

## AHS Board and Executive Expense Report

**Name:** Stacy Greening  
**Title:** Senior Vice President of Clinical Operations  
**Location:** Whitecourt  
 Expenses posted during the month of December 2025

Travel (1)										Working Sessions Hosting and Hospitality (3)	Other (4)
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)			
Dec-25	P-Card	Meetings			562	63	625				
Dec-25	Expense Claim	Meetings		61		9	70				
	Direct Bill	Meetings					-				
<b>Total by category</b>			\$ -	\$ 61	\$ 562	\$ 72	\$ 695	\$ -	\$ -	\$ -	\$ -

**Total posted for the Month** \$ 695

Maximum daily single meal expense posted in the month \$ 24  
 Maximum daily base hotel rate posted in the month \$ 167  
 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

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## hangTag™ parking receipt

Please click [here](#) to access your session details and extend your parking.

Here are your receipt details for your session on Nov 24, 2025:

Account

Guest

Receipt #

[REDACTED]

### Parking session details

Start

Nov 24, 2025 01:01PM

End

Nov 25, 2025 06:00 AM

Lot information

10049 107 Street

10049 107 St NW

Vehicle

[REDACTED]

### Payment details

Subtotal

\$40.95

Fees

\$0.95

Taxes

\$2.10

Total

\$44.00

**Add  
Time****Stop  
Parking**

## Transaction Details

### PARKING SESSION

**Session Number****Zone Number****Zone Name****EDM-SCH Public****Vehicle****Start****Mon, Nov 24, 10:23 am****End****Mon, Nov 24, 12:23 pm****Parking Fee****\$6.00****TOTAL****\$6.00****Do you have a validation code?****Redeem****Funding Source****Mastercard**

## Rules

**\$1.50/ 30 Min, \$9.00 All Day, 24 Hour Max,**

# MATRIX

HOTEL

Stacy Greening

## INVOICE

Room No. : [REDACTED]  
Arrival : 11-24-25  
Departure : 11-26-25  
Page No. : 1 of 2  
Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
Cashier No. : [REDACTED]  
Custom Ref. : [REDACTED]

Company Name :  
Group Name :  
Guest Name :

Date	Description	Charges	Credits
11-24-25	Package Revenue	167.00	
11-24-25	Destination Marketing Fee	6.09	
11-24-25	Room GST	7.92	
11-24-25	Tourism Levy	6.33	
11-25-25	Package Revenue	167.00	
11-25-25	Destination Marketing Fee	6.09	
11-25-25	Room GST	7.92	
11-25-25	Tourism Levy	6.33	
11-26-25	Mastercard		374.68
	XXXXXXXXXXXX [REDACTED] XX/XX		

Total Charges	374.68
Total Credits	374.68
Balance	0.00

Merchant ID

Credit Card #

XXXXXXXXXX [REDACTED]

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.

# MATRIX

HOTEL

Stacy Greening

## INFORMATION INVOICE

Room No. [REDACTED]  
Arrival : 12-15-25  
Departure : 12-16-25  
Page No. : 1 of 2  
Folio No. [REDACTED]  
Conf. No. [REDACTED]  
Cashier No. [REDACTED]  
Custom Ref. [REDACTED]

Company Name :  
Group Name :  
Guest Name :

Date	Description	Charges	Credits
12-15-25	Package Revenue	167.00	
12-15-25	Destination Marketing Fee	6.09	
12-15-25	Room GST	7.92	
12-15-25	Tourism Levy	6.33	
12-16-25	Mastercard [REDACTED] X/XX		187.34

Total Charges	187.34
Total Credits	187.34
Balance	0.00

Merchant ID	[REDACTED]	Credit Card #	XXXXXXXXXXXX [REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	XX/XX
Approval Code	[REDACTED]	Capture Method	Swiped
Approval Amount	187.34	Transaction Amount	187.34

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.

# RECEIPT

UAH Parking  
Edmonton, Alberta  
For assistance call  
1-855-535-1100

License Plate Number  
[REDACTED]

Expiration Date/Time

03:06 PM  
Alberta Health  
Services  
DEC 15, 2025

Purchase Date/Time: 12:36pm Dec 15, 2025

Total Due: \$12.50 Rate: 2.5 hrs for \$12.50  
Total Paid: \$12.50 Pmt Type: CC (Swipe)

Ticket  
[REDACTED]

S/N #  
[REDACTED]

Setting: UAH-Ethernet  
Meter ID: ED-UAH-407

Alberta Health  
Services

\*\*\*\*, MasterCard

Auth #: [REDACTED]

Rates are GST Exempt  
Weekly/Monthly passes are  
available@Parking Office  
NO REFUNDS

# AHS Executive Expenses Report Expenses

KING RECEIPT

REÇU DE STATIONNEMENT

PARKING RECEIPT

Welcome to Impark Lot 256  
Prices excludes tax  
and fees  
please take receipt

Plate: [REDACTED]

Expires: 06:00 PM Dec 15, 2025

Purchase Date/Time: 10:06am Dec 15, 2025

Parking: \$8.00, Processing fee: \$1.00, gst: .45

Total Due: \$9.45 CAD Rate: \$37-A11 day to

Transaction Type: SALE Paid: \$9.45

PMT Type: CC (Tap) Ticket #: [REDACTED]

Machine: [REDACTED]

Card number: #\*\*\*\* [REDACTED] MasterCard

CVM: No CVM Auth#: [REDACTED]

AID: [REDACTED]

TVR: [REDACTED]

Response Text: Approved

Thank you for Parking

gst887315638RT0006

Please park with us again