

AHS Board and Executive Expense Report

Name: Dr Jane Ojedokun
Title: Zone Medical Director North Zone
Location: Edmonton
 Expenses posted during the month of February 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)
Feb-25	P-Card	Meetings			391	54	444			
Feb-25	Expense Claim	Meetings		87		206	293			
Feb-25	Direct Bill	Meetings			186		186			
Total by category			\$ -	\$ 87	\$ 577	\$ 260	\$ 924	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 924

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 174
 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	\$ 444.35								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/9/2024	Pomeroy Hotel in Fort McMurray, for 2 nights for in-person physician meetings December 10 and 11, 2024	AB - North Zone	Accommodations	\$ 390.70				2			
12/10/2024	Travel from Pomeroy hotel to Northern Lights Regional Health Centre for in-person physician meetings on December 10, 2024	AB - North Zone	Taxi	\$ 11.15	Pomeroy Hotel	Northern Lights Regional Health Centre		1			
12/11/2024	Travel from Northern Lights Regional Health Centre to airport on December 11, 2024, after in-person physician meetings	AB - North Zone	Taxi	\$ 42.50	Northern Lights Regional Health Centre	FMM Airport		1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	12-Feb-25									

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: 12/9/2024	
	12/9/2024	\$174.00	Departure: 12/11/2024	

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
12/9/2024	ROOM	Auto Posted Rate: GOVT			\$174.00		\$174.00
12/9/2024	GST	Auto Posted Rate: GOVT			\$8.70		\$182.70
12/9/2024	HT	Auto Posted Rate: GOVT			\$6.96		\$189.66
12/9/2024	DMF	Auto Posted Rate: GOVT			\$5.22		\$194.88
12/9/2024	RGST	Auto Posted Rate: GOVT			\$0.26		\$195.14
12/9/2024	HT	Auto Posted Rate: GOVT			\$0.21		\$195.35
12/10/2024	ROOM	Auto Posted Rate: GOVT			\$174.00		\$369.35
12/10/2024	GST	Auto Posted Rate: GOVT			\$8.70		\$378.05
12/10/2024	HT	Auto Posted Rate: GOVT			\$6.96		\$385.01
12/10/2024	DMF	Auto Posted Rate: GOVT			\$5.22		\$390.23
12/10/2024	RGST	Auto Posted Rate: GOVT			\$0.26		\$390.49
12/10/2024	HT	Auto Posted Rate: GOVT			\$0.21		\$390.70
12/11/2024	MC					\$390.70	\$0.00
Balance							\$0.00

Credit Card Payment

Payment Type:	Credit Card	Amount Paid:	\$0.00
Account:		Approval Code:	
Account Holder:	OJEDOKUN/JANE	Approval Amount:	(\$390.70)

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

UNITED CLASS CABS LTD
360 LAIGASOVA CRES
FOOT MCMURRAY, AS 15K 4
(780) 730-2891

Merchant ID: [REDACTED]

Term ID: [REDACTED]
[REDACTED]

Purchase

Mastercard

XXXXXXXXXXXX [REDACTED]

AID: [REDACTED]

Entry Method: Chip

batch#: [REDACTED]

12/18/24

07:01:18

Ref#: [REDACTED]

Inv #: [REDACTED]

Appr Code: [REDACTED]

Amount:

\$

11.15

Tip:

\$

0.00

Total:

\$

11.15

Let Taxi know how your experience was

\$42.50

Custom Amount \$42.50

Total **\$42.50**

Taxi

MasterCard [REDACTED] (Chip)



JANE OJEDOKUN

2024-

12-10-

17:31

[REDACTED]

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 293.04								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/9/2024	Travel to Fort McMurray for inperson physician meetings December 9-11	AB - North Zone	Meals Per Diem	\$ 87.00				3			
12/9/2024	Travel to Fort McMurray for in-person physician meetings on December 10, 11, 2024		Mileage-Other	\$ 103.02	Whitecourt	Edmonton Airport		1			204
12/11/2024	mileage from Edmonton Airport to Whitecourt, after in-person physician meetings in Fort McMurray, December 10 & 11, 2024		Mileage-Other	\$ 103.02	Edmonton Airport	Whitecourt		1			204
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	12-Feb-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 :	Feb-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
22-Feb-2025	Direct Billing	Hotel	February 20 to 21, 2025 in-person Physician Meetings in Grande Prairie	PHCC Partnership	\$186.39
	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					\$ 186.39

PHCC Partnership o/a Pomeroy Hotel Grande Prairie

11633 100th Street
Grande Prairie, AB T8V 3Y4

Phone: (780)532-5221
Fax: (780)532-5441
E-mail: fd@pomeroyhotelgp.com
Website: www.pomeroyhotel.com/grande-prairie



POMEROYHOTEL
AND
CONFERENCE CENTRE

Guest Charges

Folio #:		Guest : Ojedokun, Jane Dr.	Conf #:	
Room #:			CRS #:	
Payment Method : Direct Bill		Billing Reference :	CRS #2	
Rate :		Company : AHS-Medical Affairs North	Arrival:	2/20/2025
	2/20/2025	\$174.00	Departure:	2/21/2025

Next Payment Due: 2/21/2025
Estimated Next Payment Amount:

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
2/20/2025	ROOM CHARGE	Auto Posted Rate: RACK			\$174.00		\$174.00
2/20/2025	HOTEL TAX	Auto Posted Rate: RACK			\$6.96		\$180.96
2/20/2025	HOTEL TAX	Auto Posted Rate: RACK			\$0.21		\$181.17
2/20/2025	D.M.F. FEE	Auto Posted Rate: RACK			\$5.22		\$186.39
2/21/2025	Direct Bill	Trans - To Account AHS - Medical Affairs North Zone				\$186.39	\$0.00
Balance							\$0.00

Additional Estimated Charges (Room, Tax, Other) through 2/20/2025 \$0.00

I agree that my liability for all charges is not waived. GST #720259688 RT0001