

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

2084938

Name: Dr. Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#: _____
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: October 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATIO N	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAG E (KM)	
		B	L	D	AMOUN T					
13/10/10	Board & Executive Retreat - Lethbridge			x	20.75			7.35	472	
14/10/10	Board & Executive Retreat/Committee of the Whole					211.48		7.35	472	
		Non-Responsive								
#	IAA									
	s.17(1), 17(4)(g)(i)									
<div style="display: flex; justify-content: space-between; align-items: center;"> ENTERED NOV 2 2 2010 <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 16 2010 FINANCE </div> </div>										
TOTAL KMS									944	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL <small>(carry forward to continuation sheet, where applicable)</small>		A	B	C	D	E				
		20.75 ✓		211.48 ✓		14.70 ✓	476.7250 ✓			

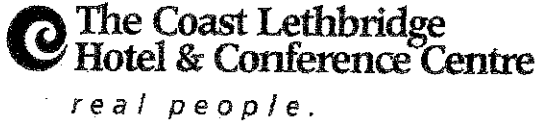
FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.75
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	688.20
OTHER (D)	01.71110300002.41090000	14.70
GRAND TOTAL		723.65 ✓

CLAIMANT SIGNATURE <u>K. C. Gangopadhyay</u>	APPROVAL SIGNATURE <u>[Signature]</u>	meals breakfast \$9.20 lunch \$11.60 dinner \$20.75	
DATE SUBMITTED <u>Nov 2/2010</u>	DATE APPROVED <u>10/10/10</u>	Lodging per night \$20.15	
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford		Per diem 24-hour \$7.35	

RB

APPLICANT COPY



Invoice

526 Mayor Magrath Drive South
Lethbridge, AB T1J 3M2
Tel: (403) 327-5701 Fax: (403) 327-5075

Gangopadhyay, Dr. Kamalesh

Receipt

Invoice date 10/14/2010
Our reference CLH-FC11864 /A
GST Number GST # 848475554RP0001

Guest **Gangopadhyay, Dr. Kamalesh** Arrival **10/12/2010** Departure **10/14/2010** Room **349**

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
10/12/2010	Room Charge		1	95.00	95.00
10/12/2010	GST Taxes		1	5.04	5.04
10/12/2010	Levy Taxes		1	3.80	3.80
10/12/2010	Marketing Fee		1	1.90	1.90
10/13/2010	Room Charge		1	95.00	95.00
10/13/2010	GST Taxes		1	5.04	5.04
10/13/2010	Levy Taxes		1	3.80	3.80
10/13/2010	Marketing Fee		1	1.90	1.90
Total invoice					211.48
10/14/2010	MC	Auth: 05086Z			-211.48
Total Paid					-211.48
Total Due					0.00

s.17(1), 17(4)(e.1)

Total GST 10.08

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

2117923

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: November, 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
23/11/2010	Special AHS Board meeting , Edmonton.								140
		Non-Responsive							
								TOTAL KMS	140
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	E			
							70.70 ✓		

Rec'd
~~RECEIVED~~ JAN 14 2010

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	70.70
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		70.70

RECEIVED

<p><i>K. C. Gangopadhyay</i> CLAIMANT SIGNATURE</p> <p><i>See /07/2010.</i> DATE SUBMITTED</p>	<p><i>[Signature]</i> APPROVAL SIGNATURE</p> <p><i>Jan 7 / 2011</i> DATE APPROVED</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

40

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: January, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
Non-Responsive										
26/01/2011	Committee of the whole meeting, Calgary					212.19 ✓	40.00 ✓		53	
27/01/2011	Public Board meeting, Calgary								53	
									TOTAL KMS	106
									APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E	F	G	H	
			212.19	40.00				53.53		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E) <i>101-0005-711103000004</i>	01.71110300002.62212000	305.72
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		305.72 ✓

CLAIMANT SIGNATURE: K. C. Gangopadhyay

APPROVAL SIGNATURE: [Signature]

DATE SUBMITTED: 31 Aug 2011

DATE APPROVED: Feb 15 / 2011

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

APPLICANT COPY

Mr. Kamalesh Gangopadhyay

1404
 189.00
 1
 617784 EX-A
 1
 26--JAN-11 18:03
 27--JAN-11
 MC

26-JAN-11	RT1404	Room Charge	189.00
26-JAN-11	RT1404	Good And Services Tax	9.73
26-JAN-11	RT1404	Destination Marketing Fee	5.67
26-JAN-11	RT1404	Tourism Levy	7.79
27-JAN-11	MC	MasterCard/Euro	212.19-
Balance Due			0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

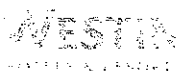
EXPENSE REPORT SUMMARY

Date	Room & Tax	Food & Bev	Parking	Telephone	Other	Total	Payment
26-JAN-11	212.19	0.00	0.00	0.00	0.00	212.19	0.00
Total	212.19	0.00	0.00	0.00	0.00	212.19	0.00

Thank you for choosing the Westin Calgary! If you have any comments, please contact our general manager at ross.meredith@westin.com

** continued on the next page **

Mr. Kamalesh Gangopadhyay
 FOLIO 617784 26-JAN-11



APPLICANT COPY

GST# R1285997/6

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 27/01/11 17:57
Receipt 023107

Short-term parking tkt
DL - No. 053236
26/01/11 07:09 -
27/01/11 17:57 -
Period 1d10h49'
(Tax) \$40.01

Total \$40.01

Payment Received
MC \$40.01
XXXXXXX s.17(1), 17(4)(e.1)
Merch:82005340013
Auth:03217Z
Type: Swiped

023107A - 1/1
Sub Total \$38.11
Tax 5% 1.91

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

4052

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: December, 2010

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATIO N	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAG E (KM)
		B	L	D	AMOUN T				
01/12/2010	Committee of whole meeting, Edmonton			x	11.84 25.00	200.72 187.56	10.50 ✓		
02/12/2010	Public Board meeting, Edmonton						7.35	182	
Non-Responsive									
								TOTAL KMS	182
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>				A MEAL 25.00 11.84	B HOTEL 187.56 200.72	C PARK 10.50 ✓	D MISC. 7.35 ✓	E mil 91.91 ✓	

RECEIVED
FEB 15 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	11.84 25.00
TRAVEL EXPENSE (B+C+E) <i>101.00051</i> <i>71110300004</i>	01.71110300002.62212000	303.13 289.97
OTHER (D)	01.71110300002.41090000	7.35
GRAND TOTAL		322.32 ✓

<i>K. C. Gangopadhyay</i> CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35
<i>January 6, 2011</i> DATE SUBMITTED	<i>Feb 15, 2011</i> DATE APPROVED			

