

AHS Board and Executive Expense Report

Name: Dr Jane Ojedokun
Title: Zone Medical Director North Zone
Location: Whitecourt
 Expenses posted during the month of July 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)
Jul-25	P-Card	Meetings			399	51	450			
Jul-25	Expense Claim	Meetings		429		2,088	2,517			
Jul-25	Direct Bill	Meetings	345				345			
Total by category			\$ 345	\$ 429	\$ 399	\$ 2,139	\$ 3,312	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 3,312

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 239
 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	\$ 16.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/8/2025	Senior Physician Leader Development Conference in Grande Prairie	AB - North Zone	Parking - Lot or Parkade	\$ 8.00				1			
5/9/2025	New Physician Orientation in Grande Prairie	AB - North Zone	Parking - Lot or Parkade	\$ 8.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	17-Jul-25									

RECEIPT
GPRHT Parkings
Grande Prairie, Alberta
for assistance call
1-855-535-1100

License Plate Number

Expiration Date/Time

07:48 AM
MAY 09, 2025

Purchase Date/Time: 07:48am May 09, 2025

Total Due: \$8.00 Rates: \$6.00-Daily-24hrs

Total Paid: \$8.00 Pmt type: CC (Swipe)

Ticket

S/N

Setting: GPRHT Thermal

Meter ID: 60-0000-11

Grande Prairie Health
Services

MasterCard

Auth #

Parking Rates are
GST Exempt

NO REF UNDS

Atkins Health
RECEIPT
GPRH Park Trust
Grande Prairie, Alberta
For assistance call
1-855-525-1100

License Plate Number

Expiration Date/Time

08:16 AM
MAY 10, 2025

Purchase Date/Time: 08:16am May 09, 2025

Total Due: \$9.00 Rate: \$8.00-Daily: 24hrs

Total Paid: \$9.00 Pmt Type: CC (Swipe)

Ticket # [REDACTED] 2 196.00

S/R # [REDACTED]

Setting: GPRH-CLINICAL

Peter ID: NO-GPRH-74 VICES

*** [REDACTED] MasterCard

Auth # [REDACTED]

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	\$ 996.80								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/7/2025	In-person Senior Leadership Development Conference & New Physician Orientation		Mileage-Other	\$ 282.80	Whitecourt	Grande Prairie & return		2			280
5/7/2025	Grande Prairie for Senior Physician Leadership Development Conference and New Physician Orientation	AB - North Zone	Meals Per Diem	\$ 61.00				3			
5/21/2025	Travel from Whitecourt to St. Paul (Emergency Department opening) to Cold Lake (physician meeting), to Athabasca (physician Meeting) to Lac La Biche (physician orientation)	AB - North Zone	Meals Per Diem	\$ 98.00				3			
5/21/2025	St. Paul Emergency Department Opening		Mileage-Other	\$ 167.66	Whitecourt	St. Paul		1			332
5/21/2025	Cold Lake physicians in person meeting		Mileage-Other	\$ 59.09	St. Paul	Cold Lake		1			117
5/22/2025	Athabasca for in-person physician meeting		Mileage-Other	\$ 120.19	Cold Lake	Athabasca		1			238
5/22/2025	Lac La Biche for New Physician Orientation on May 23		Mileage-Other	\$ 48.48	Athabasca	Lac La Biche		1			96
5/23/2025	Lac La Biche for New Physician Orientation on May 23		Mileage-Other	\$ 159.58	Lac La Biche	Whitecourt		1			316
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	17-Jul-25									

AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitcourt	\$ 433.82								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/4/2025	Pomeroy Hotel, Fort McMurray for in-person physician meetings on June 5, 2025	AB - North Zone	Accommodations	\$ 127.89				1			
6/6/2025	taxi from NLRH in Fort McMurray to airport on June 6 after in-person physician meetings	AB - North Zone	Taxi	\$ 35.00	NLRH	Airport		1			
6/13/2025	In-person Retreat - held at the Renaissance Hotel -approved by Dr. Peter Jamieson prior to event	AB - North Zone	Accommodations	\$ 270.93			Meeting held at airport to accommodate those travelling from other areas of the province - hotel was cheaper way of saving money for all senior leaders to attend	1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	22-Jul-25									



Royal Hotel Edmonton Airport Trademark Collection by Wyndham
8450 Sparrow Dr
Leduc, AB T9E7G4
info.rha@royalhotelgroup.ca
www.royalhoteledmontonairport.ca
GST # 879535953RT0004

Jane Ojedokun

Room No. : [REDACTED]
Arrival : 06/03/25
Departure : 06/04/25
Page No. : 1 of 1
Cashier No. : [REDACTED]
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
TA Record : [REDACTED]
Locator: [REDACTED]

