

AHS Board and Executive Expense Report

Name: Stacy Greening
Title: Senior Vice President of Clinical Operations
Location: Whitecourt
 Expenses posted during the month of August 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)
Aug-26	P-Card	Meetings		18	1,845	125	1,988			
Aug-26	Expense Claim	Meetings		331			331			
	Direct Bill	Meetings					-			
Total by category			\$ -	\$ 349	\$ 1,845	\$ 125	\$ 2,318	\$ -	\$ -	\$ -

**Total
posted for
the Month** \$ 2,318

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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitecourt	\$ 1,416.28								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/17/2026	Travel to Calgary for the Canadian Medical Hall of Fame Event (June 17-19, 2026)	AB - Other Zones	Accommodations	\$ 374.16				2			
6/17/2026	Travel to Calgary for the Canadian Medical Hall of Fame Event (June 17-19, 2026)	AB - Other Zones	Parking - Lot or Parkade	\$ 38.85				1			
6/17/2026	Travel to Calgary to attend Medical Hall of Fame event	AB - Other Zones	Meals PCard - Dinner In Canada	\$ 18.00				1	1	Stacy Greening	
6/18/2026	Travel to Calgary for the Canadian Medical Hall of Fame Event (June 17-19, 2026)	AB - Other Zones	Parking - Lot or Parkade	\$ 38.85				1			
6/22/2026	Travel to Edmonton for National Indigenous People's Month Closing Ceremonies (June 23), University of Alberta Hospital Staff Town Hall (June 24) and Kaye Clinic Tour (June 24)	AB - Other Zones	Accommodations	\$ 394.86				2			
7/1/2026	Travel to Edmonton for Mtg with Deputy Secretary of State of Texas (July 2, 2026)	AB - Other Zones	Accommodations	\$ 188.31				1			
7/5/2026	Travel to Calgary for mtgs with CEO and staff engagement at Rockyview General Hospital (July 6-7)	AB - Other Zones	Accommodations	\$ 135.06				1			
7/6/2026	Travel to Calgary for mtgs with CEO and staff engagement at Rockyview General Hospital (July 6-7)	AB - Other Zones	Parking - Lot or Parkade	\$ 16.00				1			
7/6/2026	Travel to Calgary for mtgs with CEO and staff engagement at Rockyview General Hospital (July 6-7)	AB - Other Zones	Accommodations	\$ 181.19				1			
7/7/2026	Travel to Calgary for mtgs with CEO and staff engagement at Rockyview General Hospital (July 6-7)	AB - Other Zones	Parking - Lot or Parkade	\$ 16.00				1			
7/8/2026	Staff Engagement Event at Rockyview General Hospital (July 7, 2026)	AB - Other Zones	Parking - Lot or Parkade	\$ 15.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	18-Aug-26									

Guest Folio

Confirmation Number - [REDACTED]

Primary Guest

Guest Name
Address
City, State, Zip Code
Country

GREENING, STACY

ADDN GUESTS

Hilton Honors

M MEMBER

Stay Details

Check In Date
Check Out Date
Room
Source
Guests

Jun 17, 2026
Jun 19, 2026
NKJD [REDACTED]
OTHER
1/0

Company Details

Name
Tax#/ID#
PO Number
Account Name
Account Number

ALBERTA
HEALTH
SERVICES

Other Details

Tax Invoice
Tax/Fee
Exemption
Tax/Fee
Exempt Date
Travel Agent
IATA
Name
VISION TRAVEL
DT ONTARIO-
WESTINC.

Date	Type	Description	Amount
Jun 17, 2026	Charge	PARKING	CAD37.00
Jun 17, 2026	Tax	MISC - GST	CAD1.85
Jun 17, 2026	Charge	**SUITE SHOP	CAD17.14
Jun 17, 2026	Tax	MISC - GST	CAD0.86
Jun 17, 2026	Charge	GUEST ROOM	CAD159.00
Jun 17, 2026	Tax	GST	CAD7.95
Jun 17, 2026	Tax	TOURISM LEVY	CAD9.54
Jun 17, 2026	Fee	DMF	CAD9.54
Jun 17, 2026	Tax	GST on DMF	CAD0.48
Jun 17, 2026	Tax	Tourism Levy on DMF	CAD0.57
Jun 18, 2026	Charge	GUEST ROOM	CAD159.00
Jun 18, 2026	Tax	GST	CAD7.95
Jun 18, 2026	Tax	TOURISM LEVY	CAD9.54
Jun 18, 2026	Fee	DMF	CAD9.54
Jun 18, 2026	Tax	GST on DMF	CAD0.48
Jun 18, 2026	Tax	Tourism Levy on DMF	CAD0.57
Jun 18, 2026	Charge	PARKING	CAD37.00
Jun 18, 2026	Tax	MISC - GST	CAD1.85
Jun 19, 2026	Payments	MASTER [REDACTED]	-CAD469.86