APPLICANT COPY

12/01/10
 12/01/10
 12/01/10
 12/01/10

1012	travel agent/manager
Dr. Kamalesh Gangopadhyay	room 184.00
	rate 1
	no. pers. 514428 EX-A
, AB	folio 1
Canada	check 01-DEC-10 17:53
	arrive 02-DEC-10
AHK30B	depart MC
	payable

01-DEC-10	12/01/10	-ADJ Guest Incentive Programs	15.00-
01-DEC-10	RT1012	Room Charge	184.00
01-DEC-10	RT1012	GST	9.29
01-DEC-10	RT1012	DMF	1.84
01-DEC-10	RT1012	Tourism Levy	7.43
01-DEC-10	4545	Pradera Lounge	25.00
02-DEC-10	MC	Mastercard	212.56-
		Balance Due	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

EXPENSE REPORT SUMMARY

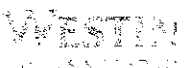
Date	Room	GST	Tour Levy	Food\Bev	Phone	Other	Total
01-DEC-10	184.00	9.29	7.43	25.00	0.00	13.16-	212.56
Total	184.00	9.29	7.43	25.00	0.00	13.16-	212.56

Date	Payment
01-DEC-10	0.00
Total	0.00

Thank you for choosing Starwood Hotels. We look forward to welcoming you back soon!

** continued on the next page **

Dr. Kamalesh Gangopadhyay
 FOLIO 514428 01-DEC-10



APPLICANT COPY

THE WESTIN EDMONTON
 10055 100th Street Suite 100, Alberta T5J 0M7 Canada
 Phone: (403) 453-8800 Fax: (403) 453-8801
 A/C: 100551000000

1012	184.00	
Dr. Kamalesh Gangopadhyay	1	
	514428	EX-A
, AB	2	
Canada	01-DEC-10	17:53
	02-DEC-10	
AHK30B	MC	

GST Summary:

GST Room Revenue:	9.29
GST Food and Beverage:	0.00
GST Telephone Revenue:	0.00
GST Other:	0.00
	9.29

CITY OF EDMONTON
 LIBRARY PARKING
 301 4 STREET SW EDMONTON

← Parking

The Westin Edmonton GST# 861336493RT0005

COPY MADE
 12/01/10 09:02 AM 100551000000
 12/01/10 17:04 PM 100551000000
 WESTIN
 Room Rate \$ 10.00
 Total Tax \$ 0.00
 Total Due \$ 10.00
 Cash PAID \$ 10.00
 Cash Tender \$ 0.00
 Balance Due \$ 0.00

Best Copy Possible

100551000000
 100551000000

I agree to remain personally liable for the payment of this amount if I am
 corporation or other third party fails to pay in full or if for these charges
 As a Starwood Preferred Guest you have earned at least 416
 Starpoints for this visit A42402448959

Dr. Kamalesh Gangopadhyay
 FOLIO 514428 01-DEC-10

WESTIN
 HOTEL & RESORTS

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

890002

APPLICANT COPY

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: March, 2011 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATIO N	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAG E (KM)
		B	L	D	AMOUN T				
09/03/2011	Committee of the whole meeting, Red Deer					107.91 ✓			109
10/03/2011	Public Board meeting, Red Deer								109
									Non-Responsive
TOTAL KMS									218
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E		mile	
			107.91 ✓					110.09 ✓	

RECEIVED
APR 25 2011
FINANCE

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	218 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		218 ✓

ENTERED APR 26 2011

CLAIMANT SIGNATURE <i>K. C. Gangopadhyay</i> 22/03/2011 DATE SUBMITTED	APPROVAL SIGNATURE <i>[Signature]</i> April 21/2011 DATE APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="text-align: center;">meals</td> <td>breakfast</td> <td align="right">\$9.20</td> </tr> <tr> <td>lunch</td> <td align="right">\$11.60</td> </tr> <tr> <td>dinner</td> <td align="right">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td align="right">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td align="right">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford



Black Knight Inn

Guest Folio

APPLICANT COPY

2929 - 50 Avenue
Red Deer, AB T4R 1H1

Phone: 403-343-6666
Fax: 403-340-8970

www.blackknightinn.ca
frontoffice@blackknightinn.ca

Print Date 3/10/2011
Print Time 6:36:26AM

Reservation 28946 - 0

Guest **Kamalesh Gangopadhyay**

Agent: General Groups

Reference: Alberta Health Services

From	to	Nights	Adults	Children		
3/9/2011	3/10/2011	1	1	0		
Room	Date	Reference and Description				Amount with tax
513	3/9/2011	Non smoking, two queen beds			99.00	107.91
513	3/10/2011	MasterCard				-107.91
		s.17(1), 17(4)(e.1)				
			Tourism Levy		3.96	
			GST		4.95	
Balance						\$0.00



Black Knight Inn

Guest Folio APPLICANT COPY

2929 - 50 Avenue
Red Deer, AB T4R 1H1

Phone: 403-343-6666
Fax: 403-340-8970

www.blackknightinn.ca
frontoffice@blackknightinn.ca

For March

Print Date 3/10/2011
Print Time 6:36:26AM

Reservation 28946 - 0

Guest Kamalesh Gangopadhyay

Agent: General Groups

Reference: Alberta Health Services

From	to	Nights	Adults	Children
3/9/2011	3/10/2011	1	1	0

Room	Date	Reference and Description	Amount with tax	
513	3/9/2011	Non smoking. two queen beds	99.00	107.91
513	3/10/2011	MasterCard		-107.91
		s.17(1), 17(4)(e.1)		
		Tourism Levy		3.96
		GST		4.95

Balance \$0.00

84239

APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: February, 2011 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
03/02/2011	Audit & Finance Committee meeting, Edmonton					18.00 ✓		140	
		Non-Responsive							
14/02/2011	HealthCare site unveiling-Edson		x		11.60 ✓			550	
10/02/2011	Driving forces workshop Edmonton					18.00 ✓		140	
24/02/2011	Becoming the Best meeting-Edmonton					14.00 ✓		140	
TOTAL KMS								970 ✓	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>		A	B	C	D	E			
		11.60 ✓		50.00 ✓		489.85 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	11.60 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	539.85 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		551.45 ✓

K. C. Gangopadhyay CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:15%;">meals</td> <td>breakfast</td> <td>\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
21/03/2011 DATE SUBMITTED	April 21 / 2011 DATE APPROVED														

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford

Feb 26/2010

Parking → 18.00
 Meter → 140 km
 [Handwritten scribbles and notes]

MANUL TEEPLACE PARKADE
 OPERATED BY:
 STANDARD PARKING
 Terminal# : 1 Cashier# : 2
 03/02/11 08:26
 03/02/11 13:36 - 05:10
 36436036 / #074615
 RATE -1
 TOTAL : \$ 18.00
 CASH : \$ 18.00
 CHANGE : \$ 2.00
 GST INCL. 10%
 GST # R119580595
 GIVE A NICE DAY

