - Travel t	o Medicine Hat	AB - Local	Fuel-Travel and Car Rental	\$ 50.68			Mtgs: Pt Concerns, Ops, and Physician	1			
	Accommodations- AHS Sr Program	. Leadership	AB - Other Zones	Accommodations	\$ 342.78			Accommodations- AHS Sr. Leadership Program	3			
12/6/2018	Accommodations - Attend	J PPEC	AB - Other Zones	Accommodations	\$ 177.79			Accommodations - Attend PPEC	1			
12/10/2018	Accomodations - SZ Senio	r Leader Retreat	AB - Local	Accommodations	\$ 139.22			Accomodations - SZ Senior Leader Retreat	1			
Approver(s) fo	or the claim	Approval Status	•	Approval Date				I				
BELANGER, FR	ANCOIS	Approve		9-Jan-19]							



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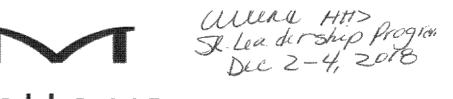
P. B. D. LARD

Magrath.AB 403-758-3322 G.S.T# 106091820 Transaction #: Pump: 3 REGULAR Vulume V 50.127 @ Price 1,179 Total \$ 59.10 Time: 22:59 Date: 11/19/2018

***** Thank You *****

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metterra HOTEL ON WHYTE

DR Jack Regehr	Room No.	
	Arrival : 12-02-18	
	Departure Date : 12-04-18	
	Folio No. :	
	Conf. No. :	
Company Name: AB Health Services	P.O. No. :	
Group Name:		

INVOICE

Description	Charges	Credits
Room Revenue	160.00	
Destination Marketing Fee	4.80	
	6.59	
Room Revenue	160.00	
Destination Marketing Fee	4.80	
•	6.59	
	Room Revenue Destination Marketing Fee Tourism Levy	Room Revenue160.00Destination Marketing Fee4.80Tourism Levy6.59Room Revenue160.00Destination Marketing Fee4.80

Total Charges	342.78
Total Credits	0.00

Balance

342.78

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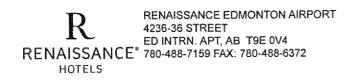
RENAISSANCE EDMONTON AIRPORT

GUEST FOLIO

ROOM GQA TYPE 31	REGEHR/JAC NAME	K/DR	145.00 _{RATE}	12/05/18 depart 12/04/18 arrive	12:05 тиме 19:11 тиме	ACCT#
ROOM	ADDRESS		PAYMENT			RWD#:
DATE	RE	FERENCES		HARGES	CREDITS	BALANCES DUE
12/04 12/04 12/04 12/04 12/04 12/04 12/05	PARKING GST TR ROOM DMF GST TRSM LEV CCARD-MC PAYMENT RECEI	1NIGHT 1NIGHT 425, 1 425, 1 425, 1 425, 1 425, 1 VED BY: MASTERCARD		14.29 .71 145.00 4.35 7.47 5.97	177.79	.00

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit could cannot personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit could could cannot personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit could canno personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including atomet fees.

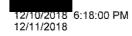


HAMPTON INN & SUITES MEDICINE,2510 BOX SPRINGS BLVD MEDICINE HAT, AB T1A 8E3 TELEPHONE 403-548-7818 • FAX 403-548-2979

SouthZone Kladurship Retreat

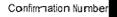
REGEH IR, JACK







Rate Plan: HH # AL: Car:



12/11/2018

12/10/2018 12/10/2018	Advance Deposit MC GUEST ROOM	(\$139.22) \$124.00
12/10/2018	GST 5%	\$6.39
12/10/2018	HOTEL TAX 4%	\$5.11
12/10/2018	DMF 3%	\$3.72
	BALANCE	\$0.00

EXPENSE REPORT SUMMARY

12/10/2018	STAY TOTAL
\$139.22	\$139.22
\$139.22	\$139.22
	\$139.22

\$124.00

Total Invoice Amount

\$15.22



\$139.22

CARD TYPE DATE TIME 6 RECEIPT NUMBI

TOTAL

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GST# 82491 7231 RT0001 THANK YOU FOR CHOOSING MEDICINE HAT HAMPTON!

MPORTANT - RETAIN THIS

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AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
REGEHR, JACK	ZMD, South Zone	Chinook	\$ 868.56									
Expense Date	Business reason	1	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/2/2018	Attend AHS Sr. Lea Program Residency Attend PPEC	•		Mileage-Other	\$ 486.92	Magrath	Edmonton	Attend AHS Sr. Leadership Program Residency #1 and Attend PPEC	1			1036
12/10/2018	Attend SZ Senior L Retreat	eader		Mileage-Local-Home Zone	\$ 190.82	Magrath	Medicine Hat	Attend SZ Senior Leader Retreat	1			406
12/13/2018	Attend Mtgs with AZMD and physicians			Mileage-Local-Home Zone	\$ 190.82	Magrath	Medicine Hat	Attend Mtgs with AZMD and physicians	1			406
Approver(s) for the claim Approval Status		atus	Approval Date								•	
BELANGER, FRANCOIS Approve			9-Jan-19									