

## AHS Board and Executive Expense Report

**Name:** Dr Peter Jamieson  
**Title:** Interim Vice President, Quality and Chief Medical Officer  
**Location:** Calgary  
 Expenses approved during the month of February 2024

			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					-			
Feb-24	Expense Claim	Meetings		69		172	241			
Feb-24	Direct Bill	Meetings	470		276		746			
<b>Total</b>			<u>\$ 470</u>	<u>\$ 69</u>	<u>\$ 276</u>	<u>\$ 172</u>	<u>\$ 987</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**Total for  
the Month** \$ 987

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 143  
 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 small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

**MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE**

**Practitioner Name:** Peter Jamieson **AHS Medical Staff:**  Yes  No **Phone Number with Area Code:** [REDACTED]

**Prof Corp:** Yes **Name:** Peter Jamieson Prof Corp [REDACTED] **Email Address:** [REDACTED]

**Primary Work Location:** [REDACTED] **Primary Zone:** Calgary

Committee, Project or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments
<b>Stipend Total</b>				<b>\$ 0.00</b>		

**Required Participation Review/Confirmation:** Cannot be signed by claimant

[REDACTED SIGNATURE]

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval kept on file

Please send the completed invoice and receipts (if applicable) to:

[REDACTED ADDRESS]

**Prepared By:** \_\_\_\_\_

# Peter Jamieson

Business reason:  
 Travel on Jan 22 & 23 2024 for in person planned trip to Fort McMurray Northern Lights Region Health Centre and tour and several executive leadership meetings.

## Expense Claim Details

<b>ATTN: Please enter PER DATE, not per category</b>												
Committee/ Project/ Event Name	Expense Date (MM/DD/YY)	B	L	D	Hotel	Airfare	Taxi	Parking	Rental	KM	Rate	Destination (To & From)
Fort McMurray Trip	1/22/24						\$ 82.32				0.50¢	Uber to Airport
Fort McMurray Trip	1/22/24	\$10.50									0.50¢	
Fort McMurray Trip	1/22/24			\$24.00							0.50¢	
Fort McMurray Trip	1/23/24	\$10.50									0.50¢	
Fort McMurray Trip	1/23/24			\$24.00							0.50¢	
Fort McMurray Trip	1/23/24						\$ 89.40				0.50¢	Taxi to home
											0.50¢	
											0.50¢	
<b>Sub Totals:</b>		\$ 21.00	\$ 0.00	\$ 48.00	\$ 0.00	\$ 0.00	\$ 171.72	\$ 0.00	\$ 0.00	0	0.50¢	

Expense Limits – Note this is summary information only. For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: <https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

Travel and accommodation are to be booked with the AHS travel provider to ensure AHS/government rates. Expenses to be paid by the individual claimant and then submitted via this expense claim for consideration for reimbursement.

### Travel – Section 3.1, 3.2, 3.3, 5, 9.1, 9.2, 9.3, 9.4, and Appendix A

- Travel expenses can be minimized by utilizing technology (teleconference, video conference, Telehealth) where it meets business objectives.
- Individuals are expected to consider the cost effectiveness of their travel expenses. Cost effectiveness does not necessarily mean the most inexpensive method of travel; consideration of time, impact to service delivery and safety should be considered when assessing cost effectiveness.
- Where use of technology is not an effective means of achieving the desired business objectives, the following is a list to consider when selecting a mode of transportation: a) AHS fleet vehicle, b) rental vehicle or bus, c) personal vehicle, d) airfare.
- Regular commuting between residence and designated home site(s) will not be reimbursed. AHS will reimburse mileage for approved business travel from residence to an alternate work site or bus/car rental agency/airport only for the portion of mileage that is above their normal commute (or the shorter of the two distances).
- Mileage incurred while traveling between sites is eligible for reimbursement
- Mileage reimbursement are at the general rate of \$0.505/km for 5,000 km/calendar year and below, \$0.47/km for over 5,000 km/calendar year.
- Vehicle owners responsible for any losses that may occur.
- Airfare within Alberta should not exceed \$600 for a roundtrip or \$1,000 roundtrip within Canada (inclusive of all fees and taxes). Travel outside Canada requires pre-approval by an AHS VP and cannot exceed \$2,000. Seat selection will not be reimbursed. Must be Economy class.
- Taxi fare limit of \$100 within city limits and including gratuity of up to 20%

<b>Totals:</b>	
<b>Total Stipend</b>	\$ 0.00
<b>Total KM Rate</b>	\$ 0.00
<b>Total Expense</b>	\$ 240.72
<b>Total Payment</b>	\$ 240.72

### Meal Allowance – Section 8.1, Appendix A

- Individuals traveling on AHS approved business may only claim meals through a meal allowance and cannot claim using the receipt method for reimbursement.