TICKET VOID IF RE-SOLD

Price: \$18.00 S.17(1), 17(4)(e.1)
 Card: [Blank]
 Expire: [Blank]
 6 TO 10 PM THIS
 FEB 10 11
 IMPARK
 EARL IMPARK
 PHONE 780-420-1976
 Meter: [Blank]

TICKET VOID IF RE-SOLD

IMPARK
 PHONE 780-420-1976
 EARL IMPARK
 Meter: [Blank]
 Time: 7:56A FEB 10
 PLACE THIS SIDE UP ON DASH

ACE THIS SIDE UP ON D
 11/22/24 17:23 AM 002
 5500002
 014.00
 014.00
 014.00
 419.00
 014.00

24/26/2011
 [Handwritten signature]

134884

APPLICANT COPY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: April, 2011

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
12/04/2011	Board Orientation meeting, Edmonton + Leave Duty			x	20.75	108.99 ✓	18.00 ✓ PTK		103.8
13/04/2011	COW meeting, Grand Prairie					108.99 ✓	21 ✓ PTK		
14/04/2011	Public Board meeting, Grand Prairie						21 ✓ PTK		53
Non-Responsive									
27/04/2011	David Thompson Health Council, Red Deer						10 PTK see note		214
						RECEIVED MAY 2 2011 TOTAL KMS 370.8 ✓			
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D	APPLICABLE MILEAGE RATE @ 50.5¢ FRANCE		E	
		20.75 ✓	217.98 ✓ AB Hotel	70 ✓ PTK				187.25 ✓ Mile	

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	20.75 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	475.23 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		495.98 ✓

CLAIMANT SIGNATURE <i>K. C. Gangopadhyay</i> 2 / May / 2011 DATE SUBMITTED	APPROVAL SIGNATURE <i>[Signature]</i> May 17/11 DATE APPROVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; text-align:center;">meals</td> <td style="width:10%;">breakfast</td> <td style="width:80%;">\$9.20</td> </tr> <tr> <td>lunch</td> <td>\$11.60</td> </tr> <tr> <td>dinner</td> <td>\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford

APPLICANT COPY



HOTELS | INNS | SUITES

SANDMAN HOTEL GRANDE PRAIRIE
 9805 - 100th Street
 Grande Prairie, AB T8V 6X3
 Tel: 780.513.5555
 Fax: 780.513.5131

Toll Free Reservations: 1-800-SANDMAN 1-800-726-3626

Website: www.sandmanhotels.com

PROPERTY: 01-042 Invoice #: 320208 Description: Standard Folio

Page: 1

Mail To: Kamallesh Ganhopadhyay

Res.#: 278914

Arrive: 12/04/2011 07:32pm

Depart: 14/04/2011 12:29am

Room: JCSN 333

s.17(1), 17(4)(g)(i)

Group: Alberta Health Services Board

Guest: Kamallesh Ganhopadhyay

Bill To: Ganhopadhyay

Date	Description	Voucher	Amount
12/04/2011	Room Revenue	GP -333	99.00
12/04/2011	Destination Marketing Fee	GP -333	.99
12/04/2011	GST	GP -333	5.00
12/04/2011	Provincial Tourism Levy	GP -333	4.00
13/04/2011	Room Revenue	GP -333	99.00
13/04/2011	Destination Marketing Fee	GP -333	.99
13/04/2011	GST	GP -333	5.00
13/04/2011	Provincial Tourism Levy	GP -333	4.00
14/04/2011	Mastercard	THANK YOU	-217.98
Balance:			.00

Bill To: Ganhopadhyay

Total GST

10.00

GST Registration # R-121767065



Signature

Sandman Hotels, Inns & Suites, Limited - A Northland Company

Head Office 310-1755 West Broadway, Vancouver, British Columbia, Canada V6J 4S5 T 604.730.6600 F 604.730.4645

APPLICANT COPY

29 April 2011

Hi Lou,

I can't provide with the parking ticket in the underground parking in the Red Deer Hospital on 27th April, 2011. Vicki Giacobbo could not provide me with any voucher that evening.

I paid with credit card just before going into parking lot. Near the exit, I put the receipt for exit but the machine won't dispense the receipt back for which I paid \$ 10.00.

I asked the help line. The exit arm was up but could not provide any more help. I left after 3 minutes as it was getting late and I did not find any indication that they were coming.

Hope that explains why there won't be any parking receipt for that meeting.

Regards,

Kamalesh

Kamalesh Gangopadhyay

GST# R128599776
 Edmonton Airports
 Can-T5J 2T2 Edmonton
 Tax CodeCA5%
 Exit Lane 14/04/11 15:50
 Receipt 076180
 Short-term parking tkt
 DL - No. 043421
 12/04/11 16:12
 14/04/11 15:50
 Period 1d23h39'
 (Tax)
 \$42.00
 Total \$42.00
 Payment Received \$42.00
 Paid/Paid: \$ 18.00
 Original Fee: \$ 18.00
 GST: \$ 0.00
 PST: \$ 0.00
 Change: \$ 0.00
 MASTERCARD
 SC: \$ 0.00
 Merchant n- S.17(1), 17(4)(e.1)
 Swiped
 PURCHASE 12 15:26:33
 Seq# 0
 Auth#
 02180E4C 1/1
 Auth: 06151Z S.17(1), 17(4)(e.1)
 Type: Swiped
 Sub Total \$40.00
 Tax 5% 2.00

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

224324

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#: 2
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: May,2011 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
					Non-Responsive				
18/05/2011	Leadership conference, Red Deer		x		11.60 ✓		10.00 ✓		107
19/05/2011	Leadership conference, Red Deer		x		11.60 ✓		10.00 ✓		107
TOTAL KMS									214 ✓
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL (carry forward to continuation sheet, where applicable)					23.20 ✓	B	20.00 ✓	D	108.07 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	101.0005. 01.71110300002.45000000	23.20 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	128.07 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		151.27 ✓

CLAIMANT SIGNATURE: K.C. Gangopadhyay
 APPROVAL SIGNATURE: [Signature]
 DATE SUBMITTED: May 28, 2011
 DATE APPROVED: June 24/11

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.

