

AHS Board and Executive Expense Report

Name: Dr Laurie-Ann Baker
Title: Assoc Chief Medical Officer
Location: Calgary
 Expenses posted during the month of June 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					-			
Jun-25	Expense Claim	Meetings		167	952	296	1,415			
Jun-25	Direct Bill	Meetings	3,128				3,128			
Total by category			\$ 3,128	\$ 167	\$ 952	\$ 296	\$ 4,543	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 4,543

Maximum daily single meal expense posted in the month \$ 24
 Maximum daily base hotel rate posted in the month \$ 200
 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 Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
BAKER, LAURIE-ANN	Assoc Chief Medical Officer	Calgary	\$ 1,414.51								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/25/2025	Montreal Emergency Medicine Conference		Mileage-Local-Home Zone	\$ 13.64	Southport Tower Calgary	Calgary Airport		1			27
5/25/2025	Montreal Emergency Medicine Conference	QC	Taxi	\$ 55.90	Montreal Airport	Le Dauphin Hotel Montreal - 1025 de Bleury, Montreal		1			
5/25/2025	Montreal Emergency Medicine Conference May 25-29	QC	Accommodations	\$ 952.00			Base room rate below guideline limit	4			
5/25/2025	Montreal Emergency Medicine Conference	QC	Meals Per Diem	\$ 167.00				5			
5/29/2025	Montreal Emergency Medicine Conference	QC	Taxi	\$ 54.83	Hotel - LeDauphin Montreal - 1025 de Bleury, Montreal	Montreal Airport		1			
5/29/2025	Montreal Emergency Medicine Conference	AB - Local	Parking - Lot or Parkade	\$ 157.50				4			
5/29/2025	Montreal Emergency Medicine Conference		Mileage-Local-Home Zone	\$ 13.64	Calgary Airport	Southport Tower Calgary		1			27
Approver(s) for the claim	Approval Status	Approval Date									
JAMIESON, PETER	Approve	26-Jun-25									

TAXELCO

2901 RUE RACHEL EST BUREAU 20

MONTREAL QC

5142736331

Chauffeur=[REDACTED]

Dome=[REDACTED]

TPS=701630675RT0001

TVQ=4013924908TQ0001

Terminal [REDACTED]

Facture [REDACTED]

Caissier [REDACTED]

Carte

*****[REDACTED]

Credit/Visa

S

2025/05/25

04:31:08 PM

VENTE

MONTANT

CAD \$ 49.45

POURBOIRE

CAD \$ 6.45

TOTAL

CAD \$ 55.90

AUTO # [REDACTED]

Lot [REDACTED]

HTS

2025-05-25T16:31:08

ISO CODE

00

TRANSACTION

APPROUVEE

MERCI

VISA CREDIT

AID [REDACTED]

ARQC [REDACTED]

TTQ [REDACTED]

TSI [REDACTED]

COPIE MARCHAND



Le Dauphin Montréal

LE DAUPHIN 514-788-3888

MONTREAL CENTRE-VILLE

www.hoteldauphin.ca

COMPTE CLIENT

M. LAURIE-ANN BAKER
No. Facture **0**Date Facture **29/05/25**Nom de Compte **BAKER, LAURIE-ANN**

No. Facture [REDACTED]

Arrivée **25/05/25**

Type Folio [REDACTED]

Départ **29/05/25**

Suite: [REDACTED]

Clients **1**

Taxe Client 1

Fax :

Seq.	Date	Descript. de transaction	Ref/Commentaires	No Ch.	Q	Montant	TX	S/F
3	25/05/25	Frais de chambre Taxe d'hébergement IND TPS TVQ	Re: 508	[REDACTED]	1	200.00 7.00 10.35 20.65	N	A
4	26/05/25	Frais de chambre Taxe d'hébergement IND TPS TVQ	Re: 508	[REDACTED]	1	200.00 7.00 10.35 20.65	N	A
5	27/05/25	Frais de chambre Taxe d'hébergement IND TPS TVQ	Re: 508	[REDACTED]	1	200.00 7.00 10.35 20.65	N	A
6	28/05/25	Frais de chambre Taxe d'hébergement IND TPS TVQ	Re: 508	[REDACTED]	1	200.00 7.00 10.35 20.65	N	A
1	22/05/25	Visa	[REDACTED]	[REDACTED]	1	(238.00)	I	A
2	25/05/25	Visa	[REDACTED]	[REDACTED]	1	(714.00)	I	A
TOTAL						0.00		
*** TAXES INCL ***								
Taxes d'hébergement				28.00				
TPS				41.40				
144823044RT0								
TVQ				82.60				
1202701082TQ								

Cette facture est en devises :Dollar Canadien

Print date: **29/05/25**

Je m'engage personnellement à défrayer les frais encourus soit en partie ou en entier à défaut de paiement complet par la compagnie, l'association, ou son représentant désigné et serai responsable des pertes ou dommages occasionnés aux locaux ou à leur contenu.

