

# **AHS Board and Executive Expense Report**

Name:Stacy GreeningTitle:Chief Zone Officer, North ZoneLocation:WhitecourtExpenses posted during the month of November 2024

							Tra	vel (1)							
Approved MMM-YY	Source Document		Purpose	Airfare		Meals	Accom	modation	Other Travel	Total Fravel	ofessional velopmen (2)		Working Sessions losting a Hospitalit (3)	s nd	Other (4)
Nov-24 Nov-24	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings						152 211	8	160 211 -					
			Total by category	\$	- \$	-	\$	363	\$ 8	\$ 371	\$	- 9	þ	- :	\$
	\$ 371 y single meal e	expense po	sted in the month	\$	_										

Maximum daily base hotel rate posted 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.

194

#### 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 P-Card

Claimant Name	Claimant Title	<b>Claimant Location</b>	Expense Claim								
GREENING, STACY T	Chief Zone Officer, North Zone	Whitecourt	\$ 159.51								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	-		# of days	# of Attendees	Attendee Name(s)	Trip Distance
					Location	Location		aays	Attenuces	Nume(3)	Distance
11/5/2024	Fort McMurray Physician Town Hall (Nov. 6, 2024)	AB - North Zone	Accommodations	\$ 151.51			Travelled halfway the day before in order to accommodate meeting schedule.	1			
11/8/2024	Fort McMurray Physician Town	AB - North Zone	Parking - Lot or	\$ 8.00				1			
	Hall (Nov. 6, 2024)		Parkade								
Approver(s) for the	Approval Status	Approval Date									
claim											
CHILTON, SEAN	Approve	22-Nov-24									

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		and and the second s		Days inn by Wynd	tham Athabasca
				2805 48th Ave	
Days	s inn K			Athabasca	
BY WYN				Alberta, T95 0A4	
ATHAB	ASCA			Phone: 780-675	7020
Folio 1				Email: athabasc	adaysinn@gmail.com
Name: GREENING	, STACY			Confirmation Nu	umber:
Phone #:	En	nail:		Loyalty L <u>evel: N</u>	
Guest		mpany		Guests:	
Address:		dress:		Nights: 1	
Room:		oom Type:		GTD:	
Rate Plan: Arrival: Nov 05, 202		nily Rate: CAD 139.00 parture: Nov 06, 2024			
Room Rate:		panure. Nov 06, 2024	4 ( <b>vv</b> ed)		
			CAD 139.00 per	night	
Nov 05, 2024 (Tue)			CAD 139.00 Per	ingite	
otal Estimated Sta	y Amount: CAD :	151.51			
		Description		Amou	int Balance
ate	Code	Description			
ov 05, 2024 (Tue)	RM	ROOM CHAR	GE	CAD 1	.39.00 CAD 139.00
ov 05, 2024 (Tue)		Sales tax 5%		CAD 6	6.95 CAD 145.95
		Service charg	ge 4%	CAD 5	.56 CAD 151.51
ov 05, 2024 (Tue)			-	CAD (1	151.51) CAD 0.00
ov 06, 2024 (Wed)	MC				
Cummori/	· · · · · · · · · · · · · · · · · · ·				
Summary		<b>C</b> 0 <b>D</b>	Other	Payments	Balance Due
Room	Taxes and Fees	F&B		-	CAD 0.00
CAD 139.00	CAD 12.51	CAD 0.00	CAD 0.00	CAD (151.51)	
Guest Signature:	By signing above, I agree to the	to tours and conditions	-		
	BA MUNUD UPOAN I UDIOR IO ING				
				indebt.	edness (2) This proper
(1) Regardless of cha	irge instructions, th	e undersigned ackno	owledges the abov	le as personal muebl	edness. (2) This proper responsible for injury
privately owned and	management reser	rves the right to refu	use services to any	one, and will not be	responsible for injury
Printed on: Nov 06,		Pag	e 1 of 2		

01:55:35 PM

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## From

Sent: Friday, November 8, 2024 7:22 AM To:

Subject: Your AHS Parking Receipt

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message

	2	
Transaction N <u>umber:</u>		 
Zone Number:		
Zone Name: NOR-NLR Public License Plate:		
Start: Thu, Nov 7 2024, 07:21 AM		
End: Fri, Nov 8 2024, 07:21 AM		
Payment Info: Card ending in		
Parking Fee: \$8.00 Total Fee: \$8.00		
Price includes GST where applicable		

If you have any questions regarding this or any other parking transaction, please contact a customer service representative at

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# AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	<b>Claimant Location</b>	Expense Claim Total								
GREENING, STACY T	Chief Zone Officer, North Zone	Whitecourt	\$ 211.46								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From	То	Justification	# of	# of	Attendee	Trip
					Location	Location		days	Attendees	Name(s)	Distance
11/6/2024	Fort McMurray Physician Town Hall	AB - North Zone	Accommodations	\$ 211.	46			1			
	(Nov. 6, 2024)										
Approver(s) for the claim	Approval Status	Approval Date									
CHILTON, SEAN	Approve	22-Nov-24									

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## TownePlace Suites<sup>®</sup>

321 Sakitawaw Trail, Fort McMurray T9H 5E7 **P** 780.750.8530 Marriott.com/YMMTS

Stacy Greening			Room: : Room Type: STDO Number of Guests: 1 Rate: \$194.00	Clerk
Arrive: 06Nov24	Time: 09:14PM	Depart: 07Nov24	Time: 07:00AM	Folio Numbei
DATE	DESCRIPTION		CHARGES	CREDITS
06Nov24 06Nov24 06Nov24 07Nov24	Room Charge Gst 869371682 Rt0002 Tourism Levy Master Card		194.00 9.70 7.76	211.46
0/110/24	Card Type: MASTERCAR	CARD #: MCXXXXXXXXXXX 2D Card Entry: CHIP Approval ( abel: MASTERCARD AID		
			BALANCE: 0.00	

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