Summary

Type	Amount
CREDIT CARD	-CAD469.86
GUEST ROOM	CAD318.00
GST	CAD15.90
TOURISM LEVY	CAD19.08
DMF	CAD19.08

Check In Time 10:44 PM
Check Out Time 01:26 PM

Reservations homewoodsuites.com or +1-800-CALL-HOME



Stacy Greening

INFORMATION INVOICE

Room No. : [REDACTED]
Arrival : 06-22-26
Departure : 06-24-26
Page No. : 1 of 2
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
06-22-26	Package Revenue	173.00	
06-22-26	Destination Marketing Fee	6.33	
06-22-26	Room GST	8.23	
06-22-26	Tourism Levy	9.87	
06-23-26	Package Revenue	173.00	
06-23-26	Destination Marketing Fee	6.33	
06-23-26	Room GST	8.23	
06-23-26	Tourism Levy	9.87	
06-24-26	Mastercard [REDACTED] XX/XX		394.86
Total Charges		394.86	
Total Credits			394.86
Balance			0.00

Merchant ID

Credit Card #

XXXXXXXXXXXX [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 | 10640 100 Ave NW | Edmonton, AB T5J 3N8
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962
Email: info@matrixedmonton.com
www.matrixedmonton.com



SANDMAN
HOTEL GROUP



INFORMATION INVOICE

Alberta Health Services*
P.O. Box 1600
Edmonton AB T5J 2N9
Canada

Greening, Stacy

Print Date 7/2/26
Page No. 1 of 1
Room No. [REDACTED]
Arrival 07/01/26
Departure 07/02/26
Conf. No. [REDACTED]
Folio No. [REDACTED]
Reference [REDACTED]
GST No. 121767065 RT0001

Company Name: Alberta Health Services*
Account No. [REDACTED]

Date	Description	Charges CAD	Credits CAD
07/01/26	Government Rate	169.00	
07/01/26	Room - DMF	6.76	
07/01/26	Room - Tourism Levy	10.55	
07/01/26	ECO Fees	2.00	
07/02/26	MasterCard XXXXXXXXXX [REDACTED]		188.31
Total		188.31	188.31
Balance		0.00	CAD
Net Amount		169.00	CAD
Total incl. vat		188.31	CAD

I agree to be personally liable should the
indicated company or person fail to pay for
any part of the total charges.

Guest Signature

Merchant ID
Transaction ID
Approval Code
Approval Amount

[REDACTED]
188.31

Credit Card #
Credit Card Expiry
Capture Method
Transaction Amount

XXXXXXXXXX [REDACTED]
XX/XX
Swiped
188.31



07-06-26

Stacy Greening	Folio No. :	Room No. [REDACTED]
[REDACTED]	AVR Number :	Arrival : 07-05-26
[REDACTED]	Group Code :	Departure : 07-06-26
[REDACTED]	Company :	Conf. No. : [REDACTED]
[REDACTED]	Membership No. :	Rate Code : [REDACTED]
[REDACTED]	Invoice No. :	Page No. : 1 of 1
[REDACTED]	Ref No. :	

Date	Description	Charges	Credits
07-05-26	*Accommodation	117.00	
07-05-26	HMF	4.68	
07-05-26	Tourism Levy	7.30	
07-05-26	G.S.T	6.08	
07-06-26	MasterCard		135.06
Total		135.06	135.06

Balance	0.00
---------	------

Tax Summary

	0.00
Tourism Levy	7.30
G.S.T	6.08
	0.00

Guest Signature:

I have received the goods and / or services in the amount shown hereon. 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.

