Health Quality Alberta

Expense Claim
for Board of Directors

The disclosure of expenses for Health Quality Alberta Board of Directors reflects our commitment to transparency and accountability, and our responsibility for the sound financial management of public funds. All expenses are in compliance with Health Quality Alberta's ***Allowable Expense Policy*** and is aligned with the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and Public Disclosure of Travel and Expenses Policy.

HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Angus Watt**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
8-Dec-25	Mileage (307km)		174.99			174.99
8-Dec-25	Accommodations (1 night)		165.36		7.95	173.31
9-Dec-25	Mileage (307km)		174.99			174.99
	TOTALS	**0.00**	**515.34**	**0.00**	**7.95**	**523.29**

TOTAL CLAIM: **523.29**

APPROVED BY: P. Hawarnik, Vice-Chair, Board of Directors

Best Western Plus Village Park Inn

1804 Crowchild Trail NW
Calgary, AB T2M3Y7

(403) 289-0241
frontdesk@villageparkinn.com
www.villageparkinn.com
GST# 825502917RT0001

12/09/2025 07:49 AM

Registered To:

Watt, Angus
[redacted]

Room #	[redacted]
Conf #	
Arrival	12/08/25
Departure	12/09/25
Room Type	KAP - King Atrium Level
Guests	1 / 0
Payment	[redacted]
Acct	

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
12/08/25	hayder	RC	ROOM CHRG REVENUE			$150.00
12/08/25	hayder	9	GST			$7.95
12/08/25	hayder	91	TOURISM LEVY			$6.36
12/08/25	hayder	92	DMF			$9.00
12/09/25	Tommy	3MC	PAYMENT MC		[redacted]	$173.31-
	[redacted]					
					Balance Due	**$0.00**

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

****PLEASE BE ADVISED THIS RECEIPT IS PRODUCED FOR THE PURPOSE OF THE EXPRESS CHECK OUT. IF YOUR BILL IS NOT A ZERO BALANCE IT MEANS NO CHARGES HAVE BEEN PROCESSED.**

X______________________________________
GUEST SIGNATURE

Health Quality Alberta

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HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Dr. Emmanuel Gye**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
	<no expenses claimed>					
	TOTALS	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

TOTAL CLAIM: **0.00**

APPROVED BY: ____________________

Expense Claim
for Board of Directors

Health Quality Alberta

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HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Dr. Pamela Haranik**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
	<no expenses claimed>					
	TOTALS	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

TOTAL CLAIM: **0.00**

APPROVED BY: ______________________

Health Quality Alberta

Expense Claim
for Board of Directors

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HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Cliff Johnson**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
	<no expenses claimed>					
	TOTALS	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

TOTAL CLAIM: **0.00**

APPROVED BY: ______________________

Health Quality Alberta

Expense Claim
for Board of Directors

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HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Clifford A. LeMoal**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
15-Nov-25	Mileage (700km)		399.00			399.00
15-Nov-25	Dinner allowance		27.00			27.00
8-Dec-25	Mileage (140km)		79.80			79.80
	TOTALS	**0.00**	**505.80**	**0.00**	**0.00**	**505.80**

TOTAL CLAIM: **505.80**

APPROVED BY: J. Angus Watt, Chair, Board of Directors

Health Quality Alberta

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HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Rick Lundy**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
14-Nov-25	Mileage (554km)		315.78			315.78
14-Nov-25	Parking		10.00		0.50	10.50
14-Nov-25	Dinner allowance		27.00			27.00
1-Dec-25	Mileage (32km)	18.24				18.24
	TOTALS	**18.24**	**352.78**	**0.00**	**0.50**	**371.52**

TOTAL CLAIM: **371.52**

APPROVED BY: J. Angus Watt, Chair, Board of Directors

DELTA
HOTELS
MARRIOTT
EDMONTON SOUTH
CONFERENCE CENTRE

4404 Gateway Boulevard NW, Edmonton, Alberta, T6H 5C2
Tel: 780-434-6415 Fax: 780-436-9247

Health Quality Council of Alberta
Rick Lundy
Canada

Room: [redacted]
Folio:
Cashier:
Arrival: 11-14-25
Departure: 11-15-25

Group: Health Quality Alberta RL

Date	Description	Additional Information		Charges	Credits
11-14-25	Self Parking			10.00	
11-14-25	Other - GST			0.50	
11-15-25	Master Card	[redacted]	XX/XX		10.50

Total	10.50	10.50
Balance Due	0.00 CDN	

GST Summary
Registration No: 889835161

Room	0.00
F&B	0.00
Other	0.50
Total	**0.50**

Health Quality Alberta

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HQCA EXPENSE CLAIM for BOARD OF DIRECTORS

CLAIMANT: **Dr. Carlyn Volume-Smith**

DATE: For the quarter ending December 31, 2025 (2025-2026 Q3)

		CANADIAN FUNDS				
Date	Description of Expense **(include # of kilometres)**	**TRAVEL EXPENSES** including airfare, accommodation, meals, taxis, transportation, parking, per diem, etc. **Kilometres at $0.57/km**				
		LOCAL	**PROV.**	**Out of Prov.**	**GST**	**Total Amount Claimed**
8-Dec-25	Mileage (310km)		176.70			176.70
8-Dec-25	Dinner allowance		27.00			27.00
9-Dec-25	Accommodations (1 night)		165.36		7.95	173.31
9-Dec-25	Mileage (310km)		176.70			176.70
	TOTALS	**0.00**	**545.76**	**0.00**	**7.95**	**553.71**

TOTAL CLAIM: **553.71**

APPROVED BY: J. Angus Watt, Chair, Board of Directors

Best Western Plus Village Park Inn

1804 Crowchild Trail NW
Calgary, AB T2M3Y7

(403) 289-0241
frontdesk@villageparkinn.com
www.villageparkinn.com
GST# 825502917RT0001

12/09/2025 08:16 AM

Registered To:
Volume-Smith, Carlyn
[redacted]

Room # [redacted]
Conf #
Arrival 12/08/25
Departure 12/09/25
Room Type KAP - King Atrium Level
Guests 1 / 0
Payment [redacted]
Acct

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
12/08/25	hayder	RC	ROOM CHRG REVENUE			$150.00
12/08/25	hayder	9	GST			$7.95
12/08/25	hayder	91	TOURISM LEVY			$6.36
12/08/25	hayder	92	DMF			$9.00
12/09/25	Tommy [redacted]	2VS	PAYMENT VISA		[redacted]	$173.31-

Balance Due	$0.00

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