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 July 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					-			
Jul-26	Expense Claim	Meetings	368	711	2,080	3,602	6,761			
	Direct Bill	Meetings					-			
		Total by category	$ 368	$ 711	$ 2,080	$ 3,602	$ 6,761	$ -	$ -	$ -

Total posted for the Month $ 6,761

Maximum daily single meal expense posted in the month	$	28
Maximum daily base hotel rate posted in the month	$	219
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:**	Jun-25
Address:	[redacted]		**City:**	[redacted]	
Province:	Alberta	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	June Travel expenses for ALA interim CEO (which was also the Board Chair/Sole Board Member until August)				

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)
[redacted]					$340.00
					$3,020.42
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$3,360.42

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-Nov-2025	[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
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 [redacted]	

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:	Jun-25

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)

June Travel expenses for ALA interim CEO (which was also the Board Chair/Sole Board Member until August)

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				
3-Jun-2025	[redacted] Lethbridge to Calgary 11am to 1:30pm ALA CEO Candidate at Lougheed House in Calgary 707 13 Avenue SW	Yes	L-$18.00	$18.00			$20.15			218
4-Jun-2025	Calgary to Edmonton 7:30am to 10:30am to meet with CEO Candidate in Edmonton	Yes	B-$13.00	$13.00			$20.15			300
5-Jun-2025	Edmonton to Rocky Mountain House 5:30pm-8pm Meeting with Minister	Yes	D-$28.00	$28.00			$20.15			215
6-Jun-2025	Rocky Mountain House to Lethbridge 3:30pm to 8:30pm	Yes	D-$28.00	$28.00						417
16-Jun-2025	[redacted] Lethbridge to 10800 97 Ave NW Edmonton 6pm-11pm	Yes	D-$28.00	$28.00			$248.26			510
17-Jun-2025	To address Alternate Level Care (ALC), ALA, and related issues, and attend meetings with Public/Provincial Health Agency (PHA) CEOs and officials	Yes	LD-$46.00	$46.00			$248.26		Breakfast included	
18-Jun-2025	To address Alternate Level Care (ALC), ALA, and related issues, and attend meetings with Public/Provincial Health Agency (PHA) CEOs and officials	Yes	LD-$46.00	$46.00			$248.26		Breakfast included	
19-Jun-2025	To address Alternate Level Care (ALC), ALA, and related issues, and attend meetings with Public/Provincial Health Agency (PHA) CEOs and officials	Yes	LD-$46.00	$46.00			$248.26		Breakfast included	
20-Jun-2025	10800 97 Ave NW Edmonton to [redacted] Lethbridge 6pm-11pm	Yes	LD-$46.00	$46.00					Breakfast included	510
	Continued on next page									
Total: (amount auto fills to page 1)				$299.00		$0.00	$1,053.49	$0.00	$0.00	2,170.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 1,236.90

Carry forward from Section 1			
Name:	Sayeh Zielke	Expense Period Month:	Jun-25

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)

June Travel expenses for ALA interim CEO (which was also the Board Chair/Sole Board Member until August)

SECTION 4B: 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				
25-Jun-2025	[redacted] Lethbridge to 2915 26 Ave SE Calgary Calgary - Bethany Care Society Tour (171Km) 8am-10:30am	Yes	B-$13.00	$13.00			$241.48			211
26-Jun-2025	2915 26 Ave SE Calgary to 10301 Southport Rd SW, Calgary Coffee Chat - Calgary ALA Staff (14Km) 11:30am-12pm	Yes								14.1
26-Jun-2025	Calgary to Rocky Mountian House (generic google 198Km) 7:30am to 10:30am Meeting with Deputy Minister and ALA Retreat	Yes							Breakfast included with hotel	215
26-Jun-2025	Rocky Mountain House to Lethbridge 2pm-7pm	Yes	D-$28.00	$28.00						417
Total: (amount auto fills to page 1)				$41.00		$0.00	$241.48	$0.00	$0.00	857.10

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 488.55

Fairmont
HOTEL MACDONALD

10065 100 Street NW
Edmonton, AB, T5J 0N6
Tel: 780-424-5181
Fax: 780-429-6481
G.S.T. Registration # 846543619

Room [redacted]
Folio #
Cashier #
Page # : 1 of 2

Dr Sayeh Zielke
[redacted]

ALL Membership # : [redacted]
Group Name :
Company Name :

