

## AHS Board and Executive Expense Report

**Name:** Stacy Greening  
**Title:** Interim VP Clinical Operations  
**Location:** Whitecourt  
 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)
Jun-25	P-Card	Meetings			705	65	770		58	
Jun-25	Expense Claim	Meetings		148			148			
Jun-25	Direct Bill	Meetings			143		143			
<b>Total by category</b>			\$ -	\$ 148	\$ 848	\$ 65	\$ 1,061	\$ -	\$ 58	\$ -

**Total  
posted for  
the Month** \$ 1,119

Maximum daily single meal expense posted in the month \$ 24  
 Maximum daily base hotel rate posted in the month \$ 173  
 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 P-Card

<b>Claimant Name</b>	<b>Claimant Title</b>	<b>Claimant Location</b>	<b>Expense Claim</b>								
GREENING, STACY T	Interim VP Clinical Operations	Whitecourt	\$ 827.84								
<b>Expense Date</b>	<b>Business reason</b>	<b>Expense Location</b>	<b>Expense Type</b>	<b>Amount</b>	<b>From Location</b>	<b>To Location</b>	<b>Justification</b>	<b># of days</b>	<b># of Attendees</b>	<b>Attendee Name(s)</b>	<b>Trip Distance</b>
5/27/2025	Peter Loughed Centre Site Visits and Bed Audits (May 27, 2025)	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00				1			
5/27/2025	Foothills Medical Centre Site Visits and Bed Audits (May 26, 2025)	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00			Receipt missing, has not previously been claimed and is a valid business expense	1			
5/28/2025	Calgary Facility Site Visits and Bed Audits (May 27, 2025)	AB - Other Zones	Accommodations	\$ 199.89				1			
5/28/2025	South Health Campus Site Visits and Bed Audits (May 27, 2025)	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00				1			
6/3/2025	Canmore Site Visit (June 2, 2025)	AB - Other Zones	Accommodations	\$ 184.38				1			
6/11/2025	Central Zone Leadership Meeting (June 11, 2025)	AB - Other Zones	Accommodations	\$ 178.87				1			
6/12/2025	Devon Site Visit (June 12, 2025)	AB - Other Zones	Accommodations	\$ 141.70				1			
6/12/2025	Central Zone Leadership Meeting (June 11, 2025)	AB - Other Zones	Parking - Lot or Parkade	\$ 9.00				1			
6/17/2025	Hinton & Jasper Site Visit (June 17, 2025)	AB - North Zone	Other-USER TO ASSIGN CODING	\$ 11.00				1			
6/18/2025	Central Zone Leadership Meeting with Chief Zone Officers immediate reports held in Red Deer, to discuss interim leadership & changes for their zone. (June 11, 2025)	AB - Other Zones	Working Session - Meals	\$ 58.00				1	8	Sean Chilton, Stacy Greening, Carolyn Trumper, Dawn Peterson, Elisabeth Smythe, Karen Foudy, Lori Sparrow, Kandice Wilson	
<b>Approver(s) for the claim</b>	<b>Approval Status</b>	<b>Approval Date</b>									
CHILTON, SEAN A	Approve	27-Jun-25									

[REDACTED]

**From:** [REDACTED]

**Sent:** Tuesday, May 27, 2025 12:40:10 PM

**To:** [REDACTED]

**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

---



Transaction Number: [REDACTED]

Zone Number: [REDACTED]

Zone Name: CAL-FMC Public

License Plate: [REDACTED]

Start: Mon, May 26 2025, 12:40 PM

End: Tue, May 27 2025, 12:40 PM

Payment Info: Card ending in [REDACTED]

Parking Fee: \$15.00

Total Fee: \$15.00

Price includes GST where applicable

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

---

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

---

## Residence Inn<sup>®</sup> Calgary South

3710 Market Street SE, Calgary AB T3M 2P2 P 587.349.8633

Marriott.com/YYCCR

S. Greening

Room: [REDACTED]

Room Type: [REDACTED]

Number of Guests: 1

Rate: \$173.00

Clerk: [REDACTED]

