

AHS Board and Executive Expense Report

Name: Dr Peter Jamieson
Title: Vice President and Chief Medical Officer
Location: Calgary
 Expenses posted during the month of April 2026

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					-			
Apr-26	Expense Claim	Meetings		85		515	599			
Apr-26	Direct Bill	Meetings			382		382			
Total by category			\$ -	\$ 85	\$ 382	\$ 515	\$ 981	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 981

Maximum daily single meal expense posted in the month \$ 24
 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

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
JAMIESON, PETER	Vice President and Chief Medical Officer	Calgary	\$ 245.41								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/18/2026	In person Physician Town Hall in Fort McMurray Mar 18 2026.	AB - North Zone	Meals Per Diem	\$ 47.50				1			
3/18/2026	In person Physician Town Hall in Fort McMurray Mar 18 2026.	AB - Local	Taxi	\$ 51.16	Home, Calgary	Airport, Calgary		1			
3/18/2026	In person Physician Town Hall in Fort McMurray Mar 18 2026.	AB - North Zone	Taxi	\$ 51.90	Northern Lights Regional Health Centre, Fort McMurray	Hotel, Fort McMurray		1			
3/18/2026	In person Physician Town Hall in Fort McMurray Mar 18 2026.	AB - North Zone	Taxi	\$ 48.38	Hotel, Fort McMurray	Northern Lights Regional Health Centre, Fort McMurray		1			
3/18/2026	In person Physician Town Hall in Fort McMurray Mar 18 2026.	AB - Local	Taxi	\$ 46.47	Airport, Calgary	Home, Calgary		1			
Approver(s) for the claim	Approval Status	Approval Date									
GREENING, STACY	Approve	2-Apr-26									

Mar 18 2025 \$51.16 Home to YYC Calgary Airport - Dr. Peter Jamieson



Uber

Mar 18, 2026

6:04 a.m.





**Thanks
for
tipping,
Peter**



We hope you
enjoyed your ride
this morning.

Total


\$51.16

Trip fare	\$34.39
Airport Recovery Surcharge	\$4.50
Est. insurance and payments costs 	\$3.03
GST	\$2.12
TNC fee recovery surcharge 	\$0.45
Tip	\$6.67

Payments

 Visa 	\$51.16
3/18/26 6:46 a.m.	

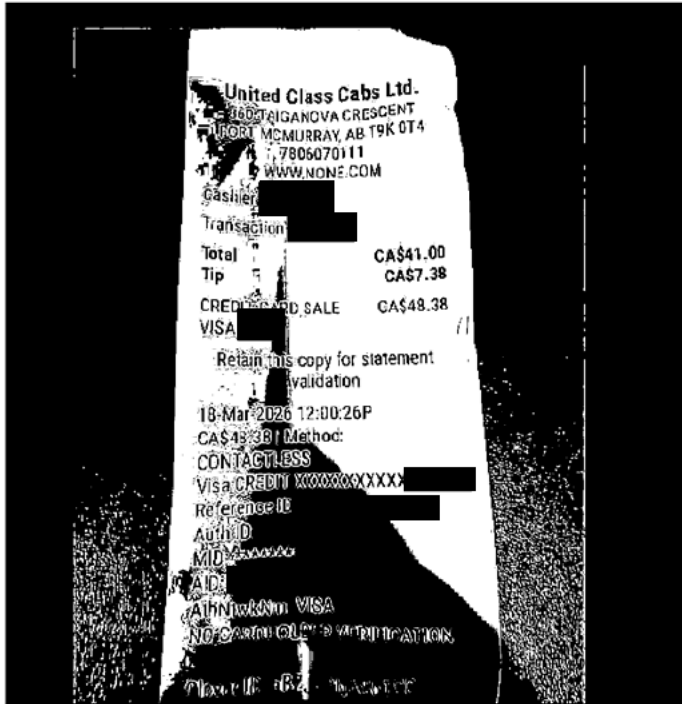
Want to switch your payment method?

