

## AHS Board and Executive Expense Report

**Name:** Dr Jane Ojedokun  
**Title:** Zone Medical Director North Zone  
**Location:** Whitecourt  
 Expenses posted during the month of March 2025

| Travel (1)               |                    |          |         |       |               |                 |                 |                                    |                                                          |              |
|--------------------------|--------------------|----------|---------|-------|---------------|-----------------|-----------------|------------------------------------|----------------------------------------------------------|--------------|
| Approved<br>MMM-YY       | Source<br>Document | Purpose  | Airfare | Meals | Accommodation | Other<br>Travel | Total<br>Travel | Professional<br>Development<br>(2) | Working<br>Sessions<br>Hosting and<br>Hospitality<br>(3) | Other<br>(4) |
| Mar-25                   | P-Card             | Meetings |         |       | 681           |                 | 681             |                                    |                                                          |              |
| Mar-25                   | Expense Claim      | Meetings |         | 85    |               | 206             | 291             |                                    |                                                          |              |
| Mar-25                   | Direct Bill        | Meetings | 547     |       |               |                 | 547             |                                    |                                                          |              |
| <b>Total by category</b> |                    |          | \$ 547  | \$ 85 | \$ 681        | \$ 206          | \$ 1,519        | \$ -                               | \$ -                                                     | \$ -         |

**Total  
posted for  
the Month** \$ 1,519

Maximum daily single meal expense posted in the month \$ 24  
 Maximum daily base hotel rate posted in the month \$ 303  
 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                                              | Whitecourt        | \$ 680.80           |           |               |             |                                                                                                            |           |                |                  |               |
| Expense Date              | Business reason                                                    | Expense Location  | Expense Type        | Amount    | From Location | To Location | Justification                                                                                              | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 1/29/2025                 | Senior Medical Leaders Meeting held in Calgary on January 30, 2025 | AB - Other Zones  | Accommodations      | \$ 680.80 |               |             | Meeting was held at hotel, saved on additional transportation costs by staying where the meeting was held. | 2         |                |                  |               |
| Approver(s) for the claim | Approval Status                                                    | Approval Date     |                     |           |               |             |                                                                                                            |           |                |                  |               |
| JAMIESON, PETER           | Approve                                                            | 24-Mar-25         |                     |           |               |             |                                                                                                            |           |                |                  |               |



**MARRIOTT  
CALGARY AIRPORT  
IN-TERMINAL HOTEL**

**Calgary Airport Marriott In-Terminal Hotel  
2008 Airport Road NE Calgary, Alberta, Canada T2E 3B9  
Telephone: (403) 717-0522 Fax: (587) 232-0600**

Dr Jane Ojedokun

Room:   
Folio:   
Cashier:   
Arrival: 01-29-25  
Departure: 01-31-25

| Date                     | Description                  | Additional Information        | Charges            | Credits         |
|--------------------------|------------------------------|-------------------------------|--------------------|-----------------|
| 01-29-25                 | Room Charge                  |                               | 303.20             |                 |
| 01-29-25                 | Rooms Destination Market Fee |                               | 9.10               |                 |
| 01-29-25                 | Rooms Tourism Levy           |                               | 12.49              |                 |
| 01-29-25                 | Room GST                     |                               | 15.61              |                 |
| 01-30-25                 | Room Charge                  |                               | 303.20             |                 |
| 01-30-25                 | Rooms Destination Market Fee |                               | 9.10               |                 |
| 01-30-25                 | Rooms Tourism Levy           |                               | 12.49              |                 |
| 01-30-25                 | Room GST                     |                               | 15.61              |                 |
| 01-31-25                 | Master Card                  | XXXXXXXXXXXX [REDACTED] XX/XX |                    | 680.80          |
| <b>GST Summary</b>       |                              |                               | <b>Total</b>       | <b>680.80</b>   |
| Reg No: 741907497 RT0001 |                              |                               | <b>Balance Due</b> | <b>0.00 CDN</b> |

|                          |              |
|--------------------------|--------------|
| <b>GST Summary</b>       |              |
| Reg No: 741907497 RT0001 |              |
| Room                     | 31.22        |
| F&B                      | 0.00         |
| Other                    | 0.00         |
| <b>Total</b>             | <b>31.22</b> |

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

## AHS Executive Expenses Report Expenses

| Claimant Name             | Claimant Title                            | Claimant Location | Expense Claim Total |           |                  |                  |               |           |                |                  |               |
|---------------------------|-------------------------------------------|-------------------|---------------------|-----------|------------------|------------------|---------------|-----------|----------------|------------------|---------------|
| OJEDOKUN, JANE            | Zone Medical Director North Zone          | Whitecourt        | \$ 291.04           |           |                  |                  |               |           |                |                  |               |
| Expense Date              | Business reason                           | Expense Location  | Expense Type        | Amount    | From Location    | To Location      | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
| 1/29/2025                 | Senior Medical Leaders meeting in Calgary | AB - Other Zones  | Meals Per Diem      | \$ 85.00  |                  |                  |               | 3         |                |                  |               |
| 1/29/2025                 | Senior Medical Leaders meeting in Calgary |                   | Mileage-Other       | \$ 103.02 | Whitecourt       | Edmonton Airport |               | 1         |                |                  | 204           |
| 1/31/2025                 | Senior Medical Leaders meeting in Calgary |                   | Mileage-Other       | \$ 103.02 | Edmonton Airport | Whitecourt       |               | 1         |                |                  | 204           |
| Approver(s) for the claim | Approval Status                           | Approval Date     |                     |           |                  |                  |               |           |                |                  |               |
| JAMIESON, PETER           | Approve                                   | 24-Mar-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**

|               |                  |                                            |        |
|---------------|------------------|--------------------------------------------|--------|
| <b>Name :</b> | Dr Jane Ojedokun | <b>Reporting Period for the Month of :</b> | Mar-25 |
|---------------|------------------|--------------------------------------------|--------|

| Invoice Date<br>DD-MMM-YYYY    | Payment Method | Category                   | Business Reason                                                                                      | Name of Vendor                    | Amount Paid |
|--------------------------------|----------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|
| 14-Jan-2025                    | Direct Billing | Airline Ticket             | Travel on January 29th for a Senior Medical Leaders Meeting at the Calgary Airport January 30, 2025. | Vision Travel DT Ontario-West Inc | \$547.13    |
|                                | 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> |                |                            |                                                                                                      |                                   | \$ 547.13   |

# Invoice

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

SUITE 800

INVOICE  
 FILE LOCATOR  
 CLIENT #  
 P. O #  
 AGENT  
 DATE



14Jan2025

## Passenger(s)

1. OJEDOKUN/JANE DR

| Flight                        |           |                 |                 |                         |      |        |               |
|-------------------------------|-----------|-----------------|-----------------|-------------------------|------|--------|---------------|
| Airline                       | Flight No | Departure Date  | Arrival Date    | Itinerary               |      |        |               |
| WESTJET                       |           | 29Jan2025 16:05 | 29Jan2025 17:08 | EDMONTON-INTL - CALGARY |      |        |               |
| WESTJET                       |           | 31Jan2025 09:40 | 31Jan2025 10:45 | CALGARY - EDMONTON-INTL |      |        |               |
| Passenger(s)                  | Airline   | Ticket #        | Fare            | GST/HST                 | QST  | Tax    | Total         |
| OJEDOKUN/JANE DR              | WS        |                 | 442.21          | 0.00                    | 0.00 | 104.92 | 547.13        |
|                               |           |                 | 442.21          | 0.00                    | 0.00 | 104.92 | 547.13        |
| Subtotal                      |           |                 |                 |                         |      |        | 442.21        |
| GST/HST                       |           |                 |                 |                         |      |        | 0.00          |
| QST                           |           |                 |                 |                         |      |        | 0.00          |
| Other taxes                   |           |                 |                 |                         |      |        | 104.92        |
| <b>Invoice total</b>          |           |                 |                 |                         |      |        | <b>547.13</b> |
| <b>Payment(s)</b>             |           |                 |                 |                         |      |        |               |
| 14 Jan 25 Credit Card CA***** |           |                 |                 |                         |      |        | 547.13        |
| <b>Balance due (CAD)</b>      |           |                 |                 |                         |      |        | <b>0.00</b>   |

SENOIR MEDICAL LEADERS MEETING JAN 30



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.