

## 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 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)
Dec-18	P-Card	Meetings			660	110	770			
Dec-18	Expense Claim	Meetings				868	868			
<b>Total</b>			\$ -	\$ -	\$ 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
11/19/2018	Refuel Fleet Car - Tavel to MH - Palliser HAC Mtg		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 to Medicine Hat		AB - Local	Fuel-Travel and Car Rental	\$ 50.68			Mtgs: Pt Concerns, Ops, and Physician	1			
12/2/2018	Accommodations- AHS Sr. Leadership Program		AB - Other Zones	Accommodations	\$ 342.78			Accommodations- AHS Sr. Leadership Program	3			
12/6/2018	Accommodations - Attend PPEC		AB - Other Zones	Accommodations	\$ 177.79			Accommodations - Attend PPEC	1			
12/10/2018	Accomodations - SZ Senior Leader Retreat		AB - Local	Accommodations	\$ 139.22			Accomodations - SZ Senior Leader Retreat	1			
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		9-Jan-19								

6034 100 0  
200 100000 0 0 0  
000000 000 000000  
000000 000

Printed By: [redacted]  
[redacted]

Sale

*Medicine  
Flat Left  
[redacted]*

Entry Method: Chip

PASLEK, AND

11-19-18

21:48:44

Inv # 000011

Acct Code: [redacted]

Amount

Batch#: [redacted]

Total

59.10

Please enter the amount of this sale into your accounting system to reconcile with your total in accordance with your merchant agreement with your processor. If you do not, you will be liable for this amount.

Retain this copy for statement verification.

Authorization Code: [redacted]  
Cardholder Name: [redacted]  
Cardholder Address: [redacted]  
Cardholder City: [redacted]  
Cardholder State: [redacted]  
Cardholder Zip: [redacted]

Printed By: [redacted]

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

Pump: 3 REGULAR  
Hose 1

Credit

Volume V 50.127

@ Price 1.179

Total \$ 59.10

Time: 22:59  
Date: 11/19/2018

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

*ANS Fleet  
Gas*

Printed By: [redacted]  
[redacted]

Acct Code: [redacted]

Sale

*Leah Raymond  
Med Flat Left*

PASLEK, AND

Entry Method: Chip

11-19-18

08:12:09

Amount

Acct Code: [redacted]

Batch#: [redacted]

Total

\$ 50.63

Please enter the amount of this sale into your accounting system to reconcile with your total in accordance with your merchant agreement with your processor. If you do not, you will be liable for this amount.

Retain this copy for statement verification.

Authorization Code: [redacted]  
Cardholder Name: [redacted]  
Cardholder Address: [redacted]  
Cardholder City: [redacted]  
Cardholder State: [redacted]  
Cardholder Zip: [redacted]

*PA concern meetings  
Ec & Ops meetings*



**metterra**  
HOTEL ON WHYTE

*Attend HHS  
St. Leadership Program  
Dec 2-4, 2018*

**DR Jack Regehr**

Room No. [REDACTED]  
Arrival : 12-02-18  
Departure Date : 12-04-18  
Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
P.O. No. :

Company Name: AB Health Services

Group Name:

**INVOICE**

Date	Description	Charges	Credits
12-02-18	Room Revenue	160.00	
12-02-18	Destination Marketing Fee	4.80	
12-02-18	Tourism Levy	6.59	
12-03-18	Room Revenue	160.00	
12-03-18	Destination Marketing Fee	4.80	
12-03-18	Tourism Levy	6.59	
		<b>Total Charges</b>	342.78
		<b>Total Credits</b>	0.00
		<b>Balance</b>	<b>342.78</b>

Attend PPA

**R**  
**RENAISSANCE®**  
HOTELS

**RENAISSANCE EDMONTON AIRPORT**

**GUEST FOLIO**

ROOM GQA TYPE 31 ROOM CLERK	NAME REGEHR/JACK/DR ADDRESS	RATE 145.00	DEPART 12/05/18 ARRIVE 12/04/18	TIME 12:05 19:11	ACCT#  RWD#:
PAYMENT					
DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE	
12/04	PARKING	1NIGHT	14.29		
12/04	GST	1NIGHT	.71		
12/04	TR ROOM	425, 1	145.00		
12/04	DMF	425, 1	4.35		
12/04	GST	425, 1	7.47		
12/04	TRSM LEV	425, 1	5.97		
12/05	CCARD-MC			177.79	
PAYMENT RECEIVED BY: MASTERCARD					.00

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Your Rewards points/miles earned on your eligible earnings will be credited to your account. Check your Rewards Account Statement for updated activity.

**R**  
**RENAISSANCE®**  
HOTELS

RENAISSANCE EDMONTON AIRPORT  
4236-36 STREET  
ED INTRN. APT, AB T9E 0V4  
780-488-7159 FAX: 780-488-6372

Was that the best night's sleep you have ever had? Have a repeat performance at your place by visiting [CollectRenaissance.com](https://CollectRenaissance.com).

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 column opposite any credit card entry in the reference column above will be charged to 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 attorney fees.

South Zone  
Leadership  
Retreat

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

REGHE R, JACK

12/10/2018 6:18:00 PM  
12/11/2018

1/0  
124.00

Rate Plan:  
HH #  
AL:  
Car:

Confirmation Number

12/11/2018

12/10/2018	Advance Deposit MO	(\$139.22)
12/10/2018	GUEST ROOM	\$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
ROOM AND TAX	\$139.22	\$139.22
DAILY TOTAL	\$139.22	\$139.22

Total Invoice Amount \$124.00 \$15.22

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

CARDHOLDER COPY

APPROVED  
AUTH#  
THANK YOU

MasterCard

PURCHASE  
TOTAL

\$139.22

CARD  
CARD TYPE MASTERCARD  
DATE 2018/12/10  
TIME 6:35 18:16:42  
RECEIPT NUMBER

MEDICINE HAT HAMPTONS  
2510 BOX SPRINGS BLVD NW  
MEDICINE HAT AB

523

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

## 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	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. Leadership Program Residency #1 and 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 Leader Retreat		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	Approval Date
BELANGER, FRANCOIS	Approve	9-Jan-19