X

Signature du client

TAXELCO
2901 RUE RACHEL EST BUREAU 20
MONTREAL QC
5142736331

Chauffeur [REDACTED]

Dome=[REDACTED]

TPS=841608771RT0001

TVQ=4016794941TQ0001

Terminal

Invoice

Clerk

Card

Credit/Visa

2025/05/29

05:55:17 a.m.

SALE

AMOUNT

TIP

CAD \$ 48.50

CAD \$ 6.33

TOTAL

AUTH #

Batch

HTS

ISO CODE

CAD \$ 54.83

2025-05-29T05:55:17

00

TRANSACTION

APPROVED

THANK YOU

VISA CREDIT

AID

ARQC

TTQ

TSI

CUSTOMER COPY

Inclus redevance MTQ de 0,90\$ (1,05\$ tax.
inc.)

: Calgary International Airport
2000 Airport Road NE
Calgary, AB T2E 6W5
GST: 122556194RT0001
Calgary AB T2E 6W5
Email - parking@yyc.com
Tel : +1 403-250-7275

----- PAYMENT RECEIPT -----

Printed : 29/05/25 10:47:55
Receipt No. : [REDACTED]
Invoice No. : [REDACTED]
Ticket No. : [REDACTED]
Operation : Parking time to pay
Entry : 25/05/25 06:13:29
Curr. Payment: 29/05/25 10:47:55
Duration : 4 d 4 h 33 m
Details : 150.00 CAD 7.50 CAD (5%)

Amount : 157.50 CAD

----- RECEIPT -----

May 29 2025 10:47
TRANSACTION RECORD

CREDIT

Card Number : *****[REDACTED]
Card Type : VISA
Trans. Type : PURCHASE
Card Entry : CHIP
Auth # : [REDACTED]
Sequence # : [REDACTED]
Ref. # : [REDACTED]
Merchant ID : **[REDACTED]
Terminal # : ****[REDACTED]
Amount \$CAD 157.50

PAYMENT_NETWORK: VISA

Authorization Mode: Issuer

APPROVAL : [REDACTED]
APP : VISA CREDIT
AID : [REDACTED]
TC : [REDACTED]
TUR : [REDACTED]
TSI : [REDACTED]
ARC : [REDACTED]
IAD : [REDACTED]
ARQC : [REDACTED]

VERIFIED BY PIN

Refund policy: May be obtained within 30
days of purchase. Contact customer servi
ce

Retain this copy for statement
validation

*** CUSTOMER COPY ***

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. Laurie-Ann Baker	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-Apr-2025	Direct Billing	Airline Ticket	Calgary to Salt Lake City, Utah to attend the Emergency Medicine Physicain Recruitment Conference, America College of Emergency Medicine Annual Scinetific Assembly (ACEP25) Sept 7 to 9, 2025	Vision Travel DT Ontario-West Inc	\$833.28
5-May-2025	Direct Billing	Airline Ticket	Attending the Anesthesia and Emergency Medicine Physician Recruitment conferences in Aberdeen, Scotland, UK and Vienna, Austria Sept 15 to Oct 3, 2025.	Vision Travel DT Ontario-West Inc	\$2,294.72
	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					\$ 3,128.00



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

LAURIEANN BAKER

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	
Flight Sun. Sep. 07, 2025 Calgary(YYC) - Salt Lake City Intl, UT(SLC)	Westjet [REDACTED] OPERATED BY SKYWEST DBA DELTA CONNECTION	7:15 a.m.- 9:28 a.m.	Check in
[REDACTED]			
Flight Tue. Sep. 09, 2025 Salt Lake City Intl, UT(SLC) - Calgary(YYC)	Westjet [REDACTED] OPERATED BY SKYWEST DBA DELTA CONNECTION	8:55 p.m.- 11:12 p.m.	Check in

