

AHS Board and Executive Expense Report

Name: Dr Jane Ojedokun
Title: Zone Medical Director North Zone
Location: Edmonton
 Expenses posted during the month of January 2025

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)
Jan-25	P-Card	Meetings			618	220	838			
Jan-25	Expense Claim	Meetings		37		206	243			
Jan-25	Direct Bill	Meetings	1,568				1,568			
Total by category			\$ 1,568	\$ 37	\$ 618	\$ 427	\$ 2,649	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 2,649

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 194
 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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 838.37								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/21/2024	Taxi for travel from TownPlace Suites to NLRH for in-person physician meetings Oct 21 and 22, 2024	AB - North Zone	Taxi	\$ 34.55	TownePlace Suites, FMM	NLRH, FMM		1			
10/22/2024	taxi from NLRH in Fort McMurray to airport on Oct 22, after in-person physician meetings	AB - North Zone	Taxi	\$ 32.30	NLRH	Airport		1			
10/22/2024	Airport Parking Oct 20-22, due to travel from Edmonton to Fort McMurray for in-person physician meetings	AB - North Zone	Parking - Lot or Parkade	\$ 96.00				3			
10/22/2024	Hotel in Fort McMurray, check in Oct 20, out Oct 22, 2024 for in-person Physician Meetings at the NLRH	AB - North Zone	Accommodations	\$ 422.92				2			
11/6/2024	taxi from pomeroy hotel to NLRH to meet with physician in person on November 6	AB - North Zone	Taxi	\$ 11.00	Pomeroy Hotel	NLRH		1			
11/6/2024	Taxi from airport on November 6 to Pomeroy Hotel in Fort McMurray for meetings with physicians and Dr. Jamieson	AB - North Zone	Taxi	\$ 46.25	Airport	Pomroy hotel, FMM		1			
11/7/2024	Pomeroy Hotel November 6, 2024 overnight for in-person Physician meetings with Dr. Peter Jamieson	AB - North Zone	Accommodations	\$ 195.35				1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	21-Jan-25									

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United Class Cabs



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\$34.55

Custom Amount	\$34.55
Total	\$34.55

United Class Cabs
9 Armitt Cresent
FORT MCMURRAY, AB T9H2A9

MasterCard (Chip)



JANE OJEDOKUN

2024-10-21-18:32

#Hlti

Auth code

Signature Verified

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10/22/24 10:55:00 AM
10/22/24 10:55:00 AM
10/22/24 10:55:00 AM
10/22/24 10:55:00 AM

Remainder: 10/22/24
Term: 10/22/24

Purchase

Mastercard

XXXXXXXXXX

ATD:

Entry Method: Chip

10/22/24

Batch#: 601557

IN:55:00

Ref#:

Inv #:

Scan Code:

Amount:

\$

32.39

Tip:

\$

0.00

Total:

\$

32.39

Customer Care

IST# R128599776

Edmonton Airports

Can-757 2T2 Edmonton

Tax Code CASH

Exit Lane 22/10/24 14:25

Ref: [REDACTED]

Pre-term parking tkt

- No. [REDACTED]

10/14 16:57

10/14 14:35

Prod 2 (th2)

(a)

196.00

(a)

196.00

Payment [REDACTED]

17D

APP LASEL

has for card

ARO

AUTHORIZATION

TOTAL

CAD196.00

APPROVED

Sub Total

591.60

Tax

5.50

54.10

TownePlace Suites®

321 Sakitawaw Trail, Fort McMurray T9H 5E7 P 780.750.8530

Marriott.com/YMMTS

J. Ojedokun

Room: [REDACTED]

Room Type: [REDACTED]

Number of Guests: 1

Rate: \$194.00

Clerk:

Arrive: 20Oct24

Time: 01:16PM

Depart: 22Oct24

Time: 12:00PM

Folio Number [REDACTED]