Arrive: 27May25

Time: 07:08PM

Depart: 28May25

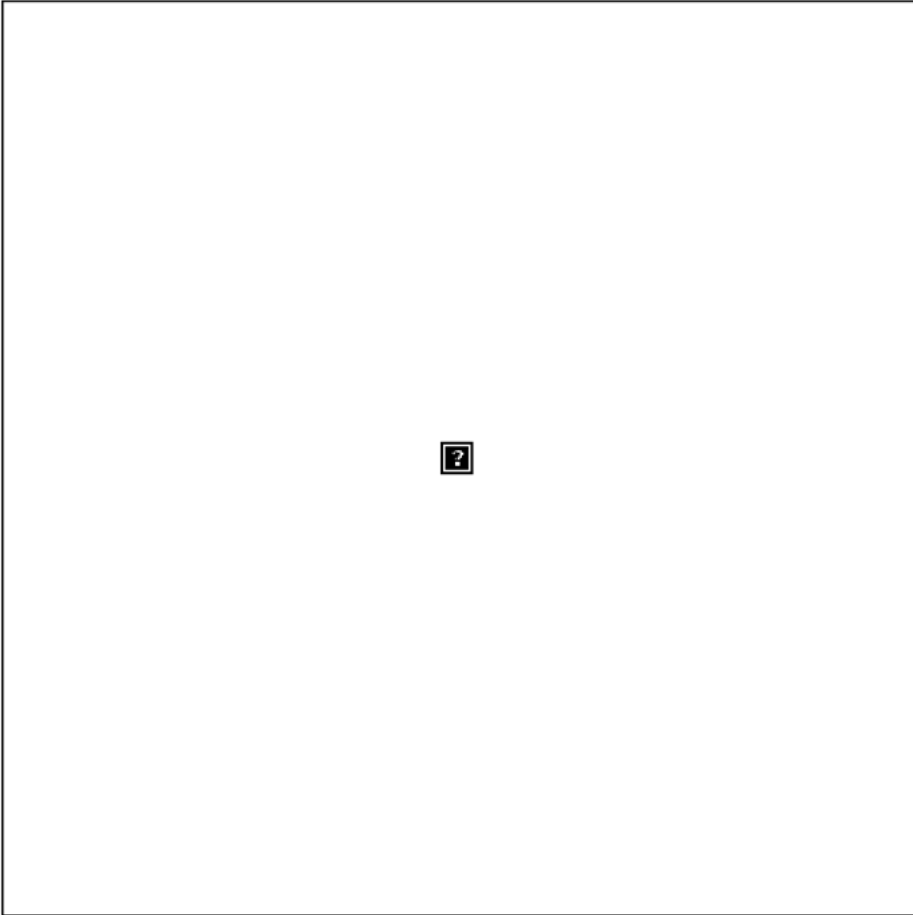
Time: 12:00PM

Folio Number [REDACTED]

DATE	DESCRIPTION	CHARGES	CREDITS
27May25	Room Charge	173.00	
27May25	Gst	9.17	
27May25	Hotel Levy	7.34	
27May25	Destination Marketing Fee	10.38	
28May25	Master Card		199.89
Card #: MCXXXXXXXXXXXX [REDACTED] XXXX			
Amount: 199.89 Auth: [REDACTED]			
This card was electronically swiped on 27May25			
BALANCE:		0.00	

[REDACTED] Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account.  
Check your Marriott Bonvoy account statement or your online statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.



Transaction Number: [REDACTED]

Zone Number: [REDACTED]

Zone Name: CAL-SHC Public

License Plate: [REDACTED]

Start: Tue, May 27 2025, 01:22 PM

End: Wed, May 28 2025, 01:22 PM

Payment Info: Card ending in [REDACTED]

Parking Fee: \$15.00

Total Fee: \$15.00

Price includes GST where applicable

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



Days Inn & Suites by Wyndham Cochrane

5 West Side Drive  
Cochrane  
Alberta, T4C 1M1 Canada  
Phone: 1-403-932-5588

Name: GREENING, STACY

Phone #:

Email:

Guest  
Address:

Company  
Address:

Confirmation Number:

Room:   
Rate Plan:   
Arrival: Jun 02, 2025 (Mon)  
Guests: 1/0

Room Type:   
Daily Rate: CAD 169.15  
Departure: Jun 03, 2025 (Tue)  
Nights: 1

GTD:   
Loyalty Number: N/A  
Loyalty Level: N/A

### Room Rate:

Jun 02, 2025 (Mon) CAD 169.15 per night

**Total Estimated Stay Amount:** CAD 184.38

Date	Code	Description	Amount	Balance
Jun 02, 2025 (Mon)	RM	ROOM CHARGE	CAD 169.15	CAD 169.15
Jun 02, 2025 (Mon)	1001	GST	CAD 8.46	CAD 177.61
Jun 02, 2025 (Mon)	1002	Tourism Levy	CAD 6.77	CAD 184.38
Jun 03, 2025 (Tue)	MC	MC	CAD (184.38)	CAD 0.00

## Summary

Room	Taxes and Fees	F&B	Other	Payments	Balance Due
CAD 169.15	CAD 15.23	CAD 0.00	CAD 0.00	CAD (184.38)	CAD 0.00

**Guest Signature:** \_\_\_\_\_

By signing above, I agree to these terms and conditions

HST #: 793526694 RT0001

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) This property is privately owned and management reserves the right to refuse services to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind. "We or our affiliates may contact you about goods and services unless you call 888-946-4283 or write to Opt Out/Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about privacy."