INFORMATION INVOICE

Membership No :
Group Code :
Company Name :

Thank You For Staying With Us

Date	Text	Charges CAD	Credits CAD
06/03/25	Room Charge	113.90	
06/03/25	Provincial Tourism Levy - 4%	4.56	
06/03/25	GST - 5%	5.70	
06/03/25	ETF Fee	3.42	
06/03/25	Provincial Tourism Levy - 4%	0.14	
06/03/25	GST - 5%	0.17	
06/04/25	Mastercard		127.89
Total / Balance		127.89	127.89 / 0.00

Merchant ID
Transaction ID [REDACTED]
Approval Code
Approval Amount 127.89

Credit Card # XXXXXXXXXXXX [REDACTED]
Credit Card Expiry XX/XX
Capture Method Manual
Transaction Amount 127.89

Please contact the Hotel Manager about any issues with your stay. Wyndham Hotels and Resorts or affiliates may contact you about goods and services unless you call 888-946-4283 or write Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wyndham Hotels and Resorts website about our policy.



**Greater Edmonton Taxi
Service**

10135 - 31 AVE
EDMONTON, AB T6N 1C2
7804623456
WWW.EDMTAXI.COM

Greater Edmonton Taxi Service

Cashier: [REDACTED]

Transaction [REDACTED]

Total **\$35.00**

CREDIT CARD SALE **\$35.00**

MASTERCARD [REDACTED]

Retain this copy for statement
validation

06-Jun.-2025 1:39:46p.m.

\$35.00 | Method: EMV

Mastercard XXXXXXXXXXXX [REDACTED]

JANE OJEDOKUN

Reference ID: [REDACTED]

Auth ID: [REDACTED]

MID: ***** [REDACTED]

AID: [REDACTED]

AthNtwkNm: MASTERCARD

PIN VERIFIED

Thank you for choosing Greater
Edmonton Taxi Service.





ROOM	OJEDOKUN/JANE	239.00	06/13/25	DUPLICATE 11:54	ACCT#
NAME		RATE	DEPART	TIME	
TYPE			06/12/25		
			ARRIVE	TIME	

ROOM	ADDRESS	PAYMENT	MB#:
CLERK			

R
RENAISSANCE®
HOTELS

RENAISSANCE EDMONTON AIRPORT
4236-36 STREET
ED INTRN. APT, AB T9E 0V4
780-488-7159 FAX: 780-488-6372

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X

OPERATED UNDER LICENSE FROM MARRIOTT INTERNATIONAL, INC. OR ONE OF ITS AFFILIATES

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
OJEDOKUN, JANE	Zone Medical Director North Zone	Whitecourt	\$ 1,519.88								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/14/2025	In-person Senior Leadership Development Conference & New Physician Orientation		Mileage-Other	\$ 282.80	Whitecourt	Grande Prairie & return		2			280
5/14/2025	In-person Senior Leadership Development Conference & New Physician Orientation	AB - North Zone	Meals Per Diem	\$ 61.00				3			
5/28/2025	New St. Paul Emergency Department Opening		Mileage-Other	\$ 167.66	Whitecourt	St. Paul		1			332
5/28/2025	Meet with Cold Lake physicians in person on May 22		Mileage-Other	\$ 59.09	St. Paul	Cold Lake		1			117
5/28/2025	Travel from Whitecourt to St. Paul (ED opening) to Cold Lake (physician meeting), to Athabasca (physician Meeting) to Lac La Biche (physician orient)	AB - North Zone	Meals Per Diem	\$ 98.00				3			
5/29/2025	Athabasca for in-person physician meeting		Mileage-Other	\$ 120.19	Cold Lake	Athabasca		1			238
5/29/2025	Lac LA Biche for New Physician Orientation on May 23		Mileage-Other	\$ 48.48	Athabasca	Lac La Biche		1			96
5/30/2025	Travel from Whitecourt to St. Paul (ED opening) to Cold Lake (physician meeting), to Athabasca (physician Meeting) to Lac La Biche (physician orient)		Mileage-Other	\$ 159.58	Lac La Biche	Whitecourt		1			316
6/4/2025	In person physician meetings in Fort McMurray on June 5 and 6	AB - North Zone	Meals Per Diem	\$ 87.00				3			
6/4/2025	In person physician meetings in Fort McMurray on June 5 and 6		Mileage-Other	\$ 206.04	Whitecourt	Edmonton Airport return		2			204
6/12/2025	In person physician leadership retreat held at the Edmonton airport on June 13		Mileage-Other	\$ 206.04	Whitecourt	Edmonton Airport return		2			204
6/12/2025	In person physician leadership retreat held at the Edmonton airport on June 13	AB - North Zone	Meals Per Diem	\$ 24.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	22-Jul-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 :	Jane Ojedokun	Reporting Period for the Month of :	Jul-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
11-Jun-2025	Direct Billing	Airline Ticket	Flight from Edmonton to Fort McMurray on June 4, 2025 for in-person physician meetings on June 5 and 6, 2025 - round trip	Vision Travel DT Ontario-West Inc	\$345.20
	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					\$ 345.20



