

AHS Board and Executive Expense Report

Name Dr. Francois Belanger
Title VP, Quality & Chief Medical Officer (Acting)
Location Calgary

Expenses submitted during the month of April 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-16	P-Card	Meetings			982	555	1,537			
Apr-16	Expense Claim	Meetings		88		387	475			
Apr-16	Direct Billing	Meetings	876				876			
Total			\$ 876	\$ 88	\$ 982	\$ 942	\$ 2,888	\$ -	\$ -	\$ -

Total for the Month \$ 2,888

Maximum daily single meal expense claimed in the month \$ 21

Maximum daily base hotel rate claimed in the month \$ 164

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.



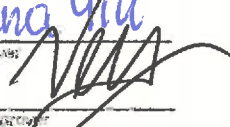
Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>BELANGER, FRANCOIS</u> Cardholder's Name	<u>VICE PRESIDENT & MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/04/2016</u>
<u>HEALTH OPERATIONS CENTRAL &</u> Cardholder's Dept	<u>SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,536.45</u>
<u>FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card	XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
14/03/2016	423024961	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95		Transportation - Edm Airport - SSP - Edm Zone MA, AARP, Exec Leadership and Budget mtgs - Mar 14-15/16
21/03/2016	423274685	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95		Transportation - Edm Airport to SSP - ERM Exec, CMO Forum, AARP, Exec Leadership, Health Integration mtgs - Mar 21-22/16
22/03/2016	423274686	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation - SSP to Edm Airport - ERM Exec, CMO Forum, AARP, Exec Leadership, Health Integ mtgs - Mar 21-22/16
22/03/2016	423622792	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking - Calg Airport - ERM Exec, CMO Forum, AARP, Exec Leadership, Healthcare Integ mtgs - Edm - Mar 21-22/16
23/03/2016	423408312	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	.00	.00	Accommodation - Westin - ERM Exec, CMO Forum, AARP, Exec Leadership, Healthcare Integ mtgs - Mar 21-22/16
28/03/2016	423930114	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95		Transportation - Edm Airport to Westin - Board, ZMD, Public Board mtgs - Mar 29-30/16
30/03/2016	424044589	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation - SSP to Edm Airport - Board, Public Board, ZMD, Our People mtgs - Mar 29-30/16
30/03/2016	424254167	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	69.20	CAD	69.20	3.30	.00	Parking - Calg Airport - Board, Public Board, ZMD mtgs - Edm - Mar 29-30/16
31/03/2016	424254166	WESTIN (WESTIN HOTELS), WESTIN HOTELS	368.26	CAD	368.26	.00	.00	Accommodation - Westin Edm - Board, Public Board, ZMD mtgs - Mar 29-30/16
12/04/2016	425509443	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Parking- Edm - Jt AH/AHS Exec, Exec Leadership and Budget mtgs - Apr 12/16
13/04/2016	425650434	WESTIN (WESTIN HOTELS), WESTIN HOTELS	429.16	CAD	429.16	.00	.00	Accommodation - Westin - LTC, Lab, AARP, Jt AH/AHS Exec, Exec Leadership and Budget - Apr 11-12/16
19/04/2016	426300030	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Transportation - SSP to Edm Airport - SZ Midwifery, Exec Leadership and Budget, Essential Serv mtgs - Apr 18-19/16

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>MARLENE HAMILTON</u> Name of Cardholder Designate</p> <p> Signature of Cardholder Designate</p>	<p><u>EXECUTIVE COORDINATOR</u> Cardholder Designate Position/Title</p> <p><u>April 21, 2016</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>BELANGER, FRANCOIS</u> Name of Cardholder</p> <p> Signature of Cardholder</p>	<p><u>VICE PRESIDENT & MEDICAL</u> Cardholder Position/Title</p> <p><u>April 29 2016</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>DR. VERA YIU</u> Name of Approver</p> <p> Signature of Approver</p>	<p><u>Interim President & COO</u> Approver Position/Title</p> <p><u>May 3/16</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<p>Attach:</p> <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) <p>And where applicable:</p> <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10020-167 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

①

②

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/03/14
TIME 1365 09:15:42
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$65.00
TIP \$7.00
TOTAL

\$62.00

MasterCard
A0000000041010
013CAC2C160370E5
0000000000-E800
930F132676518300

APPROVED

AUTH [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/03/21
TIME 9556 09:00:12
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$65.00
TIP \$7.00
TOTAL

\$62.00

MasterCard
A0000000041010
951986A2C367EEBE
0000000000-E800
B0404FB987385891

APPROVED

AUTH [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#R12873107

Mariene Hamilton K.

