

AHS Board and Executive Expense Report

Name Janice Stewart

Title Chief Zone Officer, Central Zone

Location Red Deer

Expenses submitted during the month of December 2019

						Trave	el (1)						
ммм-үү	Source Document	Purpose	Airfa	re	Meals	Accomm	odation	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-19 Dec-19	P-Card Expense Claim	Meetings Meetings					135	3 36		174 365			
Total			\$	- \$; -	. \$	135	\$ 40	4 \$	539	\$ -	\$ -	\$

Total for

the Month \$ 539

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed 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 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 P-Card

Claimant	Claimant Title	Claimant Location	Expense									
Name			Claim Total									
STEWART,	Chief Zone Officer, Central Zone	Red Deer	\$ 174.41									
JANICE D												
Expense Date	Business reason		Expense	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
		Location			Location	Location		days	Attendees	Name(s)	Distance	
11/21/2019	Yellowhead East Health Advisory Council Me	AB - Local	Accommodations	\$ 135.16				1				
11/22/2019	Meeting at Peter Lougheed Center in Calgary new SOO	AB - Other Zones	Parking - Lot or Parkade	\$ 14.25				1				
11/25/2019	Parking at RDRHC. Red Deer Regional Health	AB - Local	Parking - Lot or Parkade	\$ 8.50				1				
11/26/2019	Parking at RDRHC. Unit tour with Director.		AB - Local	Parking - Lot or Parkade	\$ 8.00				1			
12/9/2019	Parking at RDRHC. Unit tour with Director.	AB - Local	Parking - Lot or Parkade	\$ 8.50				1				
Approver(s) for the claim Approval Status			Approval Date						•			
HUBAND, BRENDA		Approve		7-Jan-20								



11-21-19

Folio No. Room No. : Ms Janice Stewart A/R Number Arrival : 11-20-19 Group Code Departure : 11-21-19 Company : Government Canada Conf. No. : Membership No. : Rate Code: Invoice No. Page No. : 1 of 1

Date		Charges	Credits	
11-20-19	*Accommodation		124.00	****
11-20-19	GST Tax 5%		6.20	
11-20-19	Tourism Levy Occ Tax 4%		4.96	
11-21-19	MasterCard			135.16
		Total	135.16	135.16
		Balance	0.00	

Guest Signature:	

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

RECEIPT

RED DEER REGIONAL HOSPITAL PARKING



Expiration Date/Time

04:16 PM NOV 26, 2019

Purchase Date/Time: 01:04pm Nov 26, 2019

Total Due: \$8.00 Rate: PAY PER 1/2HR-\$1.25

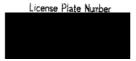
Total Paid: \$8.00 Pmt Type: CC (Swipe)

S/N : Setting: Red Deer Mach Name: CE-RDRH-023

4asterCard Auth #: THANK YOU DRIVE SAFELY

RECEIPT

RED DEER REGIONAL HOSPITAL PARKING



Expiration Date/Time

08:28 AM NOV 26, 2019

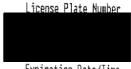
Purchase Date/Time: 08:29am Nov 25, 2019

Total Due: \$8.50
Total Paid: \$8.50
Ticke
S/N 4

Setting: Red Deer Mach Name: CE-RDRH-023

> MasterCard Auth # THANK YOU DRIVE SAFELY

RECEIPT Peter Lougheed Centre



Expiration Date/Time

09:54 AM NOV 23, 2019

Purchase Date/Time: D9:54am Nov 22, 2019
Total Due: \$14.25 Rate: \$14.25 - 24 Hours
Total Paid: \$14.25 Pmt Type: CC (Swipe)
Ticket

Ticket S/N #: Setting: PLL main Lopby Mach Name: CA-PLC-003

> MasterCard Auth #

> > www.ahs.ca Do Not Place On Dash!

MasterCard Auth # THANK YOU DRIVE SAFELY

Purchase Date/Time: 07:30am Dec 09, 2019
Total Due: \$8.50 Rate: PAY PER 24\PS:\\$8.50
Total Paid: \$6.50 Pmt Type: CC (Swipe)
SIN #
Setting: Red Deer
Mach Name: CE-RDRH-023

07:29 AM DEC 10, 2018



RED DEER REGIONAL HOSPITAL PARKING

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
STEWART, JANICE D	Chief Zone Officer, Central Zone	Red Deer	\$ 282.29									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
11/9/2019	Sundre Hospital Legacy Gala			Mileage-Other	\$ 121.	20 Calgary	Sundre Community Centre, 96 2nd Ave NW #3, Sundre, AB		1			240
11/14/2019	Red Deer Regional Hospital Cen Interview.	tre SOO		Mileage-Local- Home Zone	\$ 4	29 43 Michener Bend, Red Deer	Red Deer Regional Hospital Centre, 3942 50a Ave, Red Deer		1			8.5
11/21/2019	Festival of Trees Dinner Event -	Red Deer		Mileage-Local- Home Zone	\$ 6	06 43 Michener Bend, Red Deer	Western Park, 4847A 19 St, Red Deer		1			12
11/22/2019	Meeting at Peter Lougheed Cen Orientation with new SOO	ter, Calgary-		Mileage-Other	\$ 146.	45 43 Michener Bend, Red Deer	Peter Lougheed Centre, 3500 26 Ave NE, Calgary		1			290
11/26/2019	Unit Tour/meeting with Directo Women's and Children's Health Red Deer Regional Hospital Cen	Services at		Mileage-Local- Home Zone	\$ 4	29 Michener Bend, Red Deer	r Red Deer Regional Hospital Centre, 3942 50a Ave, Red Deer		1			8.5
Approver(s) for	Approver(s) for the claim Approval S		tatus	Approval Date		•	•	•		•	•	•
HUBAND, BRENDA Appr		Approve		17-Dec-19	1							

AHS Public Disclosure Expense Claims

Claimant	Claimant Title	Claimant	Expense									
Name		Location	Claim Total									
STEWART,	Chief Zone Officer, Central Zone	Red Deer	\$ 82.82									
JANICE D												
Expense	Business reason		Expense	Expense Type	Amount	From Location	To Location	Justification	# of	# of	Attendee	Trip
Date			Location						days	Attendees	Name(s)	Distance
12/6/2019	Drumheller Health Visit. Mileage from Red Do	eer to		Mileage-Local-	\$ 82.82	43 Michener Bend,	Drumheller Health		1			164
	Drumheller.			Home Zone		Red Deer	Centre, 351 9 St NW					
Approver(s) for the claim Approval Status		5	Approval Date									
HUBAND, BRENDA Approv		Approve	prove 1									