

AHS Board and Executive Expense Report

Name: Dr Jane Okedokun

Title: Zone Medical Director North Zone

Location: Whitecourt

Expenses posted during the month of May 2025

					Travel (1	.)							_
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommoda	ntion	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
May-25	P-Card Expense Claim Direct Bill	Meetings				167			- - 167				
		Total by category	\$ -	\$	- \$	167	\$	- \$	167	\$ -	\$ -	\$	=

Total posted for

the Month \$ 167

Maximum daily single meal expense posted in the month \$
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



Expense Report Direct Bill Summary

Purpose of This Form:

Name:

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.

Dr. Jane Ojedokun

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

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid	
15-Apr-2025	Direct Billing		Grande Prairie April 14, 2025 for in-person physician meetings with Dr. Baker	Pomeroy Hotel & Conference Centre Grande Prairie	\$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						

Reporting Period for the Month of:

May-25



CONFERENCE CENTRE

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.

Arrival Departure

Confirmation No.

Folio No.

Billing Reference,

Page No.

04-15-25

04-14-25

1 of 1

Date	Description	311-4	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	
04-15-25	Direct Bill		140	167.28
		Total Charges	167.28	
		Total Credits		167.28
		Balance		0.00

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.