INDIGO
LOT 150

INDIGO
PARKING PERMIT
PARK CANADA

Meter: [REDACTED]
Trans: [REDACTED]
Paid: \$16.00
Purchase Time:
12:24PM JUL 06, 2026

License Plate:
[REDACTED]

Base Price: \$15.24
GST: \$0.76
Total Price: \$16.00
Card: *****
Auth: [REDACTED]

Expires:

JUL06 2026
7:00PM

INDIGO
THANK YOU

PARK CANADA
GST 120996095RT0004

THANK YOU

THANK YOU

THANK YOU

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

Service Plus Inns & Suites

3503 114th Ave SE
Calgary, Alberta T2Z 3X2

Phone: (403) 256-5352
Fax: (403) 256-5321
E-mail: reservations@spisyy.com
Website: <https://serviceplusinns.com/>



Guest Charges

Folio #: [REDACTED] Guest : GREENING, STACY Conf #: [REDACTED]
Room #: [REDACTED] CRS #: [REDACTED]
Payment Method : Credit Card Billing Reference :
Rate : 7/6/2026 \$154.00 [REDACTED] Arrival: 7/6/2026
Departure: 7/7/2026
Next Payment Due: 7/7/2026
Estimated Next Payment Amount:

Date	Department	Reference	Voucher	Room	Charge	Credit	Balance
7/6/2026	Room Revenue	Auto Posted Rate: [REDACTED]		[REDACTED]	\$154.00		\$154.00
7/6/2026	AB Tourism Levy	Auto Posted Rate: [REDACTED]		[REDACTED]	\$9.79		\$163.79
7/6/2026	Federal Taxes	Auto Posted Rate: [REDACTED]		[REDACTED]	\$8.16		\$171.95
7/6/2026	Destination Marketing	Auto Posted Rate: [REDACTED]		[REDACTED]	\$9.24		\$181.19
7/7/2026	Mastercard	PAYMENT [REDACTED]		[REDACTED]		\$181.19	\$0.00
					Balance		\$0.00

Additional Estimated Charges (Room, Tax, Other) through 7/6/2026 \$0.00

Credit Card Payment

Payment Type: Credit Card Amount Paid: \$181.19
Account: [REDACTED] Approval Code: [REDACTED]
Account Holder: GREENING/STACY Approval Amount: (\$181.19)

I agree that my liability for all charges is not waived.

Guest Signature _____

THANK YOU

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

PARKING

INDIGO
LOT 150

PARKING PERMIT

Meter: [REDACTED]
Trans: [REDACTED]
Paid: \$16.00
Purchase Time: 10:57AM JUL 07, 2026

License Plate:

[REDACTED]

Base Price: \$15.24
GST: \$0.76
Total Price: \$16.00
Card: ***** [REDACTED]
Auth: [REDACTED]

Expires: CANADA

JUL 07 2026
7:00PM

THANK YOU

GST 120996095RT0004

THANK YOU

THANK YOU

THAN

Transaction Number: [REDACTED]

Zone Number: 6480

Zone Name: CAL-RGH Public

License Plate: [REDACTED]

Start: Tue, Jul 7 2026, 07:40 AM

End: Wed, Jul 8 2026, 07:40 AM

Payment Info: Card ending in [REDACTED]

Parking Fee (Tax Included): \$15.00

Total Fee 5% GST#101476547 Includes GST on parking & parking tax : \$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 support@passportinc.com

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.

AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitcourt	\$ 571.70								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/10/2026	Travel to Edmonton Rural Corridor for Site Tours (Aug 10-11, 2026) at Tofield, Daysland, Hardisty, Provost, Wainwright and Two Hills.	AB - Other Zones	Accommodations	\$ 166.50				1			
8/17/2026	Travel to Edmonton to attend in-person Strategic Goals meetings at the University and Royal Alex. (Aug 18, 2026)	AB - Other Zones	Accommodations	\$ 204.25			Base room rate below guideline limit	1			
8/18/2026	Travel to Calgary for Strategic Goals Meeting with CEO (Aug 19, 2026)	AB - Other Zones	Accommodations	\$ 200.95			Base room rate below guideline limit	1			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	26-Aug-26									

SureStay Plus by Best Western Hardisty

PO BOX 739
Hardisty, Alberta GST: 82700 6065 RT0001
Main:1.780.888.0004 Fax:1.780.888.2818
53050@hotel.bestwestern.com

Guest Folio

User: [redacted]
Date: August 11, 2026
Time: 7:39 AM

Stacy Greening
[redacted]

Arrival date: 8/10/2026
Departure 8/11/2026
Confirmation [redacted]
Room: [redacted]
Folio #: [redacted]

