

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 2024

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)
Jun-25	P-Card	Meetings				8	8			
Jun-25	Expense Claim	Meetings		61		283	344			
Jun-25	Direct Bill	Meetings			284		284			
Total by category			\$ -	\$ 61	\$ 284	\$ 291	\$ 635	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 635

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 139
 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	Whitcourt	\$ 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
4/15/2025	Parking at GPRH for in-person physician meetings with Dr. Baker on April 15, 2025	AB - North Zone	Parking - Lot or Parkade	\$ 8.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	23-Jun-25									

RECEIPT

GPRH Parking
Grande Prairie, Alberta
For assistance call
1-855-535-1100

License Plate Number



Expiration Date/Time

09:23 AM
APR 16, 2025

Purchase Date/Time: 09:23am Apr 15, 2025

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

Total Paid: \$8.00 Pmt Type: CC (Stripe)

Ticket

S/N #:

Setting: GPRH-Ethernet

Meter ID: 00-GPRH-P

3.00 6.00

*** MasterCard

Auth #

Parking Rates are
GST Exempt

NO REFUNDS

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 343.80								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/14/2025	Roundtrip Mileage for in-person physician meetings with Dr. Baker.		Mileage-Other	\$ 282.80	Whitecourt	Grande Prairie		2			280
4/14/2025	In-person physician meetings with Dr. Baker in Grande Prairie	AB - North Zone	Meals Per Diem	\$ 61.00				2			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	23-Jun-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 :	Jun-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
22-May-2025	Direct Billing	Hotel	Travel on May 21 from St. Paul to Cold Lake, for in-person Physician meeting on May 22	Best Western Cold Lake Inn	\$140.39
26-May-2025	Direct Billing	Hotel	May 22, 2025 in Lac La Biche for New Physician Orientation (in-person) on May 23	Canalta Real Estate Services Ltd	\$143.17
	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					\$ 283.56

BW Cold Lake Inn

4815 52 St
Cold Lake, Alberta T9M 1P1
Main:780-594-4888 Fax:780-594-4885
hotel@bestwesterncoldlake.com

Jane Ojedokun

Guest Folio

User: [REDACTED]
Date: May 22, 2025
Time: 7:06 AM

Arrival date: 5/21/2025

Departure 5/22/2025

Confirmation [REDACTED]

Room: [REDACTED]

Folio #: [REDACTED]

DATE	DESCRIPTION	TYPE	CHARGES	CREDITS	BALANCE
5/21/25	Room [REDACTED]	Room Rent*	\$ 134.99		\$ 134.99
5/21/25		Hotel Levy	\$ 5.40		\$ 140.39
5/22/25	CL:Alberta Health Services	Direct Bill		-\$ 140.39	\$ 0.00
Totals					\$ 0.00

Guest Signature: _____



REMIT TO: Canalta Real Estate Services Ltd.

o/a Ramada Lac La Biche

PO Box 2109

Drumheller AB, T0J 0Y0

Website: www.canaltahotels.com

Invoice

Invoice#: [REDACTED]

GST#: 894948450 RT0001

Page: 1/1

Bill To:

Alberta Health Services

PO Box 1600

Edmonton AB, T5J 2N9

Invoice Date 26-May-25

Due Date 25-Jun-25

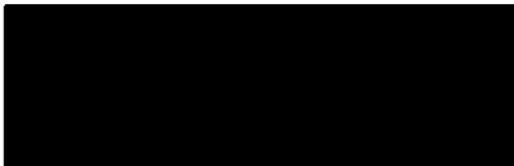
Folio No	Description	QTY	Amount	Total
	Room: , 1 King Bed - Standard Room: Jane Ojedokun May-22			
	Reference: [REDACTED] DIRECT BILL ALBERTA HEALTH SERVICE		0.00	0.00
	ROOM CHARGE	1	139.00	139.00
	DMF	1	4.17	4.17

Invoice Summary

Invoice Total **\$143.17**

Room Charges	Other Charges	Other Payments	GST/HST	PST/RST	DMF/TIF	Accommodation Tax	TL (AB)
\$139.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.17	\$0.00	\$0.00

Terms: Net 30 Days



Make all payments to: Canalta Real Estate Services Ltd.

Please remit payment to PO Box 2109, Drumheller, AB T0J 0Y0

Should you have any inquiries concerning this invoice, please contact Account Receivables Office

Phone: 1-403-823-2030 Email: accr@canalta.com Website: www.canaltahotels.com

Thank you for choosing Canalta Hotels!



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