From: Audrey Maione
Sent: Wednesday, March 23, 2016 9:28 AM
To: Mariene Hamilton K.
Subject: FW: Receipt March 22/ Dr Belanger

From: Infinity Transportation Inc [<mailto:infinitytransportationinc@hotmail.com>]
Sent: Tuesday, March 22, 2016 6:54 PM
To: Audrey Maione
Subject: Receipt March 22/ Dr Belanger

Sent using [CloudMagic Email](#)

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Tue, Mar 22, 2016 at 6:51 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

*TRANSPORTATION
March 22, 2016*

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Francois Belanger
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Mar 22 2016 06:51PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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RECEIPT
GST NO. R122556194

EXIT No. AS
IN: 02/21/16 06:19
OUT: 02/22/16 09:47
DURATION: 1 13: 32
PAID: \$ 58.78
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT



AIRPORT TAXI SERVICE
4608 101 ST.
(7808807070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/03/28
TIME 0260 21:54:22
INVOICE # [REDACTED]
RECEIPT NUMBER



PURCHASE
AMOUNT \$59.00
TIP \$7.00
TOTAL

\$62.00



MasterCard
A0000000041010
FCCE1D81A30C4EED
000000000-E800
42797885FFDC49D6

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#808308225

5

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Francois Belanger

Page Number : [REDACTED] Invoice Nbr: [REDACTED]
Guest Number: [REDACTED] Arrive Date: 21-MAR-16 15:58
Folio ID : [REDACTED] Depart Date: 22-MAR-16 07:23
No. Of Guest: 1
Room Number : [REDACTED]
Room Rate : 164.00
Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 22-MAR-16 07:23 [REDACTED]

Date	Reference	Description	Charges	Credits
21-MAR-16	[REDACTED]	Room Charge	164.00	
21-MAR-16	[REDACTED]	GST	8.45	
21-MAR-16	[REDACTED]	Destination Marketing Fee	4.92	
21-MAR-16	[REDACTED]	Tourism Levy	6.76	
22-MAR-16	[REDACTED]	Mastercard		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

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Continued on the next page

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Marlene Hamilton K.

From: Audrey Maione
Sent: Tuesday, April 19, 2016 12:51 PM
To: Marlene Hamilton K.
Subject: FW: Receipt March 30/ Dr Belanger

From: Infinity Transportation Inc [mailto:infinitytransportationinc@hotmail.com]
Sent: Wednesday, March 30, 2016 6:45 PM
To: Audrey Maione
Subject: Receipt March 30/ Dr Belanger

Sent using [CloudMagic Email](#)

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Wed, Mar 30, 2016 at 6:43 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Francois Belanger
CARD NUM.	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Mar 30 2016 06:43PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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RECEIPT
GST NO. R122556194

EXST NO. A1
IN: 02/28/16 19:13
OUT: 03/30/16 19:43
DURATION: 2 00: 30
PAID: \$ 69.20 ✓
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT



RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
APR 12, 2016

Purchase Date/Time: 06:00am Apr 12, 2016
Total Parking: \$25.01
Total tax: \$1.19
Total Due: \$25.00
Total Paid: \$25.00 ✓
Ticket # [Redacted]
SN #: 5000245104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$25 - Early Bird
Payment Type: Card

[Redacted] MasterCard Auth [Redacted]
GST #R122556194

9

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Francois Belanger
Alberta Health Services

Page Number :
Guest Number :
Folio ID :
No. Of Guest : 1
Room Number :
Room Rate : 164.00

Invoice Nbr :
Arrive Date: 28-MAR-16 21:58
Depart Date: 30-MAR-16 07:02

Email: marlene.hamilton@albertah Club Account:
ealthservices.ca

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 30-MAR-16 07:02

Date	Reference	Description	Charges	Credits
28-MAR-16		Room Charge	164.00	
28-MAR-16		GST	8.45	
28-MAR-16		Destination Marketing Fee	4.92	
28-MAR-16		Tourism Levy	6.76	
29-MAR-16		Room Charge	164.00	
29-MAR-16		GST	8.45	
29-MAR-16		Destination Marketing Fee	4.92	
29-MAR-16		Tourism Levy	6.76	
30-MAR-16		Mastercard-		-368.26
		** Total	368.26	-368.26
		*** Balance	0.00	

