Assisted Living Alberta

www.assistedlivingalberta.ca

Assisted Living Alberta Board and Executive Expense Report

Name: Robyn Maddox
Title: Chief Program Officer, Provincial Planning, Contracting & Excellence
Location: Edmonton
Expenses posted during the month of June 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)**
Jun-26	P-Card	Meetings			204	51	255			
	Expense Claim	Meetings					-			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ -	$ 204	$ 51	$ 255	$ -	$ -	$ -

Total posted for the Month $ 255

Maximum daily single meal expense posted in the month	$	-
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 ALA' 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

ALA Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
MADDOX, ROBYN	Chief Program Officer, Provincial Planning, Contracting & Excellence	Edmonton	$ 255.25

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/6/2026	Edmonton meetings in advance of afternoon in-person CAN Health Network/Ernst & Young Alberta Healthcare Innovation Event	AB - Other Zones	Parking - Lot or Parkade	$ 27.00				1			
5/6/2026	Edmonton CAN Health Network/Ernst & Young Alberta Healthcare Innovation event	AB - Other Zones	Parking - Lot or Parkade	$ 24.00				1			
5/11/2026	Edmonton: May 11 Assisted Living Alberta Chief Executive Officer, Chief Operating Officer Clinical Delivery; May 12 Public Accounts	AB - Other Zones	Accommodations	$ 204.25			Base room rate below guideline limit	1			

Approver(s) for the claim	Approval Status	Approval Date
SCHNEIDER, TOBIAS	Approve	23-Jun-26

Thank you for parking with Vibe Parking Inc

Payment Receipt

10301-101 Street, 10301-101 Street

Ticket #: [redacted]

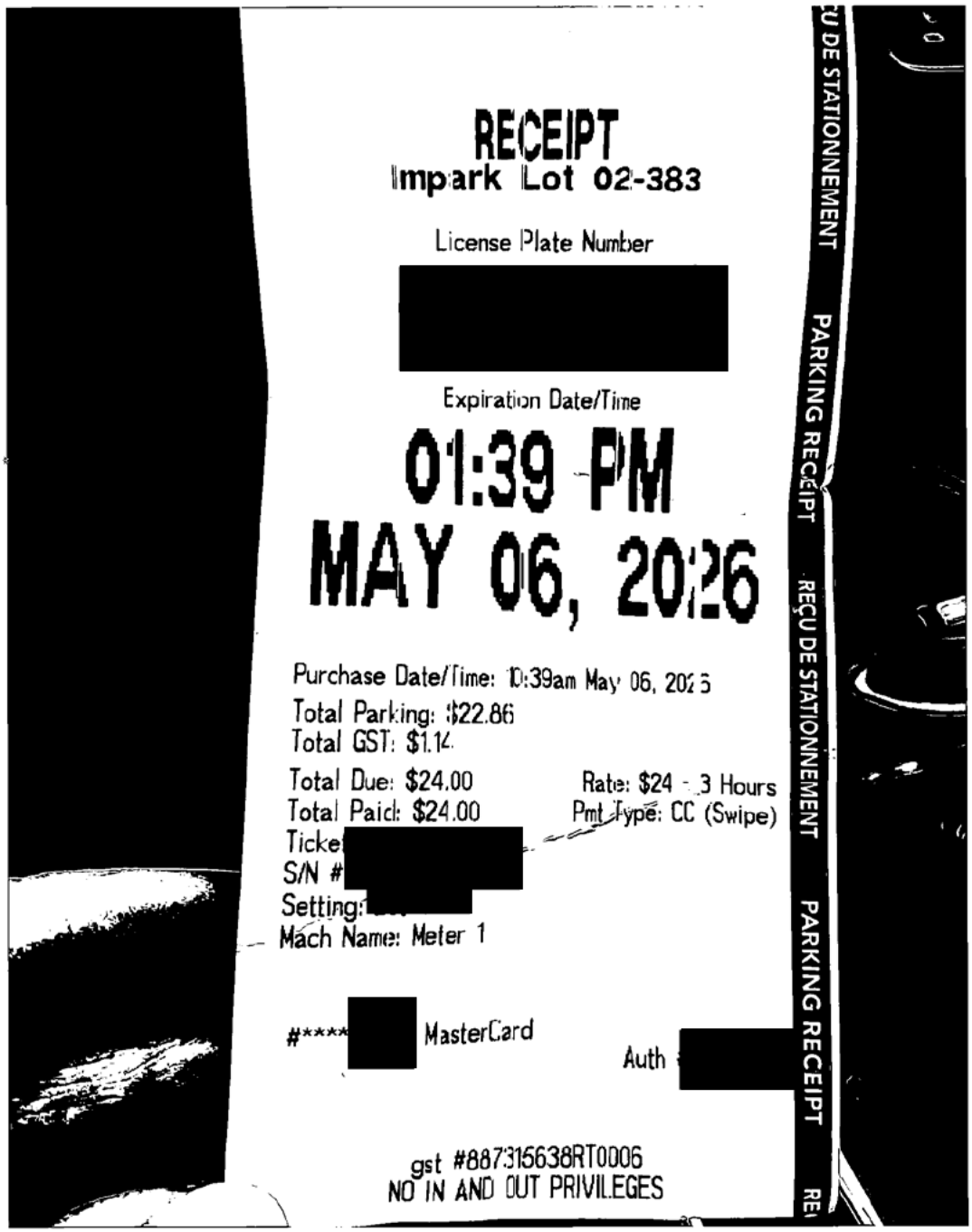
Date In:	5/6/2026		
Time In:	1:44 PM	Phone:	[redacted]
Plate	[redacted]		
Park Time:	2h 59m		
Parking Fees:	$26.00		
Convenience Fee	$1.00		
Total Paid:	**$27.00**		

MasterCard [redacted]
GST# 767294804RT0001

Thanks,
Vibe Parking Inc

connect@vibeparking.com
(587) 415-1026

[redacted]



RECEIPT
Impark Lot 02-383

License Plate Number

[redacted]

Expiration Date/Time

01:39 PM
MAY 06, 2026

Purchase Date/Time: 10:39am May 06, 2025
Total Parking: $22.86
Total GST: $1.14
Total Due: $24.00
Total Paid: $24.00
Rate: $24 - 3 Hours
Pmt Type: CC (Swipe)
Ticke[redacted]
S/N #[redacted]
Setting:[redacted]
Mach Name: Meter 1

#****[redacted] MasterCard
Auth [redacted]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

REÇU DE STATIONNEMENT PARKING RECEIPT REÇU DE STATIONNEMENT PARKING RECEIPT REÇU

MATRIX HOTEL

Mon May 11: in-person mtgs with ALA CEO
Tue May 12: GoA Public Accounts

Robyn S Maddox

INFORMATION INVOICE

Room No. [redacted]
Arrival : 05-11-26
Departure : 05-12-26
Page No. : 1 of 2
Folio No. :
Conf. No. : [redacted]
Cashier No. :
Custom Ref. :

Company Name :
Group Name :
Guest Name :

Date	Description	Charges	Credits
05-11-26	Package Revenue	179.00	
05-11-26	Destination Marketing Fee	6.54	
05-11-26	Room GST	8.50	
05-11-26	Tourism Levy	10.21	
05-12-26	Mastercard XXXXXXXXXXXX[redacted]XX/XX		204.25

Total Charges	204.25	
Total Credits		204.25
Balance		0.00

Merchant ID	[redacted]	Credit Card #	XXXXXXXXXXX[redacted]
Transaction ID		Credit Card Expiry	XX/XX
Approval Code		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.

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