Expense Type:	Within Canada	Outside of Canada
<b>Breakfast</b>	\$10.50	\$13.70
<b>Lunch</b>	\$13.00	\$17.00
<b>Dinner</b>	\$24.00	\$31.00

### Accommodations – Section 8.2 and Appendix A

- Reimbursed at the actual cost of the room including applicable taxes and surcharges (with receipt provided).
- Hotel base room rate shall not exceed \$200 (South, Calgary, Central and Edmonton Zone) and \$250 (North Zone).

44c to home

ASSOCIATED CAB  
[REDACTED]  
307-41 AVENUE N E  
CALGARY, AB T2E2N4  
(403) 299-1199

**SALE**

MID: [REDACTED]  
REF#: [REDACTED]  
Batch #: [REDACTED] SEQ: [REDACTED] 18:40:55  
01/23/24  
APPR CODE: [REDACTED]  
VISA [REDACTED] \*\*/\*\*

AMOUNT	\$74.50
TIP	\$14.90
TOTAL	\$89.40

00 - APPROVED - 001

SIGNATURE NOT REQUIRED

Visa Credit  
[REDACTED]

CARDHOLDER ACKNOWLEDGES RECEIPT  
OF GOODS AND/OR SERVICES IN THE  
AMOUNT OF THE TOTAL SHOWN ABOVE

Thank You  
Please Come Again!  
[REDACTED]

MERCHANT COPY

Uber

Total **CA\$82.32**  
January 22, 2024

Thanks for riding, Peter

We hope you enjoyed your ride  
this morning.



Total

CA\$82.32

---

Trip fare

CA\$70.05

---

Subtotal

CA\$70.05

Booking Fee [?](#)

CA\$3.90

Airport Recovery Surcharge	CA\$4.00
TNC fee recovery surcharge	CA\$0.45
GST	CA\$3.92

[Visit the trip page](#) for more information, including invoices (where available)


[Download PDF](#)

This is not a payment receipt. It is a trip summary to acknowledge the completion of the trip.  
You will receive a trip receipt when the payment is processed with payment information.

|||||

## You rode with

4.86 ★ Rating

 Has passed a multi-step safety screen

[Rate or tip](#)

TNDL License Number:

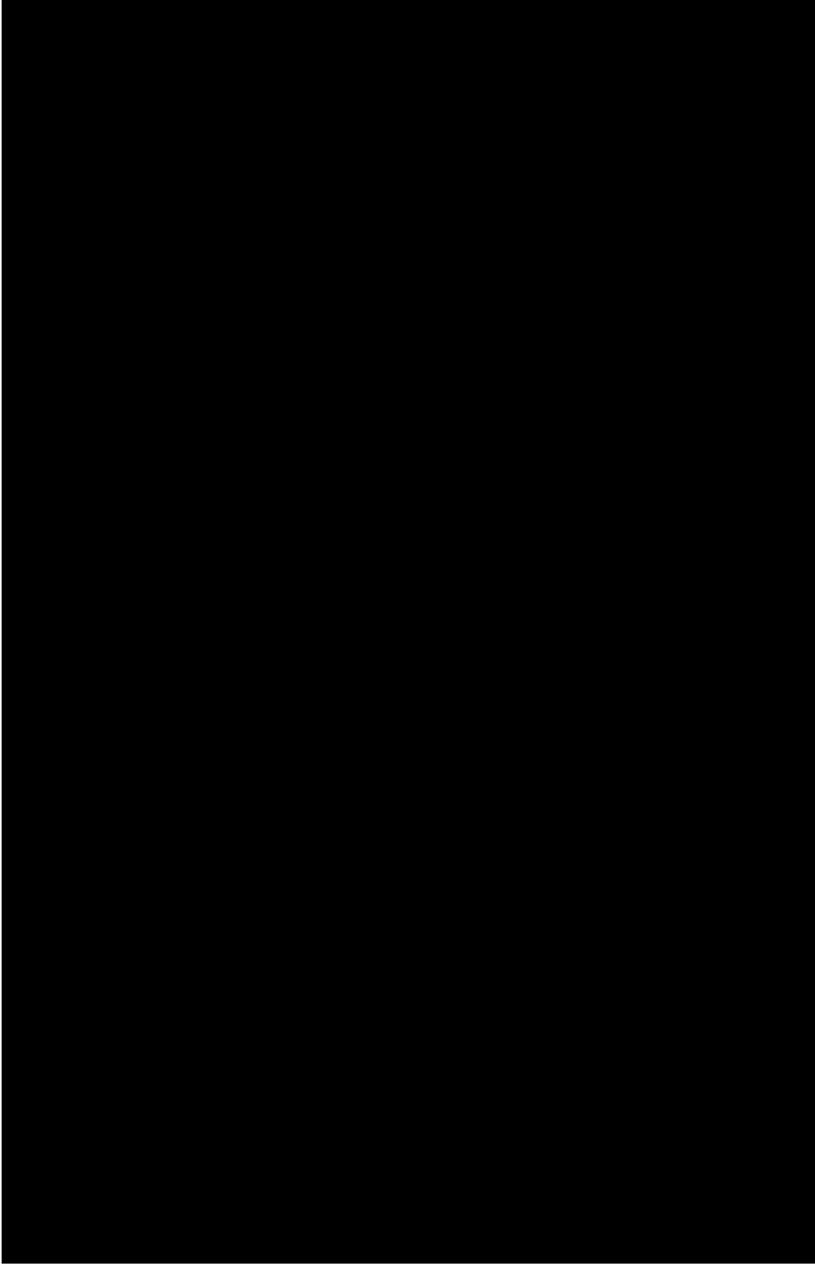
Please call 3-1-1 with any Compliments/Concerns