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Continued on the next page

that fuel your body and give you the focused energy you need. Discover
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The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

WESTIN®

HOTELS & RESORTS

Dr Francois Belanger
 Alberta Health Services

Page Number : [REDACTED] Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 10-APR-16 15:34
 Depart Date : 12-APR-16 07:02
 No. Of Guest : 2
 Room Number : [REDACTED]
 Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton: 12-APR-16 07:10 SONISIN3

Date	Reference	Description	Charges (CAD)	Credits (CAD)
10-APR-16	[REDACTED]	Room Charge	164.00	
10-APR-16	[REDACTED]	GST	8.45	
10-APR-16	[REDACTED]	Destination Marketing Fee	4.92	
10-APR-16	[REDACTED]	Tourism Levy	6.76	
10-APR-16	[REDACTED]	Parking Self	29.00	
10-APR-16	[REDACTED]	GST	1.45	
11-APR-16	[REDACTED]	Room Charge	164.00	
11-APR-16	[REDACTED]	GST	8.45	
11-APR-16	[REDACTED]	Destination Marketing Fee	4.92	
11-APR-16	[REDACTED]	Tourism Levy	6.76	
11-APR-16	[REDACTED]	Parking Self	29.00	
11-APR-16	[REDACTED]	GST	1.45	
12-APR-16	[REDACTED]			-429.16
		** Total	429.16	-429.16
		*** Balance	-0.00	

Continued on the next page

Marlene Hamilton K.

From: Audrey Maione
Sent: Wednesday, April 20, 2016 9:01 AM
To: Marlene Hamilton K.
Subject: FW: Receipt April 19/ Dr Belanger

From: Infinity Transportation Inc [mailto:infinitytransportationinc@hotmail.com]
Sent: Tuesday, April 19, 2016 7:58 PM
To: Audrey Maione
Subject: Receipt April 19/ Dr Belanger

APRIL 19, 2016
TRANSPORTATION

Sent using [CloudMagic Email](#)

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>
Date: Tue, Apr 19, 2016 at 7:55 PM
Subject: Fwd: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE

PURCHASE

ORDER ID

CUSTOMER ID

CARD NUM

ACCOUNT

DATE

REF NUM

AUTH CODE

Francois Belanger

MASTERCARD

Apr 19 2016 07:55PM

AMOUNT (CAD)

\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
BELANGER, FRANCOIS	VP Quality & Chief Medical Officer (Acting)	Calgary	474.36

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/21/2016	Edmonton mtgs - ERM Exec, AARP, Exec leadership, Healthcare Integ - Mar 21-22		Mileage	12.63	Southport Tower	Calgary International Airport		1			25
3/22/2016	Edmonton mtgs - ERM Exec, AARP, Exec leadership, Healthcare Integ - Mar 21-22		Mileage	12.63	Calgary International Airport	Southport Tower		1			25
3/22/2016	Edmonton mtgs - ERM Exec, AARP, Exec leadership, Healthcare Integ - Mar 21-22		Meals Per Diem	9.20			B/Fast	1			
3/28/2016	Edmonton mtgs - Board, Public Board, ZMD, Our People - Mar 29-30		Mileage	12.63	Southport Tower	Calgary International Airport		1			25
3/29/2016	Edmonton mtgs - Board, Public Board, ZMD, Our People - Mar 29-30		Meals Per Diem	39.15			B/Fast- 29 & 30 Dinner- 29	2			
3/30/2016	Edmonton mtgs - Board, Public Board, ZMD, Our People - Mar 29-30		Mileage	12.63	Calgary International	Southport Tower		1			25
4/10/2016	Edmonton mtgs - AH, Foundations, AARP, Jt AH-AHS Exec, Exec Leadership and Budget - Apr 11-12		Mileage	155.54	Southport Tower	Seventh Street Plaza		1			308
4/12/2016	Edmonton mtgs - AH, Foundations, AARP, Jt AH-AHS Exec, Exec Leadership and Budget - Apr 11-12		Meals Per Diem	9.20			B/Fast	1			
4/12/2016	Edmonton mtgs - AH, Foundations, AARP, Jt AH-AHS Exec, Exec Leadership and Budget - Apr 11-12		Mileage	155.54	Seventh Street Plaza	Southport Tower		1			308
4/18/2016	Edmonton mtgs - SZ Midwifery, updates, Exec Leadership and Budget - Apr 18-19		Meals Per Diem	29.95			Dinner- 18 Apr & 19 Apr B/Fast	2			
4/18/2016	Edmonton mtgs - SZ Midwifery, Updates, Exec Leadership and Budget - Apr 18-19		Mileage	12.63	Southport Tower	Calgary International Airport		1			25
4/19/2016	Edmonton mtgs - SZ Midwifery, Updates, Exec Leadership and Budget - Apr 18-19		Mileage	12.63	Calgary International Airport	Southport Tower		1			25
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		2-May-16							

