

AHS Board and Executive Expense Report

Name Janice Stewart
Title Chief Zone Officer, Central Zone
Location Red Deer

Expenses submitted during the month of August 2019

| Travel (1) | | | | | | | | | | |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| MMM-YY | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| Aug-19 | Expense Claim | Meetings | | | 179 | 13 | 192 | 657 | | |
| Total | | | \$ - | \$ - | \$ 179 | \$ 13 | \$ 192 | \$ 657 | \$ - | \$ - |

Total for the Month \$ 849

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 159
 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 small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total | | | | | | | | | |
|---------------------------|--|-------------------|--------------------------|---------------|---------------|-------------|---------------|-----------|----------------|------------------|---------------|--|
| STEWART, JANICE D | Chief Zone Officer, Central Zone | Red Deer | \$ 848.81 | | | | | | | | | |
| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance | |
| 8/7/2019 | CARNA Registration - Registered Nurse Permit Fee | AB - Local | Membership Dues | \$ 656.80 | | | | 1 | | | | |
| 8/22/2019 | Parking at hotel. Lloydminster Tour on Friday, August 23. | AB - Other Zones | Parking - Lot or Parkade | \$ 8.50 | | | | 1 | | | | |
| 8/22/2019 | Hotel in Edmonton. Lloydminster Tour on Friday, August 23rd. | AB - Other Zones | Accommodations | \$ 178.51 | | | | 1 | | | | |
| 8/27/2019 | Parking at RDRHC. RDRHC Tour on August 27th | AB - Local | Parking - Lot or Parkade | \$ 5.00 | | | | 1 | | | | |
| Approver(s) for the claim | | Approval Status | | Approval Date | | | | | | | | |
| HUBAND, BRENDA | | Approve | | 4-Sep-19 | | | | | | | | |



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11120-178 Street Edmonton, AB T5S 1P2 Phone: 780.451.0043
Fax: 780.452.3276

Registration #: [REDACTED]

Order Number: [REDACTED] **Person ID Number:** [REDACTED]

Payment Method: Visa

Receipt Date: 07/08/2019

Bill To:
Janice Steward-Strand
[REDACTED]

| Product | Description | Quantity | Price |
|------------------|---|----------|----------|
| RN Permit Fee | Permit Requested date effective: 10/1/2019, includes CNA fee of \$60.60 and CNPS fee of \$48.00 through | 1.0000 | \$610.52 |
| Deferred Capital | (part of total registration fee) Replacement and maintenance of capital assets, such as infrastructure or information technology. | 1.0000 | \$15.00 |

Sub-Total: \$625.52

Sales Tax: \$31.28

Grand Total: \$656.80 CAD

Payments: \$656.80

Balance: \$0.00 CAD

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CONNECT WITH US

Toll Free: 1.800.252.9392
Tel: 780.451.0043
Fax: 780.452.3276
Email: carna@nurses.ab.ca

CARNA OFFICE

Address: 11120 178 Street
Edmonton, Alberta
T5S 1P2

Office Hours: Monday - Friday
8:30 a.m. to 4:30 p.m.

RECEIPT

RED DEER
REGIONAL HOSPITAL
PARKING

License Plate Number



Expiration Date/Time

**11:41 AM
AUG 22, 2019**

Purchase Date/Time: 11:42am Aug 21, 2019

Total Due: \$8.50 Rate: PAY PER 24HRS-\$8.50
Total Paid: \$8.50 Pmt Type: CC (Swipe)

Ticket # [Redacted]
S/N #: [Redacted]

Setting: Red Deer
Mach Name: CE-RDRH-014

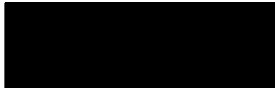
[Redacted] Visa Auth # [Redacted]

THANK YOU
DRIVE SAFELY

RECEIPT

RED DEER
REGIONAL HOSPITAL
PARKING

License Plate Number



Expiration Date/Time

**12:21 PM
AUG 27, 2019**

Purchase Date/Time: 10:21am Aug 27, 2019

Total Due: \$5.00 Rate: PAY PER 1/2HR-\$1.25
Total Paid: \$5.00 Pmt Type: Cash

Ticket # [Redacted]
S/N #: [Redacted]

Setting: Red Deer
Mach Name: CE-RDRH-026

THANK YOU
DRIVE SAFELY

| ROOM VQ TYPE 90 ROOM CLERK | STEWART/JANICE/D/MS NAME | 159.00 RATE | 08/23/19 DEPART | 06:47 TIME | ACCT# |
|---|---------------------------------|----------------|--------------------|---------------|-------|
| | | | 08/22/19 ARRIVE | 17:17 TIME | |
| | ADDRESS | PAYMENT | | | MBV#: |
| DATE | REFERENCES | CHARGES | CREDITS | BALANCES DUE | |
| 08/22 | TR ROOM | 159.00 | | | |
| 08/22 | DMF | 4.77 | | | |
| 08/22 | GST | 8.19 | | | |
| 08/22 | TRSM LEV | 6.55 | | | |
| 08/23 | CCARD-MC | | | 178.51 | |
| | PAYMENT RECEIVED BY: MASTERCARD | | | | .00 |

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Signature X