

AHS Board and Executive Expense Report

Name Dave Bilan
Title VP Collaborative Practice, Nursing & Health Professions (Acting)
Location Calgary
 Expenses submitted during the month of July 2016

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Jul-16	Expense Claim	Meetings		416	1,658	1,235	3,308			
Total			\$ -	\$ 416	\$ 1,658	\$ 1,235	\$ 3,308	\$ -	\$ -	\$ -

Total for the Month \$ 3,308

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 144
 Non economy air travel in the month

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

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

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	3,308.49									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/9/2016	Midwifery Stakeholder Discussion in Red Deer	AB - Other Zones	Accommodations	126.61			Midwifery Stakeholder Discussion in Red Deer	1				
6/9/2016	Midwifery Stakeholder Discussion in Red Deer		Mileage-Other	74.24			Midwifery Stakeholder Discussion in Red Deer	1			147	
6/9/2016	Midwifery Stakeholder Discussion in Red Deer	AB - Other Zones	Meals Per Diem	74.00			Midwifery Stakeholder Discussion in Red Deer Lunch + Dinner for 2 days	2				
6/10/2016	Midwifery Stakeholder Discussion in Red Deer		Mileage-Other	74.24			Midwifery Stakeholder Discussion in Red Deer	1			147	
6/13/2016	Senior Leadership Meeting in Edmonton	AB - Other Zones	Meals Per Diem	37.00			Senior Leadership Meeting in Edmonton Lunch + Dinner for 1 day	1				
6/13/2016	Senior Leadership Meeting in Edmonton	AB - Other Zones	Accommodations	156.06			Senior Leadership Meeting in Edmonton	1				
6/13/2016	Senior Leadership Meeting in Edmonton	AB - Other Zones	Miscellaneous	148.00			Senior Leadership Meeting in Edmonton	1				
6/20/2016	SLT - AHSD 2017-20 Health Plan	AB - Other Zones	Meals Per Diem	108.50			SLT - AHSD 2017-20 Health Plan (Edmonton meeting) June 20 - Breakfast+ Dinner = \$34.50 for 1 day; June 21 & 22 - Lunch+Dinner = \$74 for 2 days	3				
6/20/2016	SLT - AHSD 2017-20 Health Plan		Mileage-Other	156.55			SLT - AHSD 2017-20 Health Plan	1			310	

6/20/2016	SLT - AHSD 2017-20 Health Plan	AB - Other Zones	Accommodations	521.01			SLT - AHSD 2017-20 Health Plan - Edmonton	3			
6/23/2016	midwifery meeting	AB - Other Zones	Parking - Lot or Parkade	8.00			midwifery meeting	1			
6/23/2016	meeting with midwives	AB - Other Zones	Parking - Lot or Parkade	13.50			meeting with midwives	1			
6/23/2016	Executive Leadership meeting	AB - Other Zones	Accommodations	132.10			executive leadership meeting in Edmonton	1			
6/23/2016	midwifery meeting in Red Deer hospital		Mileage-Other	80.80			Midwifery meeting in Red Deer	1			160
6/24/2016	Midwifery negotiations	AB - Other Zones	Parking - Lot or Parkade	8.50			Midwifery negotiations in Red Deer (RDRH)	1			
6/24/2016	Midwifery negotiations	AB - Other Zones	Meals Per Diem	37.00			Midwifery negotiations in Edmonton Lunch + Dinner for 1 day	1			
6/24/2016	Midwifery negotiations		Mileage-Other	156.55			Midwifery negotiations (mtg. in Edmonton)	1			310
6/27/2016	ELT meeting in Edmonton	AB - Other Zones	Meals Per Diem	37.00			ELT meeting in Edmonton Lunch + Dinner for 1 day	1			
6/27/2016	ELT meeting in Edmonton		Mileage-Other	156.55			ELT meeting in Edmonton	1			310
6/27/2016	ELT meeting in Edmonton	AB - Other Zones	Accommodations	173.67			ELT meeting in Edmonton	1			
6/27/2016	Meet with Calgary midwifery practice lead at FMC	AB - Local	Parking - Lot or Parkade	11.25			Meet with Calgary midwifery practice lead at FMC	1			
6/28/2016	ELT meeting in Edmonton		Mileage-Other	156.55			ELT meeting in Edmonton	1			310
7/4/2016	Jt AH/AHS Executive Team Meeting deputy Minister's Office, Edmonton	AB - Other Zones	Meals Per Diem	24.00			Jt AH/AHS Executive Team Meeting deputy Minister's Office, Edmonton Dinner for 1 day	1			
7/4/2016	Jt AH/AHS Executive Team Meeting deputy Minister's Office, Edmonton		Mileage-Other	156.55			Jt AH/AHS Executive Team Meeting deputy Minister's Office, Edmonton	1			310