Every rideshare trip in Calgary is insured for a covered auto accident by Economical Insurance.

[Learn more >](#)

**Comfort** 20.81 kilometers | 22 min



[Click here](#) to unsubscribe from seeing advertisements in your email receipt.

## 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> Dr Peter Jamieson	<b>Reporting Period for the Month of :</b> Feb-24
---------------------------------	---

Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
10-Dec-2023	Direct Billing	Hotel	Travel to Edmonton Dec 10 2023 to attend all day AHS/Board Meeting Dec 11 2023.	Matrix Hotel	\$152.26
22-Jan-2024	Direct Billing	Airline Ticket	Travel on Jan 22&23 2024 from Calgary to Fort McMurray for an in person visit to the Northern Lights Regional Health Centre for a tour and several medical leadership meetings.	Vision Travel DT Ontario-West Inc	\$470.25
23-Jan-2024	Direct Billing	Hotel	Travel on Jan 22&23 2024 from Calgary to Fort McMurray for an in person visit to the Northern Lights Regional Health Centre for a tour and several medical leadership meetings.	Merit Hotel & Suites	\$123.76
	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>					\$746.27





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

COPY OF INVOICE

Room No. : [REDACTED]  
Arrival : 12-10-23  
Departure : 12-11-23  
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
12-10-23	Package Revenue	143.10	
12-10-23	Destination Marketing Fee	3.86	
12-10-23	Tourism Levy	5.30	
<b>Total Charges</b>		152.26	
<b>Total Credits</b>			0.00
<b>Balance</b>			152.26

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.



Vision Travel DT Ontario-West Inc  
 Unit 304 -1750 Plessis Road  
 Winnipeg MB R3W 0H5  
 204-944-8807  
 204-943-2591  
 1-800-665-8795

www.dt.ca  
 GST Reg : 723782728 RT 0001

## Invoice/Itinerary

Invoice: [REDACTED]  
 Issued: 22 December 2023  
**ALBERTA HEALTH SERVICES**  
 10030 107 STREET  
 EDMONTON AB Z/T5H3E4

Agency Ref.: [REDACTED]  
 Sales: [REDACTED]

Customer Number: [REDACTED]  
 Customer Ref.: N/A  
 Passenger(s): JAMIESON/PETER

**Disclaimer:** It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.  
**Important Information Related To Your Travels:**

For complete Canadian Government details for returning to or travelling to Canada – click [here](#)  
 Please [click here](#) upon receipt of your itinerary for valuable information that may be critical to the success of your travels. We strongly recommend you continue to come back to this information regularly in advance of and during travel as requirements and restrictions could change.