Quick links

- [Check-in Information](#)
- [Passport & Visa Requirements](#)
- [Canadian Government Travel Advisories](#)
- [Airport & Flight Status](#)
- [Weather](#)

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<div><div><div><div><div><div></div><div>WS</div></div></div><div><div></div></div></div></div><div>Calgary Calgary (YYC)</div></div>	Salt Lake City Salt Lake City Intl, UT (SLC)		
Departure	Sun. Sep. 07, 2025 7:15 a.m.	Arrival	Sun. Sep. 07, 2025 9:28 a.m.
Departure terminal		Arrival terminal	
Class	Economy/Coach Discounted(K)	Seat	
Status	Confirmed	Airline check-in ID	
Special requests		Frequent traveler	
Equipment	Embraer 175	Duration/ Meal service	02:13/No meal service
eTicket			
Remarks	OPERATED BY SKYWEST DBA DELTA CONNECTION **CHECK IN WITH SKYWEST DBA DELTA CONNECTION**		
Baggage			



**ONE CLICK.
ONE QUESTION.**

TAKE SURVEY



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

LAURIEANN BAKER

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.

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Itinerary summary

	From / To	Flight / Provider	Departure / Arrival	
Flight	Sun. Sep. 14, 2025 Calgary(YYC) - Amsterdam Schiphol(AMS)	KLM Royal Dutch Airlines KL678	3:15 p.m.- 7:50 a.m. (1)	Check in
Flight	Mon. Sep. 15, 2025 Amsterdam Schiphol(AMS) - Aberdeen(ABZ)	KLM Royal Dutch Airlines KL913 OPERATED BY KLM CITYHOPPER	9:25 a.m.- 9:55 a.m.	Check in
Flight	Fri. Oct. 03, 2025 Vienna(VIE) - Amsterdam Schiphol(AMS)	KLM Royal Dutch Airlines KL1902	9:20 a.m.- 11:10 a.m.	Check in
Flight	Fri. Oct. 03, 2025 Amsterdam Schiphol(AMS) - Calgary(YYC)	KLM Royal Dutch Airlines KL677	12:30 p.m.- 1:20 p.m.	Check in

Quick links





- [Check-in Information](#)
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	KL [REDACTED]	Calgary Calgary (YYC)	Amsterdam Amsterdam Schiphol (AMS)
Departure	Sun. Sep. 14, 2025 3:15 p.m.	Arrival	Mon. Sep. 15, 2025 7:50 a.m.
Departure terminal		Arrival terminal	
Class	Economy/Coach Discounted(N)	Seat	
Status	Confirmed	Airline check-in ID	[REDACTED]
Special requests		Frequent traveler	
Equipment	Boeing 787-10	Duration/ Meal service	08:35/Meal
eTicket	[REDACTED]		
Baggage ▶			



	Amsterdam Amsterdam Schiphol (AMS)		Calgary Calgary (YYC)	
Departure	Fri. Oct. 03, 2025 12:30 p.m.		Arrival	Fri. Oct. 03, 2025 1:20 p.m.
Departure terminal			Arrival terminal	
Class	Economy/Coach Discounted(N)		Seat	
Status	Confirmed		<u>Airline check-in ID</u> 	
Special requests			Frequent traveler	
Equipment	Boeing 787-10		Duration/ Meal service	08:50/Meal
eTicket				
<u>Baggage</u> 				

Invoice/Ticket information for LAURIEANN BAKER

Ticket:	KLM Royal Dutch Airlines	Invoice:	
Base:	CAD1,194.00		
Other tax:	CAD1,100.72		
GST/HST tax:	CAD0.00		
QST tax:	CAD0.00		
		Amount:	CAD2,294.72
Payment:	CA XXXXXXXXXXXX	Issue date:	22-Apr.-2025
			Total invoiced amount: CAD2,294.72
			Balance due: CAD0.00

General remarks

AIRFARES ARE NOT GUARANTEED UNTIL TICKETED
AIRLINES RECOMMEND CHECKING IN 2 HOURS PRIOR TO FLIGHT.
A VALID PASSPORT IS REQUIRED FOR ALL INTERNATIONAL TRAVEL
FOR PASSPORT VALIDITY AND OTHER DOCUMENTS REQUIRED
FOR TRAVEL PLEASE VERIFY ON TRAVEL.GC.CA WEBSITE

Agency registration

TPS/GST-723782728 RT 0001