Your Direct Itinerary

DIRECT TRAVEL
9929-108TH STREET NW
EDMONTON AB T5K 1G8
1-833-692-4120

ALBERTA HEALTH SERVICES
10030 107 STREET
EDMONTON AB Z/T5H3E4

Agency reference: [redacted] Agent name: [redacted]

Traveler name	Client reference
JANE OJEDOKUN	

Thank you for choosing Direct Travel. Complete details for your trip are below. Please review this document and the trip details thoroughly. If a discrepancy exists, please contact us immediately upon receipt. Missing your flight without cancelling will result in the forfeiture of the value of your airline ticket.

Government issued photo I.D. is required for all travel and the name on your photo I.D. must match the name on your ticket.

Please [click here](#) upon receipt of your itinerary for valuable information that may be critical to the success of your travels. We strongly recommend you come back to this information regularly in advance of and during travel as documentation and health requirements could change without notice.

Itinerary summary			
From / To	Flight / Provider	Departure / Arrival	
Wed. Jun. 04, 2025 Flight Edmonton(YEG) - Fort McMurray, AB(YMM)	Westjet [redacted] OPERATED BY WESTJET ENCORE	10:40 a.m.- 11:50 a.m.	Check in
[redacted]			
Fri. Jun. 06, 2025 Flight Fort McMurray, AB(YMM) - Edmonton(YEG)	Westjet [redacted] OPERATED BY WESTJET ENCORE	12:20 p.m.- 1:30 p.m.	Check in

Quick links

Check-in Information

Passport & Visa Requirements

Canadian Government Travel Advisories



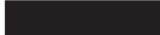
Airport & Flight Status

Weather

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


	WS	Edmonton Edmonton (YEG)	Fort McMurray Fort McMurray, AB (YMM)
Departure	Wed. Jun. 04, 2025 10:40 a.m.		Arrival Wed. Jun. 04, 2025 11:50 a.m.
Departure terminal			Arrival terminal M
Class	Economy/Coach Discounted(K)		Seat
Status	Confirmed		Airline check-in ID 
Special requests			Frequent traveler
Equipment	DHC8 Dash 8-400		Duration/ Meal service 01:10/Snack
eTicket			
Remarks	OPERATED BY WESTJET ENCORE **CHECK IN WITH WESTJET ENCORE**		
Baggage ▶			

DIRECT TRAVEL

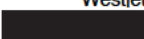


ONE CLICK.
ONE QUESTION.

TAKE SURVEY



	WS 	Fort McMurray Fort McMurray, AB (YMM)	Edmonton Edmonton (YEG)
Departure	Fri. Jun. 06, 2025 12:20 p.m.		Arrival Fri. Jun. 06, 2025 1:30 p.m.
Departure terminal	M		Arrival terminal
Class	Economy/Coach Discounted(K)		Seat
Status	Confirmed		Airline check-in ID 
Special requests			Frequent traveler
Equipment	DHC8 Dash 8-400		Duration/ Meal service 01:10/Snack
eTicket			
Remarks	OPERATED BY WESTJET ENCORE **CHECK IN WITH WESTJET ENCORE**		
Baggage ▶			

Invoice/Ticket information for JANE OJEDOKUN

Ticket:	Westjet 	Invoice:	
Base:	CAD217.28		
Other tax:	CAD127.92		
GST/HST tax:	CAD0.00		
QST tax:	CAD0.00		
			Amount: CAD345.20
Payment:	CA XXXXXXXXXXXX 	Issue date:	21-May-2025
			Total invoiced amount: CAD345.20
			Balance due: CAD0.00

General remarks

AIRFARES ARE NOT GUARANTEED UNTIL TICKETED
AIRLINES RECOMMEND CHECKING IN 2 HOURS PRIOR TO FLIGHT.
THIS TICKET IS NON-REFUNDABLE. CHANGES/CANCELLATIONS MUST
BE MADE PRIOR TO DEPARTURE OR TICKET WILL HAVE ZERO VALUE
AIRLINE CHANGE/CANCELLATION FEES MAY APPLY.

Agency registration
TPS/GST-723782728 RT 0001