DATE	DESCRIPTION	CHARGES	CREDITS
20Oct24	Room Charge	194.00	
20Oct24	Gst 869371682 Rt0002	9.70	
20Oct24	Tourism Levy	7.76	
21Oct24	Room Charge	194.00	
21Oct24	Gst 869371682 Rt0002	9.70	
21Oct24	Tourism Levy	7.76	
22Oct24	Visa		422.92
CARD #: VXXXXXXXXXXXX[REDACTED]XXXX			
AMOUNT: 422.92			
Auth: 426731			
This card was electronically swiped on 20Oct24			
		BALANCE:	0.00

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experience was

\$11.00

Custom Amount

\$11.0
0

Total

\$11.0
0

Taxi

MasterCard (Chip)



JANE OJEDOKUN

2024-
11-06-
13:47

Auth
code:



TAXI 1021

248C GROSBEAK WAY, FORT MCMURRAY, AB T9K 0W1

+1 780-972-2321

November 06, 2024 • 12:54 PM

\$46.25

full transaction receipt

Pomeroy Hotel Fort McMurray

10108 Manning Avenue
Fort McMurray, Alberta T9H 2C3

Phone: 1-780-788-0504
Fax: 1-780.742-0012
E-mail: gm@pomeroyfortmac.com
Website: www.pomeroyhotel.com



Guest Charges

Folio #:		Guest : OJEDOKUN, JANE	Conf #:	
Room #:			CRS #:	
Payment Method : Credit Card		Billing Reference :		
Rate :		Company : Government Of Canada	Arrival:	11/6/2024
	11/6/2024	\$174.00	Departure:	11/7/2024
		Whitecourt, AB t7s1p6		

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
11/6/2024	ROOM	Auto Posted Rate: GOVT			\$174.00		\$174.00
11/6/2024	GST	Auto Posted Rate: GOVT			\$8.70		\$182.70
11/6/2024	HT	Auto Posted Rate: GOVT			\$6.96		\$189.66
11/6/2024	DMF	Auto Posted Rate: GOVT			\$5.22		\$194.88
11/6/2024	RGST	Auto Posted Rate: GOVT			\$0.26		\$195.14
11/6/2024	HT	Auto Posted Rate: GOVT			\$0.21		\$195.35
11/7/2024	MC	MC				\$195.35	\$0.00
Balance							\$0.00

Credit Card Payment

Payment Type:	Credit Card	Amount Paid:	\$0.00
Account:		Approval Code:	
Account Holder:	JANE OJEDOKUN	Approval Amount:	(\$195.35)

I agree that my liability for all charges is not waived.
GST # 13687 2629 RT0001

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 243.44								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/6/2024	Travel from Whitecourt to Edmonton Airport for flight to Fort McMurray on November 6, returning November 7, for in-person physician meetings		Mileage-Other	\$ 206.44	Whitecourt	Edmonton Airport return		2			408.8
11/6/2024	Travel on November 6 & 7 from Edmonton to Fort McMurray for in-person physician meetings with Dr. Peter Jamieson	AB - North Zone	Meals Per Diem	\$ 37.00				2			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	21-Jan-25									

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**

Name :	Dr. Jane Ojedokun	Reporting Period for the Month of :	Jan-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
3-Dec-2024	Direct Billing	Airline Ticket	Flight from Edmonton to Fort McMurray for in-person physician meetings on December 10-11, 2024 and return on December 11, 2024. Was required to present Blaze Stomper awards in person on December 10, on short notice, flight cost increased due to short notice for travel.	Vision Travel DT Ontario-West Inc	\$1,567.52
	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 the Month					\$ 1,567.52

Generated January 30, 2025 - 11:15a.m. (EST)



Your Direct Itinerary

DIRECT TRAVEL

9929-108TH STREET NW

EDMONTON AB T5K 1G8

1-833-692-4120

Agency reference: [REDACTED]

ALBERTA HEALTH SERVICES

10030 107 STREET

EDMONTON AB Z/T5H3E4

Agent name: [REDACTED]

Traveler name

Client reference

DR JANE OJEDOKUN

Thank you for choosing Direct Travel. Complete details for your trip are below. Please review this document and the trip details thoroughly. If a discrepancy exists, please contact us immediately upon receipt. Missing your flight without cancelling will result in the forfeiture of the value of your airline ticket.