Arrival : 06-16-25
Departure : 06-20-25

Date	Description	Additional Information	Charges	Credits
06-16-25	Package Charge		219.00	
06-16-25	Room - Destination Marketing Fee		8.76	
06-16-25	Room - GST		11.39	
06-16-25	Room - AB Tourism Levy		9.11	
06-17-25	Package Charge		219.00	
06-17-25	Room - Destination Marketing Fee		8.76	
06-17-25	Room - GST		11.39	
06-17-25	Room - AB Tourism Levy		9.11	
06-18-25	Package Charge		219.00	
06-18-25	Room - Destination Marketing Fee		8.76	
06-18-25	Room - GST		11.39	
06-18-25	Room - AB Tourism Levy		9.11	
06-19-25	Package Charge		219.00	
06-19-25	Room - Destination Marketing Fee		8.76	
06-19-25	Room - GST		11.39	
06-19-25	Room - AB Tourism Levy		9.11	
06-20-25	[redacted]			

GST Summary
Room 43.92

Total Charges 993.04
Total Credits

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

Thank you for choosing to stay at Fairmont Hotel Macdonald

Fairmont
PALLISER

133 9th Avenue SW,
Calgary, AB, Canada T2P 2M3
T (403) 262-1234 F (403) 260-1260
G.S.T. Registration # 846543619

Room [redacted]
Folio #
Cashier #
Reference # :
Page # : 1 of 1

[redacted] Sayeh Zielke
[redacted]

ALL Membership # : [redacted]
Group Name :
Company Name :

Arrival : 06-25-25
Departure : 06-26-25

Date	Description	Additional Information	Charges	Credits
06-25-25	Room Charge		209.00	
06-25-25	Room - Destination Marketing Fee		12.54	
06-25-25	Room - AB Tourism Levy		8.86	
06-25-25	Room GST		11.08	
06-26-25	[redacted]			

GST Summary

Room	11.08
F&B	0.00
Other	0.00
Total	11.08

Total Charges 241.48
Total Credits
Balance

Thank you for choosing Fairmont Palliser
To provide feedback about your stay, please contact [redacted]

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

I agree that my liability for this bill is not waived, and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)

Je me porte personnellement responsable du réglement total de cette note au cas où la compagnie, l'association ou son représentant désigné en refuserait le paiement. Les comptes en souffrance sont sujets à un intérêt de 1,5% par mois après un mois. (18,00% par année)

Thank you for choosing to stay at Fairmont Palliser

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:**	Jul-25
Address:	[redacted]		**City:**	[redacted]	
Province:	Alberta	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	June Travel expenses for ALA interim CEO (which was also the Board Chair/Sole Board Member until August)				

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)
[redacted]					$194.00
					$1,624.86
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$1,818.86

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]	30-Nov-2025	[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]	

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]	

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:**	**Jul-25**

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)

June Travel expenses for ALA interim CEO (which was also the Board Chair/Sole Board Member until August)

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				
7-Jul-2025	[redacted] Lethbridge to 10800 97 Ave NW Edmonton 11am-4pm Travel for Meetings & Events - ASCHA Golf, Universities	Yes	LD-$46.00	$46.00			$248.26			507
8-Jul-2025	Working from Edmonton and meetings with Minister and ALSS ministry	Yes	LD-$46.00	$46.00			$248.26	Breakfast included in hotel rate		
9-Jul-2025	10065 100 Street NW Edmonton to 5725 Black Gold Dr Leduc 7am to 4pm ASCHA Golf Tournament and return to 10065 100 Street NW	Yes	D-$28.00	$28.00			$248.26	Breakfast included in hotel rate		72
10-Jul-2025	Edmonton 10065 100 Street to Red Deer Polytechnic 100 Donald Blvd, Red Deer Meeting from 8:30am to 10:30am Polytechnic Tour	Yes						Breakfast included in hotel rate		155
10-Jul-2025	Red Deer Polytechnic 100 Donald Blvd to Calgary Mount Royal University 2:30pm-4pm 4825 Mt Royal Gate SW, Calgary	Yes	L-$18.00	$18.00						158
10-Jul-2025	4825 Mt Royal Gate SW, Calgary to [redacted] Lethbridge 5-7pm	Yes	D-$28.00	$28.00						209
30-Jul-2025	J5 and Agecare in Calgary Depart [redacted] Lethbridge to 140 4 Ave SW Calgary at 3:30pm	Yes								218
30-Jul-2025	Return Trip Depart at 7pm for 179 Skyview Circle NE Calgary to [redacted] Lethbridge 9:30pm	Yes	D-$28.00	$28.00						225
Total: (amount auto fills to page 1)				$194.00		$0.00	$744.78	$0.00	$0.00	1,544.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 880.08

Fairmont
HOTEL MACDONALD

10065 100 Street NW
Edmonton, AB, T5J 0N6
Tel: 780-424-5181
Fax: 780-429-6481
G.S.T. Registration # 846543619

Room [redacted]
Folio #
Cashier #
Page # : 1 of 2

Dr Sayeh Zielke
[redacted]

ALL Membership # [redacted]
Group Name :
Company Name :