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Francois Belanger			Reporting Period for the Month of : Apr-16		
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1 17-Mar-16	Direct Billing	Airline Ticket	Return A/C flight (Calgary-Edmonton) - ERM Exec, CMO forum AARP, Executive Leadership and Budget, Healthcare Integration mtgs - March 21-22 (credit used)	Marlin Travel	\$281.48
2 18-Mar-16	Direct Billing	Airline Ticket	Return A/C flight (Calgary-Edmonton) - ERM Exec, CMO forum AARP, Executive Leadership and Budget, Healthcare Integration mtgs - March 21-22 (change fee)	Marlin Travel	\$50.00
3 18-Mar-16	Direct Billing	Airline Ticket	Return A/C flight (Calgary-Edmonton) - ERM Exec, CMO forum AARP, Executive Leadership and Budget, Healthcare Integration mtgs - March 21-22 (change fee)	Marlin Travel	\$50.00
4 22-Mar-16	Direct Billing	Airline Ticket	Return A/C flight (Calgary-Edmonton) - Board AMA Negotiation, Public Board, People strategy, ZMD mtgs - March 29-30	Marlin Travel	\$241.48

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15-Apr-16	Direct Billing	Airline Ticket	Return A/C flight (Calgary-Edmonton) - UAH, SZ Midwifery, Exec Leadership and Budget mtgs - Apr 18-19	Marlin Travel	\$252.80
Total Paid in the Month					\$875.76

1

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]
To: ALBE [REDACTED]

SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 17, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For [REDACTED]

FRANCOIS P BELANGER
AC [REDACTED]
WS [REDACTED]

Monday, March 21, 2016

 **Air**

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 **Arrival:** 21Mar16

Seat(s): 12C

AIR CANADA E

Flight: 8130 **V CLASS**

07:30 AM **Equipment:** DH4

08:22 AM

Mile(s) Flown: 163

[REDACTED]

Tuesday, March 22, 2016

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 17, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, March 22, 2016

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 22Mar16

Seat(s): 03C

AIR CANADA E

Flight: 8153 W CLASS

06:40 PM Equipment: DH4

07:34 PM

Mile(s) Flown: 163

Cost:

TK [REDACTED] E-TKT EXCHANGED [REDACTED]	244.00
	Tax: 37.48
	Ticket Total: 281.48

Total:

	Grand Total:	281.48
	Less Credit Card Payments:	281.48
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

2

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 18, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

FRANCOIS P BELANGER

AC [REDACTED]
WS [REDACTED]

