

## AHS Board and Executive Expense Report

**Name:** Dr Jane Ojedokun  
**Title:** Zone Medical Director North Zone  
**Location:** Edmonton  
 Expenses posted during the month of November 2024

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Nov-24	Expense Claim	Meetings		109		463	571			
Nov-24	Direct Bill	Meetings	359				359			
<b>Total by category</b>			\$ 359	\$ 109	\$ -	\$ 463	\$ 930	\$ -	\$ -	\$ -

**Total  
posted for  
the Month** \$ 930

Maximum daily single meal expense posted in the month \$ 24  
 Maximum daily base hotel rate posted in the month \$ -  
 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 Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 571.08								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/9/2024	To attend New Physician Orientation in Grande Prairie on Oct 10, 24		Mileage-Other	\$ 141.40	Whitecourt	Grande Prairie		1			280
10/10/2024	To attend New Physician Orientation in Grande Prairie on Oct 10, 24		Mileage-Other	\$ 141.40	Grande Prairie	Whitecourt		1			280
10/20/2024	Travel for flight to Fort McMurray on October 20th for in-person physician meetings on October 21 and 22		Mileage-Other	\$ 89.89	Whitecourt	Edmonton Airport		1			178
10/20/2024	In Fort McMurray October 20-22, 2024 for in-person physician meetings at the NLRH (Northern Lights Regional Health Centre) October 21 and 22	AB - North Zone	Meals Per Diem	\$ 61.00				2			
10/22/2024	In Fort McMurray October 20-22, 2024 for in-person physician meetings at the NLRH (Northern Lights Regional Health Centre) October 21 and 22	AB - North Zone	Meals Per Diem	\$ 47.50				1			
10/22/2024	Travel home from Airport to Whitecourt - previously in Fort McMurray on Oct 20-22 for inperson Physician Meetings		Mileage-Other	\$ 89.89	Edmonton Airport	Whitecourt		1			178
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	18-Nov-24									

## 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 whether you have expenses to report in this section for this reporting period: **YES**

<b>Name :</b>	Dr. Jane Ojedokun	<b>Reporting Period for the Month of :</b>	Nov-24
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
11-Oct-2024	Direct Billing	Airline Ticket	Westjet Airline, travel from Edmonton to Fort McMurray on October 20, returning October 22 - in-person physician meetings with Dr. Peter Jamieson, CMO	Vision Travel DT Ontario-West Inc	\$359.20
	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	
<b>Total Paid in the Month</b>					\$ 359.20

# Invoice



ALBERTA HEALTH SERVICES  
NORTH TOWER 10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

INVOICE  
FILE LOCATOR  
CLIENT #  
P.O.#  
AGENT  
DATE 1-Oct-24

## Passenger(s)

1.OJEDOKUN/JANE DR

Flight							
Airline	Flight No	Departure Date	Arrival Date	Itinerary			
WESTJET		20-Oct-2024 11:30	20-Oct-2024 12:37	EDMONTON-INTL - FORT MCMURRAY			
WESTJET		22-Oct-2024 13:10	22-Oct-2024 14:15	FORT MCMURRAY - EDMONTON-INTL			
Passenger(s)	Airline	Ticket#	Fare	GST/HST	QST	Tax	Total
OJEDOKUN/JANE DR	WS		231.28	0.00	0.00	127.92	359.20 CAD
			231.28	0.00	0.00	127.92	359.20

Subtotal	231.28
GST/HST	0.00
QST	0.00
Other taxes	127.92
Invoice total	359.20
Payment(s)	
8-October-2024 Credit Card CA*****	CAD 359.20
Balance due (CAD)	0.00

IN PERSON PHYSICIAN MEETINGS

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All monies received on behalf of clients are deposited in a trust account. The conditions of deposits, cancellation charges and general conditions of travel appear in the tour company's brochure. The purchase of airline tickets is subject to the rules and conditions of the airline companies.

Direct Travel  
Vision Travel DT Ontario-West Inc. - HST#723782728  
251 Consumers Rd, 7th Floor, Toronto, ON M2J 4R3 - Ph 416 487 5385  
TICO R50023501 - W50023502