Assisted Living Alberta

www.assistedlivingalberta.ca

Assisted Living Alberta Board and Executive Expense Report

Name: Sayeh Zielke
Title: Executive Chair
Location: Lethbridge
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)**
	P-Card	Meetings					-			
Jun-26	Expense Claim	Meetings		72	40	1,366	1,479			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ 72	$ 40	$ 1,366	$ 1,479	$ -	$ -	$ -

Total posted for the Month $ 1,479

Maximum daily single meal expense posted in the month	$	28
Maximum daily base hotel rate posted in the month	$	-
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

Health Shared Services

[redacted]

HSS AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke	**Expense Period Month:**	Mar-26
Address:	[redacted]	**City:**	[redacted]
Province:	[redacted]	**Postal Code:**	[redacted]
Country:	Canada		
Reason for Expense	March 2026 Travel Expenses ALA Board Chair Travel		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	[redacted]				$0.00
Travel Exp (B+C+E)					$855.77
Other (D)					$0.00
			TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE		$855.77

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this daim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Sayeh Zielke	[redacted] Approval kept on file	30-Mar-2026	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this daim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group
Toby Schneider	a/Chief Executive Officer, Assisted Living Alberta

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Toby Schneider [redacted] Approval kept on file	

Approved by (Print Name)	Position Title/Program Group
Sonya Johnston	Senior Financial Officer, ALSS

Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
Sonya.Johnston [redacted] Approval kept on file	

Health and Personal information on this form is collected by HSS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering HSS Procure to Pay program.

For payment please submit to: [redacted]

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Mar-26

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

March Travel Expenses ALA Board Chair Travel

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates

(Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
17-Mar-2026	Depart 10am [redacted] Lethbridge to Petroleum Club Calgary 319 5 Ave SW, Calgary for ACCA Event and ***roundtrip	Yes						No meals		436
19-Mar-2026	Depart [redacted] to 12845 102 ave Edmonton for Government Meeting on 20th	Yes					$20.15	No meals		515
20-Mar-2026	Government meeting and return home depart 12845 102 Avenue Edmonton to [redacted]	Yes						No meals		515
Total: (amount auto fills to page 1)				$0.00		$0.00	$20.15	$0.00	$0.00	1,466.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 835.62

[redacted]

HSS AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	
T4A/NR Applicable? - If yes, indicate line & amt	

BOARD MEMBER EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Sayeh Zielke			**Expense Period Month:**	Apr-26
Address:	[redacted]		**City:**	[redacted]	
Province:	[redacted]	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	April 2026 Travel Expenses ALA Board Chair				

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	[redacted]				$72.00
Travel Exp (B+C+E)					$550.82
Other (D)					$0.00
			TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE		$622.82

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for the applicable PHC/PHA Board and that this claim has not been previously claimed by me or on my behalf from Health Shared Services OR any other Organization

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	**Signature:** I, by signing this form, attest that I am compliant to all the above statements	**Date**	**Phone#**
Sayeh Zielke	[redacted] Approval kept on file	30-Apr-2026	[redacted]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for applicable PHC/PHA Board and that this claim has not been previously claimed by the claimant or on their behalf from Health Shared Services OR any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	**Position Title/Program Group**	
Toby Schneider	a/Chief Executive Officer, Assisted Living Alberta	
Signature: I, by signing this form, attest that I am compliant with all the above statements		**Date**
[redacted] Approval kept on file [redacted]		
Approved by (Print Name)	**Position Title/Program Group**	
Sonya Johnston	Senior Financial Officer, ALSS	
Signature: I, by signing this form, attest that I am compliant with all the above statements		**Date**
Sonya.Johnston Approval kept on file		

Health and Personal information on this form is collected by HSS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering HSS Procure to Pay program.

For payment please submit to [redacted]

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Apr-26

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

April Travel Expenses ALA Board Chair

SECTION 4A: BOARD MEMBER - TRAVEL EXPENSE CLAIM

The Board Members follow the Government of Alberta (GOA) Travel, Meal and Hospitality

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates (Appendix C for USA, Appendix D for International).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt) (A)				Accom-modation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt *or* Allowance Outside Canada					
			Meal Type	Allow-ance	Meal Type	Amount				
20-Apr-2026	Depa [redacted] Lethbridge at 8:30am to Edm at 10800 97 Avenue Edmonton at 1:30pm for an ALA Board meeting (remainder trip ALC Tours)	Yes	BL-$31.00	$31.00			$20.15			508
30-Apr-2026	Depar [redacted] Lethbridge at 9am to Statesman 150 Dieppe Dr SW Calgary at 11:30am for tour with the Minister at Statesman	Yes	B-$13.00	$13.00						211
30-Apr-2026	Depart Statesman 150 Dieppe Dr SW Calgary at 1pm for tour with the Minister at 1:30pm at Agecare Shawnee at 50 Shawnee St SW, Calgary,	Yes								14
30-Apr-2026	Depart Agecare 50 Shawnee St SW, Calgary, at 4:30pm return to Lethbridge [redacted] at 6:45pm	Yes	D-$28.00	$28.00						198
Total: (amount auto fills to page 1)				$72.00		$0.00	$20.15	$0.00	$0.00	931.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 530.67