Printed on: Jun 03, 2025 (Tue)  
04:55:56 PM

Page 1 of 1

Printed by:



134

06-11-25

**Stacy  
Greening**

Folio No. : [REDACTED]  
A/R Number : [REDACTED]  
Group Code : [REDACTED]  
Company : **Government Canada**  
Membership No. : **PC** [REDACTED]  
Invoice No. : [REDACTED]  
Ref.No. : [REDACTED]

Room No. : [REDACTED]  
Arrival : **06-10-25**  
Departure : **06-11-25**  
Conf. No. : [REDACTED]  
Rate Code : [REDACTED]  
Page No. : **1 of 1**

**INVOICE**

Date	Description	Charges	Credits
------	-------------	---------	---------

06-10-25	*Accommodation	161.00	
06-10-25	AHT	6.44	
06-10-25	GST Tax	8.05	
06-10-25	DMF Fee	3.22	
06-10-25	GST on DMF	0.16	
06-11-25	MasterCard XXXXXXXXXXXX [REDACTED]		178.87

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - [www.ihgrewardsclub.com/review](http://www.ihgrewardsclub.com/review). We look forward to welcoming you back soon.

<b>Total</b>	<b>178.87</b>	<b>178.87</b>
--------------	---------------	---------------

<b>Balance</b>	<b>0.00</b>
----------------	-------------

**Tax Summary**

<b>GST Tax</b>	<b>8.05</b>
<b>AHT</b>	<b>6.44</b>
	<b>0.00</b>
	<b>0.00</b>

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability 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.

Holiday Inn Express - Red Deer North  
6433 Orr Dr.  
Red Deer, AB T4P1A6  
Telephone: (587) 457-7829 Fax: (587) 457-1110  
GST Tax# 878160969RT0008

Owned and Operated by Zainul & Shazma Holdings 1997 Ltd.





Fairfield by Marriott® Edmonton International Airport  
4545 Airport Perimeter Rd, Alberta T9E 0V6 Canada P 780.739.2200  
Fairfield.Marriott.com

S. Greening

Room: [REDACTED]  
Room Type: KING  
Number of Guests: 1  
Rate: \$125.00

Clerk:

Arrive: 11Jun25

Time: 08:46PM

Depart: 12Jun25

Time: 12:00PM

Folio Number [REDACTED]

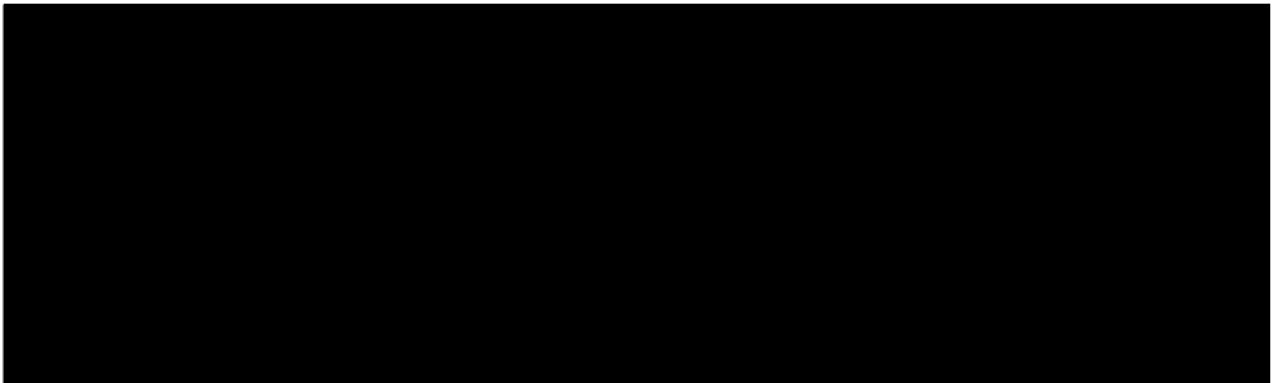
DATE	DESCRIPTION	CHARGES	CREDITS
11Jun25	Room Charge	125.00	
11Jun25	Gst-796939882rt001	6.50	
11Jun25	ABTL-Tourism Levy	5.20	
11Jun25	DMF-Destination Mktg Fee	5.00	
12Jun25	Master Card		141.70
Card #: MCXXXXXXXXXX [REDACTED] XXXX			
Amount: 141.70 Auth: [REDACTED]			
This card was electronically swiped on 11Jun25			
BALANCE:		0.00	

[REDACTED] Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account.  
Check your Marriott Bonvoy account statement or your online statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.