Arrival : 07-07-25
Departure : 07-10-25

Date	Description	Additional Information	Charges	Credits
07-07-25	Package Charge		219.00	
07-07-25	Room - Destination Marketing Fee		8.76	
07-07-25	Room - GST		11.39	
07-07-25	Room - AB Tourism Levy		9.11	
07-08-25	Package Charge		219.00	
07-08-25	Room - Destination Marketing Fee		8.76	
07-08-25	Room - GST		11.39	
07-08-25	Room - AB Tourism Levy		9.11	
07-09-25	Package Charge		219.00	
07-09-25	Room - Destination Marketing Fee		8.76	
07-09-25	Room - GST		11.39	
07-09-25	Room - AB Tourism Levy		9.11	

GST Summary	
Room	34.17
F&B	0.00
Other	0.00
Total	34.17

Total Charges	744.78	
Total Credits		0.00
Balance		744.78

For information or reservations, visit us at www.fairmont.com or call Fairmont Hotels & Resorts from: United States or Canada 1 800 441 1414

Pour information et réservations visitez notre web au www.fairmont.com ou téléphoner au Hôtels Fairmont de: États-Unis ou Canada 1 800 441 1414

Thank you for choosing to stay at Fairmont Hotel Macdonald

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:**	Oct-25
Address:	[redacted]		**City:**	[redacted]	
Province:	Alberta	**Postal Code:**	[redacted]	**Country:**	Canada
Reason for Expense	Travel expenses as Executive Board Chair for October 2025				

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)
[redacted]					$177.00
					$1,404.64
					$0.00
				TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE	$1,581.64

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-Nov-2025	[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	

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:	Oct-25

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)

Travel expenses as Executive Board Chair for October 2025

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				
7-Oct-2025	Healthy Aging Fireside Chat w Minister Lethbridge [redacted] at 12pm to Calgary Airport for flight due to roads/weather and efficient use of time	No	L-$18.00	$18.00						227
7-Oct-2025	Healthy Aging Fireside Chat w Minister Air Canada flight due to roads/weather and efficient use of time Calgary to Edmonton 3:50pm to 4:43pm	No	D-$28.00	$28.00			$20.15	$367.98	Not present for the dinner at the gala	
8-Oct-2025	Return Trip Depart 10080 97 Ave NW Edmonton at 6am to [redacted] Lethbridge at 11am	Yes	B-$13.00	$13.00						507
22-Oct-2025	ALA Board Meeting in Edmonton Depart 6am from [redacted] Lethbridge to arrive 11am 10800 97 Ave NW Edmonton	Yes	BLD-$59.00	$59.00			$20.15			507
23-Oct-2025	Return trip from 9pm at 10800 97 Ave NW Edmonton to [redacted] Lethbridge at 2am	Yes	BLD-$59.00	$59.00						507
Total: (amount auto fills to page 1)				$177.00		$0.00	$40.30	$367.98	$0.00	1,748.00

BOARD MEMBER Mileage Rate	0.57	Total Mileage	$ 996.36

Flights

Departure • Tue 07 Oct, 2025

Economy Flex

Calgary YYC	**Edmonton YEG**
15:50	16:43
Calgary International Airport	Edmonton International Airport Terminal 1

AC [redacted] - Operated by Air Canada Express - Jazz

Aircraft type: De Havilland Dash 8-400

Duration: 53m

Cabin: Economy Class (S)

Passengers

Sayeh Zielke

Ticket #: [redacted]

Aeroplan #: [redacted]

Seats

YYC → YEG [redacted]

Purchase Summary

[redacted] **CAD $367.98**

1 Adult

Air transportation charges

Base fare - departure	$290.00
Carrier surcharges	$16.00

Taxes, Fees and Charges

Air Travellers Security Charge - Canada	
Adult	$9.46
Goods and Services Tax - Canada - 100092287 RT0001	
Adult	$17.52
Airport Improvement Fee - Canada	
Adult	$35.00
Grand total	**CAD $367.98**

Check-in and boarding gate deadlines

Check-in and baggage drop-off opens

Get a head start and drop your bags off as early as four hours before departure.

All destinations **240 min**

Check-in closes

Make sure you've checked in and have your boarding pass in hand before the check-in deadline for your flight.

Within Canada **60 min[1]**

1 Flights from Toronto Billy Bishop (YTZ) Airport, and Landline motorcoach segments from Hamilton (YHM) and Kitchener-Waterloo (YKF) airports:**30 minutes**

Baggage drop-off closes

Make sure to drop off all checked bags before your deadline.

Within Canada **45 min[1]**

1 Flight from Toronto Billy Bishop (YTZ): 25 minutes. Landline motorcoach segments from Hamilton (YHM) and Kitchener-Waterloo (YKF):**15 minutes**

Boarding gate deadline

This is the latest you should be at the departure gate, ready to board.