AIR - Monday, January 22 2024		Add To Calendar
Air Canada Flight [REDACTED] Economy Class - Seat [REDACTED] (Non smoking, Aisle) Confirmed		
Depart	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 08:00 AM Monday, January 22 2024	Arrive Fort McMurray, Alberta <a href="#">Weather</a> Fort McMurray Airport 09:43 AM Monday, January 22 2024
Duration:	1 hour(s) and 43 minute(s) Non-stop	
Status:	Confirmed - Air Canada Booking Reference: [REDACTED]	
Operated By:	AIR CANADA EXPRESS - JAZZ	
FF Number:	[REDACTED] - JAMIESON/PETER - please reconfirm at check-in	
Online Check In:	Available 24 hours prior - <a href="#">click here</a>	
Baggage Allowance:	1 Piece(s)	
Remarks:	PLEASE CHECK IN WITH AIR CANADA EXPRESS JAZZ ARR TERMINAL M	

AIR - Tuesday, January 23 2024		<a href="#">Add To Calendar</a>	
<b>Air Canada Flight</b> [REDACTED] <b>Economy Class - Seat</b> [REDACTED] <b>(Non smoking, Aisle) Confirmed</b>			
<b>Depart</b>	Fort McMurray, Alberta <a href="#">Weather</a> Fort McMurray Airport 03:10 PM Tuesday, January 23 2024	<b>Arrive</b>	Calgary, Alberta <a href="#">Weather</a> Calgary International Airport 04:51 PM Tuesday, January 23 2024
<b>Duration:</b>	1 hour(s) and 41 minute(s) Non-stop		
<b>Status:</b>	Confirmed - Air Canada Booking Reference: [REDACTED]		
<b>Operated By:</b>	AIR CANADA EXPRESS - JAZZ		
<b>FF Number:</b>	[REDACTED] - JAMIESON/PETER - please reconfirm at check-in		
<b>Online Check In:</b>	Available 24 hours prior - <a href="#">click here</a>		
<b>Remarks:</b>	PLEASE CHECK IN WITH AIR CANADA EXPRESS JAZZ DEP TERMINAL M		

Invoice Details						
Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number:	[REDACTED]					
Air Canada	[REDACTED]	352.00	118.25	0.00	0.00	470.25
					Billed to: [REDACTED]	
<b>Totals:</b>		<b>352.00</b>	<b>118.25</b>	<b>0.00</b>	<b>0.00</b>	<b>470.25</b>
				<b>Total Credit Card Billing:</b>		<b>470.25</b>
				<b>Balance Due:</b>		<b>0.00</b>

**Remarks**

-----

24 HOUR EMERGENCY TRAVEL ASSISTANCE  
 OUTSIDE REGULAR BUSINESS HOURS - MONDAY TO FRIDAY  
 A SERVICE FEE MAY APPLY FOR CALLS TO THIS SERVICE  
 WITHIN NORTH AMERICA - CALL 1-888-700-6063  
 OUTSIDE NORTH AMERICA - CALL COLLECT 1-514-855-4263  
 PLEASE QUOTE ACCESS CODE [REDACTED]

-----

RECOMMENDED CHECK-IN TIME IS AT LEAST 120 MINUTES  
 PRIOR TO DEPARTURE. AFTER CHECK-IN YOU MUST BE  
 AVAILABLE AT THE BOARDING GATE AT LEAST 60 MINUTES  
 PRIOR TO DEPARTURE OR YOU MAY BE DENIED BOARDING.  
 PLEASE ENSURE THAT YOU HAVE VALID GOVERNMENT ISSUED  
 PHOTO I.D. GATE ASSIGNMENTS AND DEPARTURE  
 ARRIVAL INFORMATION ARE SUBJECT TO CHANGE.  
 PLEASE CHECK MONITORS AT THE AIRPORT.  
 PLEASE RECONFIRM ALL FLIGHTS  
 IT IS YOUR RESPONSIBILITY TO VERIFY FLIGHT TIMES WITH  
 THE AIRLINE PRIOR TO YOUR DEPARTURE. SCHEDULE CHANGE  
 MAY OCCUR AT ANY TIME WITHOUT NOTICE BY THE AIRLINE.

-----

ENSURE ALL TRAVELLERS HAVE PROPER TRAVEL DOCUMENTS  
 CHECK THIS WEBSITE FOR AIRPORT SECURITY INFO  
 WWW.CATSA.GC.CA