Operated under license from Marriott International, Inc. or one of its affiliates.

Take the comfort of the Fairfield sleep experience home. Visit the Fairfield official retail store at FairfieldStore.com.



**From:** [Redacted]

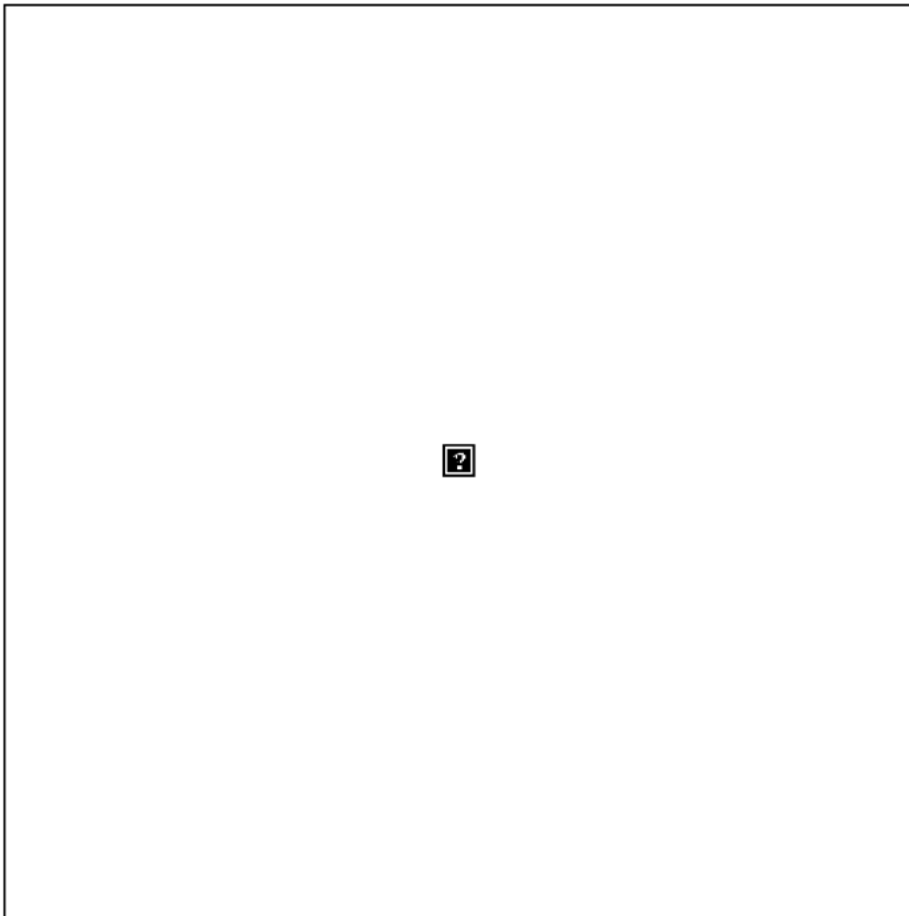
**Sent:** Thursday, June 12, 2025 12:38:19 PM

**To** [Redacted]

**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

---



Transaction Number: [Redacted]

Zone Number [Redacted]

Zone Name: CEN-S Public

License Plate: [Redacted]

Start: Wed, Jun 11 2025, 12:38 PM

End: Thu, Jun 12 2025, 12:38 PM

Payment Info: Card ending in [REDACTED]

Parking Fee: \$9.00

Total Fee: \$9.00

Price includes GST where applicable

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

---

This message and any attached documents are only for the use of the intended recipient(s), are confidential and may contain privileged information. Any unauthorized review, use, retransmission, or other disclosure is strictly prohibited. If you have received this message in error, please notify the sender immediately, and then delete the original message. Thank you.

---



Jasper NP - East Gate (10300)

PN Jasper - Entrée Est  
607 Connaught Drive  
Jasper, AB T0E 1E0

**Expiration:**  
**2025-06-18**  
**at/à 4pm**

Transaction: [REDACTED]

Date: 2025-06-17 9:45:22 AM

ID: [REDACTED] Regist #: [REDACTED]

Item	Description	Price/Prix
1 x 20000		\$11.00
NP A Day/PN A jour		
2025/06/18		
S-total (before/avant taxes)		\$10.48
GST/TPS 5%		\$0.52
Grand Total		\$11.00

MASTERCARD \$11.00

Merci pour votre visite!