APPLICANT COPY

ALABAMA HEALTH SERVICES
 MOUNTAIN VIEW REGIONAL HOSPITAL
 PARKING SERVICES
 POF 2

Receipt# 562
 05/18/11 16:44 L# 2 A# 1 Txn# 5009
 05/18/11 08:07 In 05/18/11 16:44 Out
 Trk# 042025
 Fee 1 \$ 10.00
 Total Fee \$ 10.00
 PASSES/CARD \$ 10.00
 s.17(1), 17(4)(e.1)
 Change Due \$ 0.00
 THANK YOU
 DRIVE SAFELY

Best Copy Possible
 FIELD DELIVERED TO: HOSPITAL
 PARKING SERVICES POF 2

05/19/11 16:55 L# 1 A# 1 Txn# 4057
 05/19/11 08:20 In 05/19/11 16:55 Out
 Trk# 042298
 Fee 1 \$ 10.00
 Total Fee \$ 10.00
 PASSES/CARD \$ 10.00
 s.17(1), 17(4)(e.1)
 Change Due \$ 0.00
 THANK YOU
 DRIVE SAFELY

243700

APPLICANT COPY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: June, 2011 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATIO N	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAG E (KM)
		B	L	D	AMOUN T				
09/06/2011	Committee of the whole meeting, Calgary					266.38 ✓	40.80 ✓ <i>pl</i>		269.2
10/06/2011	Public Board meeting, Calgary								12.8
11/06/2011	Province wide Health Council meet,								259.8
22/06/2011	Effective Business Communications, Red Deer.	x				11.60 ✓	9 ✓ <i>pl</i>		214
ENTERED AUG 02 2011									
TOTAL KMS								755.80	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL (carry forward to continuation sheet, where applicable)		A	B	C	D				
		11.60	266.38 ✓	49.80 ✓	<i>Mile</i>	381.68 ✓			

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	11.60 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	697.86 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		709.46 ✓

CLAIMANT SIGNATURE <i>K.C. Gangopadhyay</i>	APPROVAL SIGNATURE <i>[Signature]</i>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
DATE SUBMITTED 5 JULY, 2011	DATE APPROVED <i>July 17/2011</i>	Lodging per night	\$20.15	
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. 2W 3N2, Attention: Lynn Redford		Per diem 24-hour	\$7.35	

APPLICANT COPY

SHERATON SUITES CALGARY EAU CLAIRE
255 Barclay Parade S.W.
Calgary, Alberta T2P 5C2 Canada

T - 403 266 7200
F - 403 266 1300



Sheraton

GUEST / CLIENT
GUEST / CLIENT

TRAVEL AGENT / CHARGE TO
AGENT DE VOYAGES / PORTER AU COMPTE DE

Dr Kamalesh Gangopadhyay

937
ROOM / CHAMBRE 239.00
RATE / TARIF 1
PERS. / N° PERS. 895248 A
FOLIO / DOSSIER 1
PAGE / PAGE 09-JUN-11 18:08
ARRIVE / ARRIVÉE 10-JUN-11
DEPART / DÉPART MC 07:47
PAYMENT / PAIEMENT

AHSBOD s.17(1), 17(4)(g)(i)

DATE / DATE	REFERENCE / RÉFÉRENCE	DESCRIPTION / DESCRIPTION	CHARGES / CREDITS / FRAIS / CRÉDIT
09-JUN-11	RT937	Group Government	239.00
09-JUN-11	RT937	DMF	7.17
09-JUN-11	RT937	Alberta Tourism Levy (4%)	9.85
09-JUN-11	RT937	GST (5%)	12.31
09-JUN-11	RT937	Valet Parking	38.85
10-JUN-11	MC	Master Card	307.18-

For Authorization Purposes Only
s.17(1), 17(4)(e.1)

Auth Date	Code	Authorized
09-JUN-11	05101Z	322.65

Balance Due 0.00

We would certainly appreciate any feedback that you may have. Please send to Gord Minor at gminor@sheratonsuites.com

GST Summary

GST Room Revenue	12.31
GST Food and Beverage	0.00
GST Telephone	0.00
GST Other Revenue	0.00
Total GST	12.31

846543619 RT0002

307.18
 - 40.80

 266.38

Pay = 28.85 + 7
 ✓ = 40.80

SIGNATURE I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.
SIGNATURE Je consens à être tenu personnellement responsable du paiement du présent compte si l'entreprise ou autre tierce partie ne règle pas une partie ou la totalité des frais.

As a Starwood Preferred Guest you have earned at least 39 Starpoints for this visit

s.17(1), 17(4)(g)(i)

Dr Kamalesh Gangopadhyay	ROOM	DEPART	AGENT
FOLIO 895248 09-JUN-11	937	10-JUN-11	GR

APPLICANT COPY

ALBERTA HEALTH SERVICES
RED DEER REGIONAL HOSPITAL
PARKING SERVICES
POF 2

Rcpt# 943
06/22/11 12:53 L# 2 A# 1 Txn# 8026
06/22/11 08:31 In 06/22/11 12:53 Out
Tkt# 049561
Fee 1 \$ 9.00
Total Fee \$ 9.00
MASTERCARD \$ 9.00
Change Due \$ 0.00

s.17(1), 17(4)(e.1)
THANK YOU
DRIVE SAFELY

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

454452

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: September, 2011


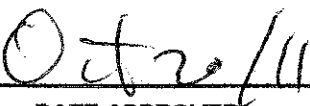
Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
Non-Responsive										
14/Sept/2011	Committee of the Whole Meeting Medicine Hat					142.83 ✓			55	
15/Sept/2011	AHS Public Board Meeting, Medicine Hat						743.66 ✓		55	
12/Sept/2011	Launch of Mental health strategy, Edmonton								160.8	
6/Sept/2011	Two Hills, Heli-pad opening		x			11.60 ✓			416	
22/Sept/2011	Snoezelen Room opening, Red Deer								220	
Non-Responsive										
TOTAL KMS									906.8	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL						A	B	C	D	E
(carry forward to continuation sheet, where applicable)						11.60 ✓	142.83 ✓	743.66 ✓		457.93 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	101.0005.7110300004 01.71110300002.45000000	11.60 ✓
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	1344.42 ✓
OTHER (D)	01.71110300002.41090000	

APPLICANT COPY

GRAND TOTAL		1356.02													
_____ CLAIMANT SIGNATURE	 _____ APPROVAL SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 15%; text-align: center;">meals</td> <td style="width: 15%;">breakfast</td> <td style="text-align: right;">\$9.20</td> </tr> <tr> <td>lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td>dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2" style="height: 100px; vertical-align: top;">Per diem 24-hour</td> <td style="text-align: right; vertical-align: top;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
_____ DATE SUBMITTED	 _____ DATE APPROVED														
For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford															

APPLICANT COPY

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: <i>K. L. Gangopadhyay</i> (For Board Office Use Only) JWP Verifier (DP)	
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: September, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATI- ON	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE ?)	MILEAG E (KM)
		B	L	D	AMOUNT				
Non-Responsive									
14/Sep/2011	Committee of the Whole Meeting, Medicine Mtg							55	
15/Sep/2011	AHS Public Board Meeting, Medicine Mtg					743.66		55	
12/Sep/2011	Launch of Mental health strategy, Edmonton							160.8	
8/Sep/2011	Two meals, Hotel opening	X			11.60			418	
22/Sep/2011	Snooze-in Room opening, Red Deer							220	
Non-Responsive									
TOTAL KMS								905.8	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL					11.60			743.66	
(carry forward to continuation sheet, where applicable)									

