

### **AHS Board and Executive Expense Report**

Name Dave Bilan

Title VP Collaborative Practice, Nursing & Health Professions (Acting)

**Location** Calgary

Expenses submitted during the month of September 2016

						Travel (1)					
MMM-YY	Source Document	Purpose	Airfaı	re	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-16	Expense Claim	Meetings			233	778	631	1,642			
Total			\$	- (	\$ 233	\$ 778	\$ 631	\$ 1,642	\$ -	\$ -	\$ -

Total for

**the Month** \$ 1,642

Maximum daily single meal expense claimed in the month \$ 24 Maximum daily base hotel rate claimed in the month \$ 139 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 small item technology purchases, books, etc.

#### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

## **AHS Public Disclosure Expense Claims**

Claimant	Claimant Title	Claimant	Expense
Name		Location	Claim Total
BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	\$ 1,642.25

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	_	# of Attendees	Attendee Name(s)	Trip Distance
8/28/2016	AHS CIS RFP information session	AB - Other Zones	Accommodations	\$ 504.18			Accommodations in Edmonton - attending AHS CIS RFP information session	3			
8/29/2016	AHS CIS RFP meeting	AB - Other Zones	Meals Per Diem	\$ 98.00			Meals while in Edmonton attending the AHS CIS RFP information meetings Lunch 2 * 13.00 = \$26.00 Dinner 3 * 24.00 = \$72.00	4			
9/9/2016	midwifery meeting in Red Deer	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50			Midwifery meeting in Red Deer	1			
9/9/2016	Meals while in Red Deer attending Midwifery meetings	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals while in Red Deer attending Midwifery meetings Lunch - \$13.00 Dinner - \$24.00	2			
9/9/2016	Midwifery meetings		Mileage-Other	\$ 138.65			Mileage to and from Red Deer attending Midwifery meetings	2			147.5
9/12/2016	ELT meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 61.00			Meals while in Edmonton attending ELT meetings Lunch 1 * 13.00 = \$13.00 Dinner 2 * 24.00 = \$48.00	3			

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BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	\$ 1,642.25									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
9/12/2016	AHS ELT meeting		AB - Other Zones	Accommodations	\$ 168.06			Accommodations in Edmonton attending AHS ELT meeting	1			
9/12/2016	attending AHS CIS meeting	RFP		Mileage-Other	\$ 277.30			Mileage to and from Edmonton attending the AHS CIS RFP information meeting	3			196.7
9/16/2016	Midwifery Meeting	g	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50			Parking at the RDRH while attending Midwifery Meetings	1			
9/19/2016	travel to AHS ELT r	meeting	AB - Other Zones	Miscellaneous	\$ 148.00			Bus travel to Edmonton - attending AHS ELT meeting	1			
9/19/2016	AHS ELT meeting		AB - Other Zones	Accommodations	\$ 156.06			Accommodations in Edmonton while attending AHS ELT meeting	1			
9/20/2016	ELT meeting in Edr	monton	AB - Other Zones	Meals Per Diem	\$ 37.00			Meals in Edmonton while attending ELT meeting Lunch - \$13.00 Dinner - \$24.00	2			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	21-Nov-16



140 08-31-16 David Bilan Folio No. Room No. A/R Number Arrival 08-28-16 Group Code Departure : 08-31-16 Company Conf. No. Membership No. Rate Code: Invoice No. Page No. : 1 of 2

Date	Description		Charges	Credits
08-28-16	Parking		12.00	
08-28-16	*Accomodation		139.00	
08-28-16	Marketing Fee		4 17	
08-28-16	GST #87857 8491 RT0002		7 16	
08-28-16	AB Tourism Levy		5.73	
08-29-16	Parking		12.00	
08-29-16	*Accomodation		139.00	
08-29-16	Marketing Fee		4.17	
08-29-16	GST #87857 8491 RT0002		7.16	
08-29-16	AB Tourism Levy Parking \$ 3	7.80	5.73	
08-30-16	Parking Accommodation	ons \$466.38	12 00	
08-30-16	*Accomodation		139.00	
08-30-16	Marketing Fee		4.17	
08-30-16	GST #87857 8491 RT0002		7.16	
08-30-16	AB Tourism Levy		5.73	
08-31-16	MasterCard			504.18
your accou	for staying with us! Qualifying points for this stay will automatically be credited to int. Please tell us about your stay by writing a review here - www.ihg.com/reviews.	Total	504.18	504.18
	for staying with us! Qualifying points for this stay will automatically be credited to	Balance	0.00	

I hank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature:	
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		140	08-31-16
David Rilan	Folio No. ;	Room No.	
	A/R Number :	Arrival	: 08-28-16
	Group Code :	Departure	08-31-16
	Company :	Conf. No.	
	Membership No. :	Rate Code	v
	Invoice No.	Page No.	2 of 2

Date Description Charges Credits

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

## RECEIPT

Red Licer Regional Bijuital



Expiration Date/Time

09:35 AM SEP 10, 2016

Purchase Date/Time: 09:35am Sep 09, 2016 lotal Due: \$8.50 Rate: BUY 24 HRS FOR \$8.50

Total Paid: \$8.50 Ticket #

Payment Type: Card

SIN #.