Thank you for visiting!

TPS/GST #12149 1807

\*DUPLICATE\*

CAFE MILLENNIUM  
4909 49TH ST  
RED DEER AB

\*DUPLICATE\*

CARD \*\*\*\*\*  
CARD TYPE MASTERCARD  
DATE 2025/06/18  
TIME 1699 14:14:52  
RECEIPT NUMBER  
[REDACTED]

-----  
PURCHASE  
TOTAL

\$58.00  
-----

PASSWORD USED

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

\*DUPLICATE\*

# Cafe Millennium Group Order Form

Minimum order 8 people

Ph: 403 309-4444 Email: [cafem@telus.net](mailto:cafem@telus.net)

QTY		QTY	
	Soup and Sandwich - \$9.75		Sausage Rolls - \$2.50
	Sandwiches - \$6.75		Pepperoni Sticks - \$3.75
	Vegetable Tray - \$3.00		Chicken Pot Pie - \$6.00
8	Fruit Tray - \$3.00		Ham & Cheese Quiche - \$5.00
	Dessert Tray - \$3.00		Hot Roast Beef Melt - \$8.00
8	Cookies - \$1.50		Chili & a Bun - \$7.50
	Muffins - \$2.50		Stew & a Bun - \$8.00
	Yogurt, Fruit & Granola - \$3.50		Chicken Quesadilla - \$8.00
	Breakfast English Muffin - \$4.25		Pasta Bake - \$8.00
	Breakfast Wraps - \$4.00		Broccoli Alfredo Bake - \$8.00
	Breakfast Bagels - \$4.25		Perogy & Sausage - \$9.00
	Breakfast Tray - \$3.50		Chicken Chipotle Bake - \$8.00
	<b>SALADS</b>		<b>WRAPS, ETC</b>
	Pasta Salad - \$3.50		Chicken Caesar Wrap - \$8.00
	Chef Salad - \$7.50		Turkey BLT Wrap - \$8.00
	Caesar Salad - \$3.50		Crispy Chicken BBQ - \$8.00
	Tossed Salad - \$3.00		Assorted Wrap Tray - \$6.75
	Chicken Caesar Salad - \$8.00		Buffalo Chicken Wrap - \$8.00
	Protein Lunch - \$7.00		
	Spinach Salad - \$3.50		<b>DRINKS</b>
	Greek Salad - \$3.50		Coffee - \$1.50
	Broccoli Salad - \$3.50		Juice - \$2.00
	Taco Salad (Chicken or Beef) - \$8.00		Water - \$1.50
		8	Pop - \$1.50

Quantities should be a minimum of 8 per item

Check out daily features on Facebook

Orders received by email will be confirmed as soon as possible

Prices Include GST

Delivery charges may apply

[cafemillennium.ca](http://cafemillennium.ca)

## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GREENING, STACY T	Interim VP Clinical Operations	Whitecourt	\$ 148.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/26/2025	Calgary & South Zone Site Visits	AB - Other Zones	Meals Per Diem	\$ 98.00				3			
6/2/2025	Canmore & Sundre Bed Audits	AB - Other Zones	Meals Per Diem	\$ 50.00				2			
Approver(s) for the claim	Approval Status	Approval Date									
CHILTON, SEAN A	Approve	27-Jun-25									

## 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**

<b>Name :</b>	Stacy Greening	<b>Reporting Period for the Month of :</b>	Jun-25
---------------	----------------	--	--------

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
27-May-2025	Direct Billing	Hotel	Travel to Calgary Zone for Site visits and bed audits (May 26-27, 2025)	Holiday Inn Express & Suites Airport Calgary	\$143.20
	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	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					\$ 143.20





05-27-25

**Alberta Health Services**  
**Attn: Accounts Payable**  
**PO BOX 1600**  
**Edmonton AB T5J 2N9**  
**Canada**

Greening, Stacy

Folio No. :   
A/R Number : **AB HEALTH**  
Group Code :   
Company : **Alberta Health Services**  
Membership No. :   
Invoice No. :

Cashier No.

Room No. :   
Arrival : **05-26-25**  
Departure : **05-27-25**  
Conf. No. :   
Rate Code :   
Page No. : **1 of 1**

Date	Description	Charges	Credits
05-26-25	*Guest Room	134.99	
05-26-25	CTR 2%	2.70	
05-26-25	Provincial Tourism Levy and Hc	5.51	
05-26-25	GST 5%	6.88	
05-26-25	GST Exempt - ADJ	-6.88	
05-27-25	Direct Billing/City Ledger		143.20
<b>Total</b>		<b>143.20</b>	<b>143.20</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability 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.