Government issued photo I.D. is required for all travel and the name on your photo I.D. must match the name on your ticket.

Please [click here](#) upon receipt of your itinerary for valuable information that may be critical to the success of your travels. We strongly recommend you come back to this information regularly in advance of and during travel as documentation and health requirements could change without notice.






Itinerary summary

	From / To	Flight / Provider	Departure / Arrival	
Flight	Mon. Dec. 09, 2024 Edmonton(YEG) - Fort McMurray, AB(YMM)	Westjet [REDACTED]	11:20 a.m.- 12:38 p.m.	Check in
Flight	Wed. Dec. 11, 2024 Fort McMurray, AB(YMM) - Edmonton(YEG)	Westjet [REDACTED]	1:10 p.m.- 2:25 p.m.	Check in
Other				Thu. Jan. 30, 2025

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	WS [REDACTED]	Edmonton Edmonton (YEG)	Fort McMurray Fort McMurray, AB (YMM)
Departure	Mon. Dec. 09, 2024 11:20 a.m.	Arrival	Mon. Dec. 09, 2024 12:38 p.m.
Terminal		Terminal	
Class	Premium Economy(W)	Seat	
Status	Confirmed	Airline check-in ID	[REDACTED]
Special requests		Frequent traveler	
Equipment		Duration/Meal service	01:18/No meal service
eTicket	[REDACTED]		
Baggage			

	WS [REDACTED]	Fort McMurray Fort McMurray, AB (YMM)	Edmonton Edmonton (YEG)
Departure	Wed. Dec. 11, 2024 1:10 p.m.	Arrival	Wed. Dec. 11, 2024 2:25 p.m.
Terminal		Terminal	
Class	Economy/Coach Discounted(M)	Seat	
Status	Confirmed	Airline check-in ID	[REDACTED]
Special requests		Frequent traveler	
Equipment		Duration/Meal service	01:15/No meal service
eTicket	[REDACTED]		
Baggage			

Invoice/Ticket information for DR JANE OJEDOKUN

Ticket:	Westjet [REDACTED]	Invoice:	[REDACTED]
Base:	CAD1439.60		
Other tax:	CAD127.92		
GST/HST tax:	CAD0.00		
QST tax:	CAD0.00		

DIRECT
TRAVEL

**ONE CLICK.
ONE QUESTION**

 **TAKE SURVEY**

Amount: CAD1567.52

Payment: CA XXXXXXXXXXXX Issue date: 03-Dec.-2024

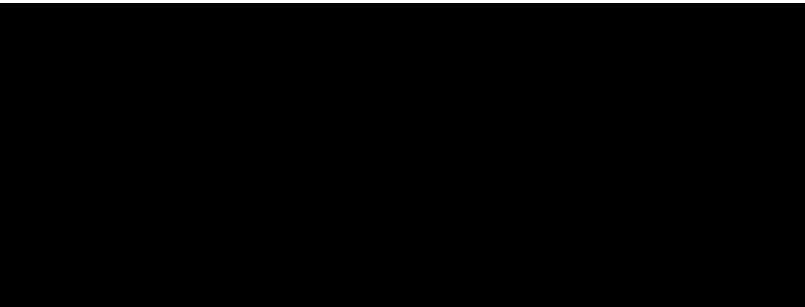
Total invoiced amount: CAD1567.52

Balance due: CAD0.00

Other	
Date	Thu. Jan. 30, 2025
Details	INVOICE SEND

General remarks
AIRFARES ARE NOT GUARANTEED UNTIL TICKETED
AIRLINES RECOMMEND CHECKING IN 2 HOURS PRIOR TO FLIGHT.
THIS TICKET IS NON-REFUNDABLE. CHANGES/CANCELLATIONS MUST
BE MADE PRIOR TO DEPARTURE OR TICKET WILL HAVE ZERO VALUE
AIRLINE CHANGE/CANCELLATION FEES MAY APPLY.

Agency registration
TPS/GST-723782728 RT 0001



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