 Switch

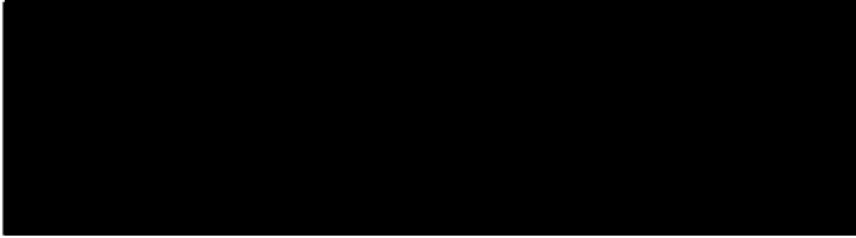
Mar 18 2026 \$51.90 Northern Lights Regional Health Centre Fort McMurray to YMM Fort McMurray airport – Dr. Peter Jamieson



Mar 18 2026 \$48.38 YMM Fort MacMurray Airport to North Lights Regional Hospital – Dr. Peter Jamieson



Mar 18 2025 \$46.47 YYC Calgary Airport to Home – Dr. Peter Jamieson



Uber

Mar 18, 2026

7:48 p.m.

This is your charge summary

This document acknowledges your trip completion.



Total

\$46.47

This is not a payment receipt.



It is a charge summary to acknowledge the completion of the trip. You will receive a trip receipt when the payment is processed with payment information.

Trip fare	\$35.62
Airport Recovery Surcharge	\$5.00
Est. insurance and payments costs 	\$3.19
GST	\$2.21
TNC fee recovery surcharge 	\$0.45

Need help?

Our support team is happy to help with any concern you might have.

 [Contact support](#)

Forgot something?

If you lost a item in the car, please report it using the link below.

 [Report lost item](#)

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim								
JAMIESON, PETER	Vice President and Chief Medical Officer	Calgary	\$ 353.94								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/19/2026	In person Ministry Hospital & Surgical Health Services working group session Apr 20,2026 in Edmonton		Mileage-Other	\$ 155.74	Calgary, Home	10640 100 Ave NW, Edmonton, AB T5J 3N8		1			308.4
4/20/2026	In person Ministry Hospital & Surgical Health Services working group session Apr 20,2026 in Edmonton	AB - Other Zones	Meals Per Diem	\$ 37.00				1			
4/20/2026	In person Ministry Hospital & Surgical Health Services working group session Apr 20,2026 in Edmonton		Mileage-Other	\$ 161.20	Government House in the Alberta Room, 12845 102 Avenue, Edmonton, AB	Calgary, Home		1			319.2
Approver(s) for the claim	Approval Status	Approval Date									
GREENING, STACY	Approve	27-Apr-26									

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 Peter Jamieson	Reporting Period for the Month of : Apr-26
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
20-Mar-2026	Direct Billing	Hotel	In person Ministry Hospital & Surgical Health Services working group session Mar 20, 2026 at the Gov house in Edmonton.	Matrix	\$192.34
20-Apr-2026	Direct Billing	Hotel	In person Ministry Hospital & Surgical Health Services working group session Apr 20, 2026 at the Gov house in Edmonton.	Matrix	\$189.20
	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	
Total Paid in the Month					\$ 381.54



Alberta Health Services
Accounts Payable
P.O. Box 1600
Edmonton AB T5K 1G8
Canada

COPY OF INVOICE

Room No. : [REDACTED]
Arrival : 03-19-26
Departure : 03-20-26
Page No. : 1 of 1
Folio No. : [REDACTED]
Invoice No. : [REDACTED]
AR No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]
Custom Ref. : [REDACTED]



Company Name :
Group Name :
Guest Name : Jamieson, Peter

Date	Description	Charges	Credits
03-19-26	Package Revenue	179.00	
03-19-26	Destination Marketing Fee	6.54	
03-19-26	Tourism Levy	6.80	
Total Charges		192.34	
Total Credits			0.00
Balance			192.34

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.



Alberta Health Services
Accounts Payable
P.O. Box 1600
Edmonton AB T5K 1G8
Canada



COPY OF INVOICE

Room No. [Redacted]
Arrival : 04-19-26
Departure : 04-20-26
Page No. : 1 of 1
Folio No. [Redacted]
Invoice No. [Redacted]
AR No. [Redacted]
Conf. No. [Redacted]
Cashier No. [Redacted]
Custom Ref. [Redacted]

Company Name : Alberta Health Services
Group Name :
Guest Name : Jamieson, Peter

Date	Description	Charges	Credits
04-19-26	Package Revenue	173.00	
04-19-26	Destination Marketing Fee	6.33	
04-19-26	Tourism Levy	9.87	
Total Charges		189.20	
Total Credits			0.00
Balance			189.20

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.