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.4800000	11.60
TRAVEL EXPENSE (B+C+E)	01.71110300002.82212000	1201.69
OTHER (D)	01.71110300002.41060000	
GRAND TOTAL		1213.19

CLAIMANT SIGNATURE <i>K. L. Gangopadhyay</i>	APPROVAL SIGNATURE _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">meals</td> <td style="font-size: x-small;">breakfast</td> <td style="text-align: right; font-size: x-small;">\$9.20</td> </tr> <tr> <td></td> <td style="font-size: x-small;">lunch</td> <td style="text-align: right; font-size: x-small;">\$17.60</td> </tr> <tr> <td></td> <td style="font-size: x-small;">dinner</td> <td style="text-align: right; font-size: x-small;">\$20.75</td> </tr> <tr> <td></td> <td style="font-size: x-small;">Lodging per night</td> <td style="text-align: right; font-size: x-small;">\$29.15</td> </tr> </table>	meals	breakfast	\$9.20		lunch	\$17.60		dinner	\$20.75		Lodging per night	\$29.15
meals	breakfast	\$9.20												
	lunch	\$17.60												
	dinner	\$20.75												
	Lodging per night	\$29.15												
DATE SUBMITTED <i>Oct/17/2011</i>	DATE APPROVED _____	Per diem 24-hour \$7.35												

For payment please submit to the AHSB Office: 10184 Southport Road SW, Calgary, AB. T2N 3N2, Attention: Lynn Redford



Kamalesh Gangopadhvay

Page # 1
Res. # 488924
Checked in Wed Sep 14/11 - 5:58 pm
Departing Thu Sep 15/11
Nights 1
Room Rate 129.00
Room 371

s.17(1), 17(4)(g)(i)

Group: Ab Health Services

Date	Description	Reference	Charges	Credits
Sep14	GOVERNMENT RATE		129.00	
Sep14	GST		6.45	
Sep14	Room Tax		4.92	
Sep14	Destination Marketing Fee		2.46	
			-----	-----
			142.83	0.00

*Thank you for staying with us. Please come again!
 Call 1 (800) 661-8095 to make your next reservation with us.*

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	6.45
Room Tax	4.92

APPLICANT COPY

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Please print/retain this page for your financial records (for taxation, expense claim or credit card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



AIR CANADA

Booking Information

Booking Reference: **LUT66Z**

Customer Care

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Air Canada
1-888-247-2262

Main Contact:
Mr Kamallesh Gangopadhyay

Flight Arrivals and
Departures
1-888-422-7533

Home: s.17(1), 17(4)(g)(i)

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8135 ¹	Edmonton, Edmonton Int'l (YEG) Wed 14-Sep 2011 08:00	Calgary (YYC) Wed 14-Sep 2011 08:51	0	2hr37	DH3	Tango Plus S	
AC7241 ²	Calgary (YYC) Wed 14-Sep 2011 09:45	Medicine Hat (YXH) Wed 14-Sep 2011 10:37	0		BEH	Tango Plus S	
AC7244 ²	Medicine Hat (YXH) Thu 15-Sep 2011 15:55	Calgary (YYC) Thu 15-Sep 2011 16:55	0	2hr24	BEH	Tango Plus V	
AC284	Calgary (YYC) Thu 15-Sep 2011 17:30	Edmonton, Edmonton Int'l (YEG) Thu 15-Sep 2011 18:19	0		E90	Tango Plus V	

Operated by:

¹ Air Canada Express - Jazz

² Central Mountain Air

Passenger Information

1: Mr Kamallesh Gangopadhyay : Adult (16+), Ticket Number: 0142198280898
s.17(1), 17(4)(g)(i)

Air Canada - Aeroplan :

Meal Preference: None

Credit Card:

Special Needs: None

Seat Selection:

AC8135 5D , AC7241 3B , s.17(1), 17(4)(e.1)
AC7244 1B , AC284 20C

Purchase Summary

Grand Total **1 adult**
Total including travel options, taxes, fees and charges **\$743.66 CAD**

Fare Rules

Departing Flight Edmonton (YEG) To Medicine Hat (YXH) - **Tango Plus**

Return Flight Medicine Hat (YXH) To Edmonton (YEG) - **Tango Plus**

Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** (subject to availability) are permitted at a flat fee of \$75 CAD/USD per direction, per passenger. **Same-day flights only.**
- **Same-day standby** is not permitted, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded).
- Flights can only be used in sequence from the place of departure specified on the itinerary.

Cancellations:

APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

523479

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: October, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
12/Oct/2011	Retreat FT. McMurray								52.8
13/Oct/2011	Committee of the Whole Meeting FT. McMurray				412.02 ✓				
14/Oct/2011	AHS Public Board Meeting, Ft. McMurray					95 ✓			
		Non-Responsive							
22/Oct/2011	Cancer Care meeting, Edmonton					15.00 ✓			157.6
TOTAL KMS									210.4 ✓
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL					412.02 ✓				106.25 ✓
(carry forward to continuation sheet, where applicable)						110 ✓			

ENTERED NOV 28 2011

NOV 28 2011

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
EAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	628.27 ✓
OTHER (D)	01.71110300002.41090000	
TOTAL	28	628.27 ✓

APPLICANT COPY

K. C. Gangopadhyay

CLAIMANT SIGNATURE

[Signature]

APPROVAL SIGNATURE

8/NOV/2011

DATE SUBMITTED

Nov 25/11

DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford



APPLICANT COPY

NOVA HOTELS

Chateau Nova Hotel
Mod 3, Comp 9, RR 1
Fort McMurray Airport
Fort McMurray, AB T9H 5B5
P:780-791-6682 F:780-743-0560
Toll Free 1-866-924-6682
Arrive 10/12/11 Depart 10/14/11

GANGOPADHYAY KAMALESH
BOX 6175
WETASKAWIN, AB
T9A 2E9
ALBERTA HEALTH SERVICES
Room # 1413 Invoice # 20779

Table with columns: DATE, CLERK, DEPARTMENT, DESCRIPTION, AMOUNT. Rows include accommodation charges, taxes, and a MasterCard charge.

BILLING INSTRUCTIONS

BALANCE DUE 0.00

COMPANY

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 association fails to pay for any part or the full amount of these charges.

SIGNATURE

DEFINITION

X

"Where Comfort and Service are at their best!"