DATE	DESCRIPTION	TYPE	CHARGES	CREDITS	BALANCE
8/10/26	Room [redacted]	Room Rent	\$ 150.00		\$ 150.00
8/10/26		Good And Services Tax	\$ 7.50		\$ 157.50
8/10/26		Hotel Tax	\$ 9.00		\$ 166.50
8/11/26	[redacted]	Mastercard		-\$ 166.50	\$ 0.00
Totals					\$ 0.00

Guest Signature: _____



Stacy Greening

INVOICE

Room No. : [REDACTED]
Arrival : 08-17-26
Departure : 08-18-26
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
08-17-26	Package Revenue	179.00	
08-17-26	Destination Marketing Fee	6.54	
08-17-26	Room GST	8.50	
08-17-26	Tourism Levy	10.21	
08-18-26	Mastercard XXXXXXXXXXXX [REDACTED] XX/XX		204.25
Total Charges		204.25	
Total Credits			204.25
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	204.25	Transaction Amount	204.25

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 | 10640 100 Ave NW | Edmonton, AB T5J 3N8
Reservations: (866) 465-8150 | Telephone: (780) 429-2861 | Fax: (780) 420-4962
Email: info@matrixedmonton.com
www.matrixedmonton.com



SANDMAN HOTEL GROUP



INFORMATION INVOICE

Stacy Greening

Print Date 8/21/26
Page No. 1 of 1
Room No. [REDACTED]
Arrival 08/18/26
Departure 08/19/26
Conf. No. [REDACTED]
Folio No. [REDACTED]
GST No. 121767065 RT0001

Company Name: Alberta Health Services*

Date	Description	Charges CAD	Credits CAD
08/18/26	Government Rate	169.00	
08/18/26	Room - DMF	10.14	
08/18/26	Tourism Levy	10.75	
08/18/26	Room - GST	8.96	
08/18/26	ECO Fees	2.00	
08/18/26	GST - ECO Fees	0.10	
08/19/26	MasterCard XXXXXXXXXX [REDACTED]		200.95

Tax Legend:

- Federal Tax: GST, HST, VAT, Federal Excise Tax
- Provincial/State Tax: PST, QST, State Sales Tax, Regional Taxes
- Municipal/Local Tax: MAT (add'l MAT), City Tax, County Tax, Municipal Sales Tax, MRDT, MERDT
- Hospitality/Tourism Levy: Occupancy Tax, Tourism Levy
- Destination Levy: Destination Marketing Fee (DMF)

Total	200.95		200.95
Balance	0.00	CAD	
Net Amount	169.00	CAD	
Federal Tax	9.06	CAD	
Hospitality/Tourism Levy	10.75	CAD	
Destination Levy	10.14	CAD	
Eco Fees	2.00	CAD	
Total	200.95	CAD	

I agree to be personally liable should the indicated company or person fail to pay for any part of the total charges.

Guest Signature

Merchant ID
Transaction ID
Approval Code
Approval Amount

[REDACTED]
200.95

Credit Card #
Credit Card Expiry
Capture Method
Transaction Amount

XXXXXXXXXX [REDACTED]
XX/XX
Manual
200.95

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitecourt	\$ 195.50								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/17/2026	Travel to Calgary for the Medical Hall of Fame Event (June 17-19, 2026)	AB - Other Zones	Meals Per Diem	\$ 50.00				3			
7/1/2026	Travel to Edmonton for Deputy Secretary of State of Texas Mtg (July 2, 2026)	AB - Other Zones	Meals Per Diem	\$ 37.00				2			
7/5/2026	Travel to Calgary for Meetings and Staff Engagement (July 5-7, 2026)	AB - Other Zones	Meals Per Diem	\$ 108.50				3			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	18-Aug-26									

AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GREENING, STACY T	Senior Vice President of Clinical Operations	Whitecourt	\$ 135.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/10/2026	Travel to Edmonton Rural Corridor for Site Visits (Aug 10-11, 2026)	AB - Other Zones	Meals Per Diem	\$ 74.00				2			
8/17/2026	Travel to Edmonton & Calgary for Strategic Goals Meeting (Aug 17-18, 2026)	AB - Other Zones	Meals Per Diem	\$ 61.00				2			
Approver(s) for the claim	Approval Status	Approval Date									
TREMBLAY, ANDRE	Approve	26-Aug-26									