

## Primary Care Alberta Board and Executive Expense Report

**Name:** Rod Iwanow  
**Title:** Community Clinic Supports  
**Location:** Calgary  
 Expenses posted during the month of May 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)
	P-Card	Meetings					-			
May-25	Expense Claim	Meetings				131	131			
May-25	Direct Bill	Meetings			180	268	448			
<b>Total by category</b>			\$ -	\$ -	\$ 180	\$ 399	\$ 578	\$ -	\$ -	\$ -

**Total  
posted for  
the Month** \$ 578

Maximum daily single meal expense posted in the month \$ -  
 Maximum daily base hotel rate posted in the month \$ 169  
 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

## PCA Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
IWANOW, ROD LORNE	Community Clinic Supports	Calgary	\$ 130.80								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/8/2025	Attended the in-person Provisional HIRA (Hazard Identification and Risk Assessment) Session		Mileage-Other	\$ 18.94	Calgary	Canmore		1			37.5
4/8/2025	Return home from attending the Provisional HIRA Assessment Session		Mileage-Other	\$ 18.94	Canmore	Calgary		1			37.5
4/17/2025	Attended the Nanton Community Health Centre tour and meeting		Mileage-Other	\$ 46.46	Calgary	Nanton		1			92
4/17/2025	Return home from attending the Nanton Community Health Centre tour and meeting		Mileage-Other	\$ 46.46	Nanton	Calgary		1			92
Approver(s) for the claim	Approval Status	Approval Date									
SIMMONDS, KIM	Approve	26-May-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 PCA 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:

PCA may have established accounts with certain vendors used to book travel and other expenses that are billed directly to PCA.

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. PCA 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 PCA 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 PCA 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**

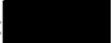





<b>Name :</b>	Rod Iwanow	<b>Reporting Period for the Month of :</b>	May-25
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
5-Mar-2025	Direct Billing	Hotel	In Edmonton to attend various in-person meetings such as the proposed regional PCN model, CDM central zone meetings, and midwife strategy Mar 5-6, 2025.	Vision Travel DT Ontario-West Inc	\$179.94
25-Mar-2025	Direct Billing	Other Transportation	Red Arrow to Edmonton and return home to Calgary from the Primary Care Strategic Forum from May 1-3	Vision Travel DT Ontario-West Inc	\$166.18
26-Mar-2025	Direct Billing	Car Rental	Evening pick up for car rental to attend the Family Practice Summit in Lethbridge on May 27, early morning return drop off.	Vision Travel DT Ontario-West Inc	\$101.52
	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>					\$447.64



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

COPY OF INVOICE

Room No. :   
Arrival : 03-05-25  
Departure : 03-06-25  
Page No. : 1 of 1  
Folio No. :   
Invoice No. :   
AR No. :   
Conf. No. :   
Cashier No. :   
Custom Ref. :

  
Company Name :  
Group Name :  
Guest Name : Iwanow, Rodney

Date	Description	Charges	Credits
03-05-25	Package Revenue	169.00	
03-05-25	Destination Marketing Fee	4.61	
03-05-25	Tourism Levy	6.33	
Total Charges		179.94	
Total Credits			0.00
Balance			179.94

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](mailto:info@matrixedmonton.com)  
[www.matrixedmonton.com](http://www.matrixedmonton.com)

## Invoice

ALBERTA HEALTH SERVICES  
NORTH TOWER 10030-107 ST  
EDMONTON, AB T5J 3E4  
CANADA

INVOICE  
FILE LOCATOR  
CLIENT #  
P. O #  
AGENT  
DATE

25Mar2025

### Passenger(s)

1. IWANOW/ROD

### Ferry, bus or rail

Supplier	Depart. Date	Arvl. Date	Route
MISC BUS	03May2025	03May2025	-

### Miscellaneous

Passenger(s)	Carrier	Ticket #	Fare	GST/HST	QST	Tax	Total
IWANOW/ROD	MISC BUS		75.53	3.96	0.00	3.60	83.09
IWANOW/ROD	MISC BUS		75.53	3.96	0.00	3.60	83.09
			151.06	7.92	0.00	7.20	166.18

Subtotal	151.06
GST/HST	7.92
QST	0.00
Other taxes	7.20

**Invoice total 166.18**

### Payment(s)

25 Mar 25 Credit Card CA*****	83.09
25 Mar 25 Credit Card CA*****	83.09

**Balance due (CAD) 0.00**

All monies received on behalf of clients are deposited in a trust account. The conditions of deposits, cancellation charges and general conditions of travel appear in the tour company's brochure. The purchase of airline tickets is subject to the rules and conditions of the airline companies.



Federal GST# : 889365821

Consolidated Inv. #  
Rental Agreement #  
Bill Ref #  
Invoice Date

31-Mar-2025

#### Bill To Information

ALBERTA HEALTH SERVICES  
PO BOX 1600 STN MAIN  
EDMONTON, AB - T5J 2N9  
CANADA

#### Rental Information

Reservation Number [REDACTED]  
Driver: IWANOW, RODNEY  
Pickup Date/Time : 03/26/2025 15:47  
Return Date/Time : 03/28/2025 07:55  
Miles/kms : 465  
Car Class : ICAR

Requested Class : ICAR

#### Vehicle Information

Yr/Make/Model	Unit #	License No	Beg/End/Distance
2023/HYUN/VEU	[REDACTED]	[REDACTED]	61709/62174/465

#### Rental Branch

CALGARY DOWNTOWN WEST  
1036 - 9 AVENUE SW  
CALGARY, AB - T2P 1L9

#### Return Branch

CALGARY DOWNTOWN WEST  
1036 - 9 AVENUE SW  
CALGARY, AB - T2P 1L9

#### Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	50.00	100.00
			Sub Total	100.00
VEHICLE LICENSE FEE RECOVERY	2	DAY	0.76	1.52
Total Charges (CAD)				101.52

#### Additional Information

Remit Payment in CAD to	For Billing Inquiries	Payment Terms
ENTERPRISE RENT A CAR CANADA COMPANY P.O. BOX 9716 STATION A TORONTO ON M5W 1R6 Email Remit To: CanadianAR@em.com	Tel#: +1 8773121084 AskARCanada@em.com	Payment Due Within 30 days of invoice date.  Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.