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta - Edmonton, Acheson, Edson, Whitecourt, Peace River, Hinton, Slave Lake, Fort McMurray

Saskatchewan - Kindersley

NWT & Nunavut Inuvik, Iqaluit

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CITY OF EDMONTON
 LIBRARY PARKADE
 GST # 119326270 RT0001

Rep# 2076
 10/22/11 16:36 LH 4 # 12 Txn# 12603
 10/22/11 07:40 In 10/22/11 16:36 Out
 TK# 218464
 Regular Rate \$ 14.29
 Total Tax \$ 0.71
 Total Fee \$ 15.00
 CASH PAID \$ 15.00-
 Cash Tender \$ 20.00
 Change Due \$ 5.00

THANK YOU
 CODE ASBAIN

*Receipt for
 Cancer care -
 on 22 Oct 2011
 \$ 15.00
 # mileage*

From Airport
 To Westaskawan
 Time _____
 Date 14/10/11
 Trip Amount 91+4=95
 Driver Name _____
 Car Number A2
 GST _____

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

634540

Name: Kamallesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: December, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
07/12/2011	Committee of the Whole Meeting,					135.50 ✓			81.8	
08/12/2011	AHS Public Board Meeting,								81.8	
TOTAL KMS									163.6	
APPLICABLE MILEAGE RATE @									50.5¢	
SUB-TOTAL						A	B	C	D	E
<i>(carry forward to continuation sheet, where applicable)</i>							135.50 ✓			82.62 ✓

RELEASED
 JAN 24 2012
 FINANCE

AB filed

mile

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	218.12
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		218.12

APPLICANT COPY

K.C. Gangopadhyay

CLAIMANT SIGNATURE

Arthur Ray

APPROVAL SIGNATURE

Dec 12/2011

DATE SUBMITTED

Jan 26/2012

DATE APPROVED

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

For payment please submit to the AHSB Office: 10101 Southport Road SW. Calgary, AB.

Ms Kamalesh Gangopadhyay
Canada

Room Number: 1408
Arrival Date: 12-07-11
Departure Date: 12-08-11
Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

12-08-11

Date	Description	Charges	Credits
12-07-11	Room Revenue	129.00	
12-07-11	Tourism Levy - 4%	5.16	
12-07-11	Destination Marketing Fee - 1%	1.29	
12-07-11	Tourism Levy on DMF	0.05	
Total		135.50	0.00
Balance		135.50	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.29
Tourism Levy - 4 %	5.16
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

574312

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: November, 2011

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
16/11/2011	Becoming the Best - meeting Red Deer								220
24/11/2011	David Thompson Health council, Red Deer					9. ✓			218
29/11/2011	Institute of Health Economics meeting, Edmonton					17 ✓			194.2
TOTAL KMS									632.2 ✓
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL		A	B	C	D	E			
(carry forward to continuation sheet, where applicable)				26 ✓		mlc	319.26 ✓		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	345.26 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		345.26 ✓

K. C. Gangopongz
CLAIMANT SIGNATURE

[Signature] APPLICANT COPY
APPROVAL SIGNATURE

Dec 12 / 2011
DATE SUBMITTED

Dec 22 / 11
DATE APPROVED

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2M/2M2 Attention: Lynn Bedford

meals	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

IHE meeting,
Edmonton
29/11/2011

DTH Council
24/11/2011

meeting Red Bear.

Parking fee = \$ 9.00

Sony cam.

Machine

did not dispense

the receipt.

Kamela

Edmonton City Centre West
 Managed by Advanced Parking
 Rcp# 5352
 11/29/11 19:04 LH 3 AH 70 TX# 12656
 11/29/11 14:28 In 11/29/11 19:04 Out
 Regular Rate \$ 16.19
 Total Tax \$ 0.81
 Total Fee \$ 17.00
 CASH PAID \$ 17.00-
 Cash Tender \$ 20.00
 Change Due \$ 3.00
 GST 12201442IRT003

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

757313

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#: 13220
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: January, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
		Non-Responsive								
19/01/2012	Audit & Fin C. for board (in person)					12.00 ✓		156.8		
23/01/2012	Sp Meet with Minister(In person)					5.00 ✓		156.8		
23/01/2012	Stollery opening by premier					14.00 ✓		6.8		
		Non-Responsive								
TOTAL KMS								320.4 ✓		
APPLICABLE MILEAGE RATE @								50.5¢		
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>						A	B	C	D	E
								PRK		mile
								31.00 ✓		161.8 ✓

FOR ACCOUNTS PAYABLE EXPENSE CODING

Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	192.8 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		192.8 ✓

APPLICANT COPY

<p><u>K. C. Hanson</u> CLAIMANT SIGNATURE</p>		<p><u>Calvin Boyer</u> APPROVAL SIGNATURE</p>		
<p><u>9/16/2012</u> DATE SUBMITTED</p>		<p><u>March 22/2012</u> DATE APPROVED</p>		
<p>For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford</p>				
		meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
		Per diem 24-hour		\$7.35

Honoraria over...

APPLICANT COPY

JAN
↓

FRONT FACE UP
PLACE ON DASH FACE UP
PLACE ON DASH FACE UP

Valid for 2 hours
Standard Parking 107 Street
Machine Web ID = LOT 107 B
EXPIRES

19 JAN
10:41 PAID \$12.00C

ENTRY TIME 19 JAN 12 08:41
07660 s.17(1), 17(4)(e.1)

LEAU DU BORD SIBILE
PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE
PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE

Enterprise APE

PLACE THIS SIDE UP ON DASH
PLACE THIS SIDE UP (

impark
PHONE 780-420-9378
STANDARD PARKING

6:00 AM TUE
JAN 24 12

s.17(1), 17(4)(e.1)

TICKET VOID IF RE-SOLD
VOID IF RE-SOLD

INSTRUCTIONS ON DASH

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID
23/01/12 09:16 AM \$ 14.00

CREDIT CARD NUMBER
LOT EXT CP



0918139 RECEIPT GST # R108102831

APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

757336

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: February, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
01/02/2012	CoW meeting, Edmonton					141.80 ✓			111.2
02/02/2012	Public Board meeting, Edmonton								111.2
16/02/2012	Audit & finance sp. Meeting, Edmonton						24.00 ✓		156.8
24/02/2012	Meeting with minister (in person), Edmonton						18.00 ✓		156.8
TOTAL KMS									536
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B 141.80 ✓	C 42.00 ✓	D	E 270.6 ✓

RECEIVED MAR 26 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	454.40 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL	41	454.40 ✓

APPLICANT COPY

K. C. Langworthy

CLAIMANT SIGNATURE

Calvin King

APPROVAL SIGNATURE

March 9/2012

DATE SUBMITTED

March 22/2012

DATE APPROVED

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

Feb 2012

Kamalesh Gangopadhyay
 Canada

Room Number: 0704
 Arrival Date: 02-01-12
 Departure Date: 02-02-12
 Page No: 1 of 1