Sunday, March 20, 2016

 Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 20Mar16

Seat(s): 14D

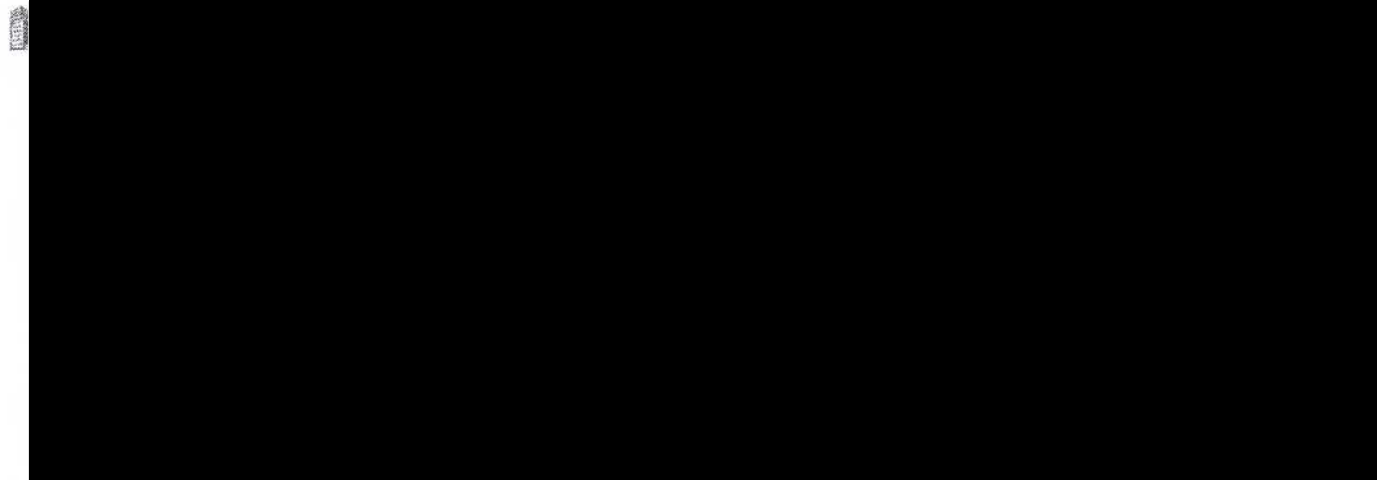
AIR CANADA E

Flight: 8160 V CLASS

08:40 PM Equipment: DH4

09:32 PM

Mile(s) Flown: 163



Tuesday, March 22, 2016

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 18, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, March 22, 2016

✈ Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8153 W CLASS
To: CALGARY AB 06:40 PM Equipment: DH4
Stops: 0 Arrival: 22Mar16 07:34 PM
Seat(s): 03C
AIR CANADA E
TICKET NUMBER [REDACTED]

Mile(s) Flown: 163

Cost:		
T [REDACTED]	TKT EXCHANGED	[REDACTED] 50.00
Total:		

Grand Total: 50.00
Less Credit Card Payments: 50.00
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

3

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 18, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

FRANCOIS P BELANGER
AC [REDACTED]
WS [REDACTED]

Monday, March 21, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 21Mar16
Seat(s): 12C
AIR CANADA E

Flight: 8130 V CLASS
07:30 AM Equipment: DH4
08:22 AM

Mile(s) Flown: 163



Tuesday, March 22, 2016

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 18, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, March 22, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 22Mar16
Seat(s): 03C
AIR CANADA E

Flight: 8153 W CLASS
06:40 PM Equipment: DH4
07:34 PM

Mile(s) Flown: 163

Cost:	[REDACTED]	[REDACTED]
TKT	-TKT EXCHANGED	[REDACTED]
Total:		50.00

Grand Total:	50.00
Less Credit Card Payments:	50.00 ✓
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	281.48
Total Charges Previous Invoices:	281.48
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
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OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

4

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 17, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Tuesday, March 22, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 22Mar16
Seat(s): 03C
AIR CANADA E
Flight: 8153 W CLASS
06:40 PM Equipment: DH4
07:34 PM
Mile(s) Flown: 163

Cost	[REDACTED]	[REDACTED]	
TKT-	[REDACTED]	E-TKT EXCHANGED	244.00
		[REDACTED]	37.48
		Ticket Total:	281.48
Total:		Grand Total:	281.48
		Less Credit Card Payments:	281.48
		Credit / Balance Due To This Invoice:	0.00
		Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
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1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 22, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

FRANCOIS P BELANGER

AC [REDACTED]
WS [REDACTED]

Monday, March 28, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Mar16
AIR CANADA E
AIR CANADA CONFIRAMTI [REDACTED]

Flight: 8160 W CLASS
08:40 PM Equipment: DH4
09:30 PM

Mile(s) Flown: 163

Wednesday, March 30, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 30Mar16
AIR CANADA E
AIR CANADA CONFIRAMTI [REDACTED]

Flight: 8153 W CLASS
06:40 PM Equipment: DH4
07:30 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT EXCHANGED [REDACTED] 241.48

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 22, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	241.48
Less Credit Card Payments:	241.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
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GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

5

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 15, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR FRANCOIS P BELANGER

Monday, April 18, 2016

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 18Apr16
Flight: 8130 V CLASS
07:30 AM **Equipment:** DH4
08:20 AM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Tuesday, April 19, 2016

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 19Apr16
Flight: 8153 V CLASS
06:40 PM **Equipment:** D8 (300 SERIES)
07:35 PM

Mile(s) Flown: 163

AIR CANADA E
AIR CANADA [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 8C

Cost:

AIR CANADA WEB [REDACTED] 50.00
AIR CANADA WEB [REDACTED] 202.80

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 15, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	252.80
Less Credit Card Payments:	252.80
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..
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