

AHS Board and Executive Expense Report

Name: Dr Jane Ojedokun
Title: Zone Medical Director North Zone
Location: Whitecourt
 Expenses posted during the month of December 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)
	P-Card	Meetings					-			
	Expense Claim	Meetings					-			
Dec-25	Direct Bill	Meetings	651		341	496	1,488			
Total by category			\$ 651	\$ -	\$ 341	\$ 496	\$ 1,488	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 1,488

Maximum daily single meal expense posted in the month \$ -
 Maximum daily base hotel rate posted in the month \$ 179
 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:

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 :	Dec-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
25-Sep-2025	Direct Billing	Hotel	Hotel September 25, 2025 to attend new physician orientation in Grande Prairie on September 26, 2025	Pomeroy Hotel & Conference Centre	\$159.61
11-Nov-2025	Direct Billing	Airline Ticket	Flight from Edmonton to Calgary on November 18, 2025 to attend Hospital Based Leadership Conference. Best available rates at time of booking for time of meeting.	Vision Travel DT Ontario-West Inc	\$451.37
11-Nov-2025	Direct Billing	Airline Ticket	Return Flight from Calgary to Edmonton, after attending hospital Based Leadership Conference on November 18, 2025. Best available rates at time of booking for time of meeting.	Vision Travel DT Ontario-West Inc	\$199.62
19-Nov-2025	Direct Billing	Hotel	Hotel November 18, 2025 in Calgary to attend Hospital Based Leadership Conference	Delta	\$180.96
24-Nov-2025	Direct Billing	Car Rental	Car Rental October 22, 2025 for 3 days while travelling to in person physician meetings within the North Zone	Enterprise Rent A Car	\$496.45
Total Paid in the Month					\$1,488.01



POMEROY HOTEL
AND
CONFERENCE CENTRE

INFORMATION INVOICE

AHS-Medical Affairs North Zone - G P

Room No. [REDACTED]

Arrival

09-25-25

Departure

09-26-25

Confirmation No. [REDACTED]

Company Name AHS-Medical Affairs North Zone - G P

Folio No. [REDACTED]

Group Name

Billing Reference.

Guest Name Ojedokun, Jane

Page No.

1 of 1

Date	Description	Charges	Credits
09-25-25	Room Charge (No GST)	149.00	
09-25-25	Destination Marketing Fee	4.47	
09-25-25	Tourism Levy	6.14	
09-26-25	Direct Bill		159.61
Total Charges		159.61	
Total Credits			159.61
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.

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

Invoice

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

SUITE 800

INVOICE
 FILE LOCATOR
 CLIENT #
 P. O #
 AGENT
 DATE

24Oct2025

Passenger(s)

1. OJEDOKUN/JANE

Flight							
Airline	Flight No	Departure Date	Arrival Date	Itinerary			
WESTJET		18Nov2025 09:00	18Nov2025 10:09	EDMONTON-INTL - CALGARY			
Passenger(s)	Airline	Ticket #	Fare	GST/HST	QST	Tax	Total
OJEDOKUN/JANE	WS		390.91	0.00	0.00	60.46	451.37
			390.91	0.00	0.00	60.46	451.37
Subtotal							390.91
GST/HST							0.00
QST							0.00
Other taxes							60.46
Invoice total							451.37
Payment(s)							
24 Oct 25 Credit Card CA*****							451.37
Balance due (CAD)							0.00

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.

Invoice

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

SUITE 800

INVOICE
 FILE LOCATOR
 CLIENT #
 P. O #
 AGENT
 DATE

24Oct2025

Passenger(s)

1. OJEDOKUN/JANE

Flight							
Airline	Flight No	Departure Date	Arrival Date	Itinerary			
WESTJET		20Nov2025 09:50	20Nov2025 10:55	CALGARY - EDMONTON-INTL			
Passenger(s)	Airline	Ticket #	Fare	GST/HST	QST	Tax	Total
OJEDOKUN/JANE	WS		139.16	0.00	0.00	60.46	199.62
			139.16	0.00	0.00	60.46	199.62
Subtotal							139.16
GST/HST							0.00
QST							0.00
Other taxes							60.46
Invoice total							199.62
Payment(s)							
24 Oct 25 Credit Card CA*****							199.62
Balance due (CAD)							0.00

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.

D
DELTA
HOTELS
MARRIOTT


CALGARY SOUTH


135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
 Alberta Health Services
 PO BOX 1600
 EDMONTON AB T5J 2N9
 Canada

Room: 
 Folio: 
 Cashier: 
 Arrival: 11-18-25
 Departure: 11-19-25

Ojedokun, Jane

A/R Invoice: 
 A/R Account: 

Date	Description	Additional Information	Charges	Credits
11-18-25	Package Wrapper		174.00	
11-18-25	Tourism Levy		6.96	
11-18-25	Rooms - GST		8.70	
11-20-25	GST Exempt 	gst exempt	-8.70	

GST Summary

Registration No: **763972957**

Room 8.70

F&B 0.00

Other 6.96

Total 15.66

Total 180.96 0.00

Balance Due 180.96 CDN

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.

Bill To Information

ALBERTA HEALTH SERVICES
PO BOX 1600 STN MAIN
EDMONTON, AB - T5J 2N9
CANADA

Rental Information

Reservation Number [REDACTED]
Driver : VEILLETTE, PIERRE
Additional Driver : OJEDOKUN, JANE
Pickup Date/Time : 10/22/2025 10:31
Return Date/Time : 10/24/2025 02:50
Miles/kms : 835
Car Class : IRAR Requested Class : FCAR

Vehicle Information

Yr/Make/Model	Unit #	License No	Beg/End/Distance
//TERRAIN SLE	[REDACTED]	[REDACTED]	15646/16481/835
VIN			

Rental Branch

WHITECOURT ARPT
MELS U-DRIVES -1978- LTD
WHITECOURT, AB - T7S 1X7

Return Branch

WHITECOURT ARPT
MELS U-DRIVES -1978- LTD
WHITECOURT, AB - T7S 1X7

492.25
+4.20=496.45 -
GST was removed

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	RENTAL	100.00	100.00
EXTRA FREE DISTANCE-TIME & DISTANCE	1	RENTAL	292.25	292.25
WINDSCREEN REPLACED	1	RENTAL	100.00	100.00
			Sub Total	492.25
VEH LICENSE & ENVIRONMENTAL FEE	1	RENTAL	4.20	4.20
GST	1	PERCENT	5.00	24.82
Total Charges (CAD)				521.27

Additional Information

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMPANY P.O. BOX 9716 STATION A TORONTO ON M5W 1R6 Email Remit To: CanadianAR@em.com	Tel#: +1 8773121084 AskARCanada@em.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.