Guest Name

INVOICE

Folio No: 106382

02-02-12

Date	Description	Charges	Credits
02-01-12	Room Revenue	135.00	
02-01-12	Tourism Levy - 4%	5.40	
02-01-12	Destination Marketing Fee - 1%	1.35	
02-01-12	Tourism Levy on DMF s.17(1), 17(4)(e.1)	0.05	
02-02-12	Mastercard XX/XX		141.80
Total		141.80	141.80
Balance		0.00	

Tax Summary

GST on DMF	0.00
Destination Marketing Fee - 1%	1.35
Tourism Levy - 4 %	5.40
Room GST - 5%	0.00
GST - 5%	0.00

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001



SH FACE UP

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

(NEXT DAY 06h00am)
Standard Parking 106 Street
Machine Web ID = LOT 106B
EXPIRES

16 FEB (+1)

06:00 PAID \$24.00C

ENTRY TIME 16 FEB 12 08:44
05686 s.17(1), 17(4)(e.1)

TABLEAU DU BORD
: VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

PLACE

(SAME DAY 18h00)
Standard Parking 107 Street
Machine Web ID = LOT 107 B
EXPIRES

24 FEB
18:00 PAID \$18.00C

ENTRY TIME 24 FEB 12 08:24
09621 s.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR
CE

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: March, 2012 Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOMMODATION	TRANSPORTATION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
14/03/2012	Committee of the whole meeting, Canmore					99.92 ✓	42.00 ✓		45.2 ✓
15/03/2012	Public Board meeting, Canmore								45.2 ✓
16/03/2012	Fort Sask Hospital Opening								206 ✓
Non-Responsive									
ENTERED APR 24 2012									
TOTAL KMS									296.4 ✓
APPLICABLE MILEAGE RATE @									50.5¢ ✓
SUB-TOTAL (carry forward to continuation sheet, where applicable)					A	B 99.92 ✓	C 42 ✓	D	E 149.68 ✓ <i>mile</i>

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	291.60 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		291.60 ✓

CLAIMANT SIGNATURE <i>K.C. Gangopadhyay</i> DATE SUBMITTED April 5 / 2012	APPROVAL SIGNATURE DATE APPROVED 4/19/12	<table border="1"> <tr> <td rowspan="3">meals</td> <td>breakfast</td> <td>\$9.2</td> </tr> <tr> <td>lunch</td> <td>\$11.6</td> </tr> <tr> <td>dinner</td> <td>\$20.7</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td>\$20.1</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td>\$7.3</td> </tr> </table>	meals	breakfast	\$9.2	lunch	\$11.6	dinner	\$20.7	Lodging per night		\$20.1	Per diem 24-hour		\$7.3
meals	breakfast	\$9.2													
	lunch	\$11.6													
	dinner	\$20.7													
Lodging per night		\$20.1													
Per diem 24-hour		\$7.3													

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford

March 2012

Kamalesh Gangopadhyay
Canada

Room No. : 336
 Arrival : 03-14-12
 Departure : 03-15-12
 Page No. : 1 of 1
 Folio No. : 1068341
 Conf. No. : 1108016
 Cashier No. : 115

INFORMATION INVOICE

Membership No. :
 A/R Number :
 Group Code : 1201ALBHEA
 Company Name : Alberta Health Services

03-15-12 07:24:05 AM EST

Date	Text		Charges	Credits
03-14-12	Room Charge		89.00	
03-14-12	Destination Marketing Fee		2.67	
03-14-12	Alberta Tourism Levy %4		3.67	
03-14-12	Room %5 GST	s.17(1), 17(4)(e.1)	4.58	
03-15-12	Mastercard			99.92
		XX/XX		
Room GST	4.58	Other PST 6.34	Other GST	0.00
Net Amount	89.00	CAD		
Total			99.92	99.92
Balance				0.00

Club Carlson: A faster way to a free night stay at over 1000 Carlson hotels worldwide.
 Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____
 GST# 865543425

s.17(1), 17(4)(e.1)

Radisson Hotel & Conference Center
 511 Bow Valley Trail
 Canmore, Alberta T1W 1N7
 Telephone: (403) 678-3625 Fax: (403) 678-5534

GST# R128599776
 Edmonton Airports
 Can-T5J 2T2 Edmonton
 Tax CodeCA5%
 Exit Lane 15/03/12 17:58
 Receipt 069570
 Short-term parking tkt
 DL - No. 003423
 14/03/12 06:04 -
 16/03/12 06:03 -
 Period 2d0h0'
 (Tax) \$42.00
 Total \$42.00
 Payment Received \$42.00
 mercn:82005340013
 Auth:03545Z
 Type: Swiped
 Sub Total \$40.00
 Tax 5% 2.00

**APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

932708

Name: Kamalesh Gangopadhyay	<i>(For Board Office Use Only)</i> A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: May, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
02/05/2012	Committee of the Whole Meeting,					136.69 ✓	42 ✓		51.25
03/05/2012	AHS Public Board Meeting,								51.25
Non-Responsive									
31/05/2012	IHE forum, Sutton place hotel,Edmonton						7 ✓		157.6
								TOTAL KMS	262.1
								APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					A	B <i>Hotel</i> 136.69 ✓	C <i>Pk</i> 49 ✓	D	E <i>Mile</i> 131.35 132.36

ENTERED JUN 25 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	01.71110300002.62212000	318.05 317.04
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		318.05 317.04

RECEIVED
JUN 25 2012
FINANCE

APPLICANT COPY

<p><u>K. C. Gargan</u></p> <p>CLAIMANT SIGNATURE</p>	<p><u>Colin Ross</u></p> <p>APPROVAL SIGNATURE</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:10%; vertical-align: middle;">meals</td> <td style="width:70%;">breakfast</td> <td style="width:20%; text-align: right;">\$9.20</td> </tr> <tr> <td>lunch</td> <td style="text-align: right;">\$11.60</td> </tr> <tr> <td>dinner</td> <td style="text-align: right;">\$20.75</td> </tr> <tr> <td colspan="2">Lodging per night</td> <td style="text-align: right;">\$20.15</td> </tr> <tr> <td colspan="2">Per diem 24-hour</td> <td style="text-align: right;">\$7.35</td> </tr> </table>	meals	breakfast	\$9.20	lunch	\$11.60	dinner	\$20.75	Lodging per night		\$20.15	Per diem 24-hour		\$7.35
meals	breakfast	\$9.20													
	lunch	\$11.60													
	dinner	\$20.75													
Lodging per night		\$20.15													
Per diem 24-hour		\$7.35													
<p><u>21 June / 2012</u></p> <p>DATE SUBMITTED</p>	<p><u>June 18 / 2012</u></p> <p>DATE APPROVED</p>														
<p>For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford</p>															