Setting: neo ueer Mach Name

MasterCard

Auth #:

DO NOT PLACE ON DASH



142 09-13-16 David Bilan Folio No. Room No. A/R Number Arrival 09-12-16 Group Code Departure : 09-13-16 Company Conf. No. Membership No. : Rate Code : Invoice No. Page No. 1 of 1

Date	Description			Credits
09-12-16	Parking		12.00	A A A TO SA A A A A A A A A A A A A A A A A A A
09-12-16	*Accomodation Park:	ing \$12.80	139.00	
09-12-16	Marketing Fee Accor	nmodations \$155.48	3 4.17	
09-12-16	GST #87857 8491 RT0002		7.16	
09-12-16	AB Tourism Levy		5.73	
09-13-16	MasterCard			168 06
уоиг ассои	for staying with us! Qualifying points for this stay will automatically be creditent. Please tell us about your stay by writing a review here - www.ihg.com/reviews to welcoming you back soon.		168.06	168.06
We 100k 10	ward to welconning you dack soon.	Balance	0.00	

### Guest Signature: \_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

# RECEIPT

Red Deer Regional Hospital

Expiration Date/Time

10:10 AM SEP 17, 2016

Purchase Date/Time: 10-10air Sep 16, 2016 Tutal Bue: \$6.50 Rate: BUY 24 HRS FOR \$8.50 Total Park \$8.50 Payment Type: Card SiN #: Setting: Hed Deer Mach Name

MasterCard

Auth #

DO NOT PLACE ON DASH

9/30/2016

invoice:



INVOICE

Date: 2016-09-20

Website Eser

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10 (5-13-13	2016-09	-19 2016-09-20	×	Webs	ite User
* spotters		***************************************			**************************************
Bilan/Unve					
-HOTHUT DESCRIPTON	WRATION	DOCLPANCY	gr~	PRICE/ENIT	98.17()
Parking Per Day	2 days	Per Day Parking	1	\$ 9.52	5 10.00
2016-09-19 until 2016-09-20					
CALEDM 18:30 YYC	3 hrs 50 mins	Senior	Ĺ	\$ 65.71	\$ 69.00
Assigned for 96A					
(Coparts Cotgaty (CGYNORIH / Calgary North) at 18(45) on 2016-09-19.	5				
Arrives Edmonton (EDMTO) Edmonton Ticket Office) at 22:15 on 2016-09-19.					
ECEXP 16:30	3 hrs 5 mins	Senior	1	\$ 65.71	\$ 64 00

Assigned to: 08C

Departs Edmonton (EDMTO / Edmonton Ticket Office) at 16:30 on 2016-09-20.

Armives Catgary (CGYNORTH / Calgary North) at 19:35 on 2016:09-20.

DAIF	GUEAT	and which we have not up for the first our series and the series of the	AMOUN"
2016-09-13	David Bilan	MasterCare	\$ 138.00
2010-06-19	Eilan/Dave	MasterCarc	\$ 10.00

Parking \$10.00 Transportation \$138.00

BASE PRICE	\$ 140.94
DISCOUNTS.	<b>\$</b> 0.00
SERVICE CHARGES	\$ 0.00
GST:	\$7.06
INVOICE TOTAL.	\$ 1.48.00
PAYMENTS RECEIVED:	\$ 148.00
BALANCE DUE.	\$ (0.00)

FERMS. DUF UPON RECEIPT GSF: BN 139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underteath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incure additional fees. If you wish to time change, date change, or cancel for a tull refund – 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date frame change. Failure to arrive an time or no showing for your departure will result in lorfeit of full fare unless rebooked within 30 days for a change fee. It you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. \*\*Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices\*\* \*\*Red Arrow reserves the right to check LD, or perform carry-on baggage checks at any time\*\*
CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety - Customer Service \* Resourcefulness \* Integrity - Positive Attitude \* Team Work \* Loyalty \* Accountability \* Respect \* Dedication\*



142 09-20-16

David Bilan Folio No. Room No. A/R Number Arrival 09-19-16 Group Code Departure 09-20-16 Company Alberta Health Services Conf. No. Membership No. Rate Code : **ILLYG** Invoice No. Page No. 1 of 1

Date	Description	PP - TOTAL T	Charges	Credits
09-19-16	*Accomodation		139.00	
09-19-16	Marketing Fee		4.17	
09-19-16	GST #87857 8491 RT0002		7.16	
09-19-16	AB Tourism Levy		5.73	
09-20-16	MasterCard			156.06
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.  We look forward to welcoming you back soon.		Total	156.06	156.06
		Balance	0.00	

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge. I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.