

AHS Board and Executive Expense Report

Name: Dr Jaco Hoffman

Title: Central Zone Medical Director

Location: Olds

Expenses posted during the month of June 2025

l-					Travel (1)					
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodatio	Other n Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-25 Jun-25	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings			259	50 [,]	- 4 504 259		300	
		Total by category	\$ -	\$	- \$ 259	9 \$ 504	4 \$ 762	\$ -	\$ 300	\$ -

Total posted for

the Month \$ 1,062

Maximum daily single meal expense posted in the month \$ - Maximum daily base hotel rate posted in the month \$ 239

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 membership dues, small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim	1							
			Total								
HOFFMAN, JACO	Central Zone Medical Director	Olds	\$ 362.62								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
					Location	Location		days	Attendees	Name(s)	Distance
5/15/2025	Leadership Meeting - Lunch for Medical Leaders and	AB - Local	Working Session -	\$ 300.00				1	17	Attached	
	Operations team -In person meeting in Red Deer		Meals								
5/15/2025	Leadership Meeting - Medical Leaders and		Mileage-Other	\$ 62.62	Olds	Red deer		1			124
	Operations team -In person meeting					& return					
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	27-Jun-25									

CAFE MILLENNI! 4909 49TH ST RED DEER AB

CARD TYPE

DATE

20.25 / 0.5 / 15

TIME

RECEIPT NUMBER

PURCHASE

\$300.00

PASSWORD USED

APPROVED

AUTH#

THANK YOU

CARDHOLDER SIGNATURE OBTAIN MANUAL IMPRINT

CARDHOLDER WILL PAY
CARD ISSUER ABOVE AMOUNT
PURSUANT TO CARDHOLDER
AGREEMENT.

MERCHANT COPY

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COPY FOR YOUR RECORDS

INVOICE FACTURE ----STAFLES 518 PST/TVP

Expenses for May 15 meeting									
Attendees	Per Diem Meal Cost Light Breakfast	Per Diem Meal Cost Lunch							
Medical Lea									
Jaco Hoffman	\$10.50	\$13.00							
Adam Hall	\$10.50	\$13.00							
Christine Ellis	\$10.50	\$13.00							
Johannes Venter	\$10.50	\$13.00							
Adam Hrdlicka	\$10.50	\$13.00							
Wendy Fortna	\$10.50	\$13.00							
Darren Bugbee	\$10.50	\$13.00							
Tyler Alford	\$10.50	\$13.00							
Karen Foudy	\$10.50	\$13.00							
Lori Sparrow	\$10.50	\$13.00							
Andrea Thain Liptak	\$10.50	\$13.00							
Janice Stewart	\$10.50	\$13.00							
Carolyn Trupmer	\$10.50	\$13.00							
Cayla Gilbert	\$10.50	\$13.00							
Foose Onsongo	\$10.50	\$13.00							
Cinzia Gaudelli	\$10.50	\$13.00							
Administrative	and Management								
Jordan Green	\$10.50	\$13.00							
Heather Kipling	\$10.50								
Jennifer Martin	\$10.50								
Tyler McKinnon	\$10.50	\$13.00							

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
HOFFMAN, JACO	Central Zone Medical Director	Olds	\$ 36.36								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
					Location	Location		days	Attendees	Name(s)	Distance
6/3/2025	Meeting at Sundre Hospital		Mileage-Local-Home Zone	\$ 36.36	Olds	Sundre		1			72
Approver(s) for the claim	Approval Status	Approval Date									
IAMIESON PETER	Annrove	23-lun-25	1								

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim	1								
			Total									
HOFFMAN, JACO	Central Zone Medical Director	Olds	\$ 404.92									
Expense Date	Business reason	Expense Location	Expense Type	Amou	ınt	From	То	Justification	# of	# of	Attendee	Trip
						Location	Location		days	Attendees	Name(s)	Distance
6/13/2025	In person retreat in Edmonton to discuss Medical		Mileage-Other	\$ 2	15.13	Olds	Edmonton		1			426
	Leadership Review						& return					
6/24/2025	Site visit in Rocky Mountain House to meet new		Mileage-Other	\$ 13	18.17	Olds	Red Deer &		1			234
	physician						return					
6/25/2025	In-person engagement session with CEO Andre		Mileage-Other	\$	62.62	Olds	Red deer &		1			124
	Tremblay and SVP of Clinical Operations Sean						return					
	Chilton											
6/25/2025	In-person engagement session with CEO Andre	AB - Other Zones	Parking - Lot or	\$	9.00				1			
	Tremblay and SVP of Clinical Operations Sean		Parkade									
	Chilton											
Approver(s) for the claim	Approval Status	Approval Date			·			•			•	
JAMIESON, PETER	Approve	27-Jun-25										

RECEIPT Red Deer Regional Hospital

License Plate Humber



Expiration Date/lime

01:13 PM JUN 26, 2025

Purchase Date/Time: 01:13pm Jun 25, 2025

Total Due: \$9.00 Rate: \$9.00 - 24 Hours Total Paid: \$9.00 Pat Type: CC (Swipe) Ticket

S/N F: Setting: Red Deer Public Mach Name:

HasterCard

Auth #

Weekly/Monthly Passes Available & ParkingOffice REFUNDS WILL NOT BE PROVIDED



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.
- Refer to Quick Reference Guide for: Providing a Standard Business Reason(s)
- A personal cheque must be attached to cover expenses deemed ineligible.

• Indicate wheth	er you have expenses to report in this section for	this reporting period:	YES	
Name :	Dr Jaco Hoffman	Reporting Period for the Mont	th of: Jun-25	

VEC

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
16-Jun-2025	Direct Billing	Hotel	In-person retreat located in Edmonton to discuss the Medical Leadership Review lead by the CMO (Chief Medical Officer) Jun 13, 2025. Room rate was best available at time of booking.	Renaissance Edmonton Airport Hotel	\$258.50
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
Total Paid in th	ne Month				\$ 258.50



RENAISSANCE EDMONTON AIRPORT

GUEST FOLIO

ROOM VQ TYPE	ZZ/HOFFMAN/ NAME	JACO	239.00 RATE	0 06/13/25 DEPART 06/12/25 ARRIVE	TIME	DUPLICATE	9:46 ACCT#
ROOM CLERK	ADDRESS	EEDENOES	DB/DB PAYMEN			PEDITO	MB#:
06/12 06/12 06/12 06/12 06/12 06/12 06/12 06/13	TELECOMM TR ROOM DMF TLVY DMF TOURISM GST/DMF DIR BILL	FERENCES BASEHSIA		CHARGES .00 239.00 9.56 .38 9.56 .00	Cr	258.50	BALANCES DUE

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

Was that the best night's sleep you have ever had? Have a repeat performance at your place by visiting 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 solumn 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% permonth (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.