Medicine Hat Lodge

APPLICANT COPY

RESORT CASINO CONVENTION CENTRE
HEALTH SPA & INDOOR WATERSLIDE PARK

1051 Ross Glen Drive S.E., Medicine Hat, Alberta T1B 3T8

Kamalesh Gangopadhyay

Page #	1
Res. #	522276
Checked in	Wed May 2/12 - 6:30 pm
Checked out	Thu May 3/12 - 7:37 am
Nights	1
Room Rate	129.00
Room	376

s.17(1), 17(4)(g)(i)

Group: AB Health Services

Date	Description	Reference	Charges	Credits
May02	Hospital Rate		129.25	
May02	Room Tax		4.96	
May02	Destination Marketing Fee		2.48	
May03	PAID BY MASTERCARD - Thank you			136.69
			0.00	136.69

*Thank you for staying with us. Please come again!
Call 1 (800) 661-8095 to make your next reservation with us.*

Our G.S.T. # is 103576021RT0002

Charge Summary:

GST	0.25
Room Tax	4.96



APPLICANT COPY

PLACE FACE UP ON DASH

Impark Lot 196

Expiration Date/Time

06:00 PM
MAY 31, 2012

Purchase Date/Time: 01:25pm May 31, 2012
Total Parking: \$6.66
Total gst: \$0.34
Total Due: \$7.00 Rate: \$7 - All Day To 6PM
Total Paid: \$7.00 Payment Type: Card
MasterCard
Ticket # 01580457 Auth #: 022012
S/N #: 300010390829
Setting: Lot 196
Mach Name: Meter 1
GST #887315638RT0001

s.17(1), 17(4)(e.1)

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit #1 Ca 03/05/12 21:12
Cashier 38
Receipt 032525

Lost Ticket Daily Park
1 Qty. @ \$42.00
(Tax) \$42.00

Total \$42.00

s.17(1), 17(4)(e.1)

Payment Received
MC \$42.00

Merch:82005340013
Auth:01618Z
Type: Swiped

Sub Total \$40.00
Tax 5% 2.00

**APPLICANT COPY
ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

983212

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: June, 2012

Non-Responsive

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)	
		B	L	D	AMOUNT					
06/06/2012	Committee of the Whole Meeting, Calgary					279.55 ✓			51.25	
07/06/2012	AHS Public Board Meeting, Calgary						42 ✓		51.25	
Non-Responsive										
26/06/2012	Role & Mandate Interview, Edmonton								157.8	
									TOTAL KMS	260.30
									APPLICABLE MILEAGE RATE @	50.5¢
SUB-TOTAL						A	B	C	D	E
<i>(carry forward to continuation sheet, where applicable)</i>							279.55 ✓	42 ✓		131.45 ✓

ENTERED JUL 24 2012

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005 01.71110300002.62212000	453 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		453 ✓ R

APPLICANT COPY

<p><u>K.C. Sangar</u></p> <p>CLAIMANT SIGNATURE</p>	<p><u>Colley Raza</u></p> <p>APPROVAL SIGNATURE</p>	meals	breakfast	\$9.20
			lunch	\$11.60
			dinner	\$20.75
		Lodging per night		\$20.15
<p><u>11 July 2012</u></p> <p>DATE SUBMITTED</p>	<p><u>July 09/2012</u></p> <p>DATE APPROVED</p>	Per diem 24-hour		\$7.35
<p>For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lynn Redford</p>				

APPLICANT COPY

Sheraton Suites Calgary Eau Claire
 255 Barclay Parade SW
 Calgary, AB T2P 5C2
 Canada
 Tel: 403 266 7200 Fax: 403 266 1300



Mr Kamallesh Gangopadhyay

Page Number : 1 Invoice Nbr : 28125216
 Guest Number : 966041
 Folio ID : EX-A
 Arrive Date : 06-JUN-12 20:59
 Depart Date : 07-JUN-12
 No. Of Guest : 1
 Room Number : 825
 Room Rate : 249.00
 Club Account : SPG -


s.17(1), 17(4)(g)(i)
 Email : Has Not Been
 Asked For Email
 AHSBMJ - Ab Health Svcs
 Brd Mtg (rooms)

Information Invoice s.17(1), 17(4)(g)(i)

Tax ID : 846543619 RT0002
 Sheraton Eau Claire 07-JUN-12 02:42 NAT

Date	Reference	Description	Charges	Credits
06-JUN-12	RT825	Group Government	249.00	
06-JUN-12	RT825	DMF	7.47	
06-JUN-12	RT825	Alberta Tourism Le	10.26	
06-JUN-12	RT825	GST (5%)	12.82	
07-JUN-12	MC	Master Card	-279.55	
		** Total	279.55	-279.55
		*** Balance	0.00	

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.



**EDMONTON REGIONAL
 AIRPORTS AUTHORITY
 PARKING OFFICE
 OFFICIAL RECEIPT**

GST # R128599766

DATE: June 7/12

AMOUNT: \$42.00

BOOTH NO: EX-1

TRANS. NO: _____

CASHIER: Neoma Collins

ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM

APPLICANT COPY

Name: Kamallesh Gangopadhyay	s.17(1), 17(4)(g)(i) (For Board Office Use Only) A/P Vendor ID#:
Phone #: s.17(1), 17(4)(g)(i)	Travel Period Month: August, 2012

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
		Non-Responsive							
12/08/2012 09	Committee of the Whole Meeting, Edmonton					18 ✓		155.4	
		Non-Responsive							
TOTAL KMS								155.4	
APPLICABLE MILEAGE RATE @								50.5¢	
SUB-TOTAL		A	B	C	D	E			
<i>(carry forward to continuation sheet, where applicable)</i>				18 ✓			78.47 ✓		

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	01.71110300002.45000000	
TRAVEL EXPENSE (B+C+E)	SEG E.MA 3101 0005 71110300004 01.71110300002.62242900	96.47 ✓
OTHER (D)	01.71110300002.41090000	
GRAND TOTAL		96.47 ✓

APPLICANT COPY

K.C. Gangopadhyay

CLAIMANT SIGNATURE

Calvin Payne

APPROVAL SIGNATURE

31/aug/2012

DATE SUBMITTED

09/18/2012

DATE APPROVED

For payment please submit to the AHSB Office: 10101 Southport Road SW, Calgary, AB.
T2W 3N2, Attention: Lynn Redford

meals	breakfast	\$9.20
	lunch	\$11.60
	dinner	\$20.75
Lodging per night		\$20.15
Per diem 24-hour		\$7.35

APPLICANT COPY

UP

PLACE ON DASH FACE UP

(~~for~~ SAME DAY 18h00)

Standard Parking 107 Street

Machine Web ID = LOT 107

EXPIRES

09 AUG

18:00 PAID \$18.00C

ENTRY TIME 09 AUG 12 08:23

15090

BORD

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACE ON DASH FACE UP

s.17(1), 17(4)(e.1)

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE