

AHS Board and Executive Expense Report

Name: Dr Jane Ojedokun
Title: Zone Medical Director North Zone
Location: Whitecourt
 Expenses posted during the month of April 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)
Apr-25	P-Card	Meetings				8	8			
Apr-25	Expense Claim	Meetings		50		283	333			
Apr-25	Direct Bill	Meetings			167		167			
Total by category			\$ -	\$ 50	\$ 167	\$ 291	\$ 508	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 508

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 149
 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								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 8.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/20/2025	Grande Prairie Regional Hospital for in-person Facility Chiefs Meeting	AB - North Zone	Parking - Lot or Parkade	\$ 8.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	2-Apr-25									

RECEIPT

GPWH Parking
Grande Prairie, Alberta
For assistance call
1-855-535-1169

License Plate Number



Expiration Date/Time

01:18 PM
FEB 21, 2025

Purchase Date/Time: 01:18pm Feb 20, 2025

Total Due: \$8.00 Rate: \$8.00-Daily-24hrs

Total Paid: \$8.00 Pat. Type: CC (Swipe)

Ticket #: [REDACTED]

S/n #: [REDACTED]

Setting: GPWH-ethernet

Meter ID: [REDACTED]

**** [REDACTED] MasterCard

Parking Rates are
GST Exempt



NO REFUNDS
Amount Due

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 332.80								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/20/2025	In-person physician meetings in Grande Prairie		Mileage-Other	\$ 282.80	Whitecourt	Grande Prairie		2			560
2/20/2025	In-person physician meetings in Grande Prairie	AB - North Zone	Meals Per Diem	\$ 50.00				2			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	2-Apr-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 :	Apr-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
14-Apr-2025	Direct Billing	Hotel	Pomeroy Hotel in Grande Prairie for April 14th, while meeting with physicians in-person with Dr. Baker.	Vision Travel DT Ontario-West Inc	\$167.28
	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					\$ 167.28



COPY OF INVOICE

AHS--Medical Affairs North
PO Box 1600
Edmonton AB T5J 2N9
Canada

Company Name	AHS--Medical Affairs North
Group Name	
Guest Name	Ojedokun, Jane

Room No. [REDACTED]
Arrival 04-14-25
Departure 04-15-25
Confirmation No. [REDACTED]
Folio No. [REDACTED]
AR No. [REDACTED]
Invoice No. [REDACTED]
Billing Reference. [REDACTED]
Page No. 1 of 1

Date	Description	Charges	Credits
04-14-25	Room Charge	149.00	
04-14-25	Destination Marketing Fee	4.47	
04-14-25	Tourism Levy	6.14	
04-14-25	Room GST	7.67	
	Total Charges	167.28	
	Total Credits		0.00
	Balance		167.28

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.

Pomeroy Hotel & Conference Centre Grande Prairie
11633 100 St, Grande Prairie, AB T8V 3Y4, Canada
GST #720259688 RT0001