7/4/2016	Jt AH/AHS Executive Team Meeting deputy Minister's Office, Edmonton	AB - Other Zones	Accommodations	168.06			Jt AH/AHS Executive Team Meeting deputy Minister's Office, Edmonton	1			
7/5/2016	Red Deer- Midwifery sustainable funding meeting	AB - Other Zones	Accommodations	242.16			Red Deer- Midwifery sustainable funding meeting	2			
7/5/2016	Red Deer- Midwifery sustainable funding meeting		Mileage-Other	80.80			Red Deer- Midwifery sustainable funding meeting	1			160
7/5/2016	Red Deer- Midwifery sustainable funding meeting	AB - Other Zones	Meals Per Diem	98.00			Red Deer- Midwifery sustainable funding meeting; July 5/16 - Dinner =\$24 July 6/16 - Lunch+Dinner = \$37 July 7/16 - Lunch+Dinner=\$37	3			
7/6/2016	Red Deer- Midwifery sustainable funding meeting	AB - Other Zones	Parking - Lot or Parkade	8.50			Red Deer- Midwifery sustainable funding meeting	1			
7/7/2016	Red Deer- Midwifery sustainable funding meeting		Mileage-Other	74.24			Red Deer- Midwifery sustainable funding meeting	1			147
7/7/2016	Red Deer- Midwifery sustainable funding meeting	AB - Other Zones	Parking - Lot or Parkade	8.50			Red Deer- Midwifery sustainable funding meeting	1			

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	7-Sep-16



BW PLUS RED DEER INN & SUITES

4599 66TH STREET
RED DEER, AB T4P 1L5
Tax ID: GST # 85865 4972

Account: [REDACTED]
Arrival: 06/09/2016
Departure: 06/10/2016
Room: [REDACTED]
Rate: 115.00

BILAN, DAVE MR
GOVERNMENT

Rewards Number: [REDACTED] Rewards Tier: [REDACTED]

DATE	ITEM DESCRIPTION	COMMENT	DEBIT	CREDIT
06/09/2016	1 ROOM	[REDACTED] BILAN, DAVE MR	\$115.00	
06/09/2016	2 DESTINATION MARKETING FEE	DESTINATION MARKETING FEE	\$1.15	
06/09/2016	3 TOURISM LEVY	TOURISM LEVY	\$4.65	
06/09/2016	4 GOODS & SERVICES	GOODS & SERVICES	\$5.81	
06/10/2016	5 MASTERCARD	MASTERCARD		\$126.61 (\$126.61)
BALANCE DUE:				\$0.00

Tax Desc	Tax Amount
GOODS & SERVICES	\$5.81
TOURISM LEVY	\$4.65
Total Taxes Paid:	\$10.46
Tax Id: GST 85865 4972	

Merchant ID	
CC Code	CCMC
CC Number	[REDACTED]
Approval Code	[REDACTED]
Card Holder	BILAN, DAVID
Address	[REDACTED]
X	



142

06-14-16

David Bilan	Frnt No	[REDACTED]	Room No	[REDACTED]
[REDACTED]	AR Number		Arrive	06-13-16
	Group Code		Departure	06-14-16
	Company	Alberta Health Services	Conf No	[REDACTED]
	Membership No	[REDACTED]	Rate Code	ILLYG
	Invoice No		Page No	1 of 1

Date	Description	Charges	Credits
06-13-16	Accommodation	159.00	
06-13-16	Marketing Fee	4.17	
06-13-16	GST #R96724515 RT/501	7.15	
06-13-16	AE Fee (per 1 km)	5.73	
06-13-16	MasterCard [REDACTED]		156.06
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews We look forward to welcoming you back soon.		Total	156.06
		Balance	0.00

Guest Signature: _____

I hereby certify that the amount shown is the amount I am responsible for the stay and I agree to be held responsible for the amount of this charge. I agree to pay for any part of this charge that is not covered by my insurance. I agree to pay for any part of this charge that is not covered by my insurance. I agree to pay for any part of this charge that is not covered by my insurance.

Dave Bilan

From: Red Arrow Reservations [itinerary@redarrow.ca]
Sent: June 13, 2016 6:35 PM
To: Tracy Knourek
Subject: Invoice

Invoice

Date 2016-06-13

Website User

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2016-06-01	[REDACTED]			2016-06-13	2016-06-14		Website User

Number

Bilan/Dave

Product	Details	Duration	Price Basis	Qty	Each	Billed
Parking Per Day	2016-06-13	2 days	Per Day Parking	1	45.00	45.00
744 EDM 13 16 YYC Assigned to: 157	Departs Calgary (CGYNORTH / CALGARY NORTH) 2016-06-13 at 18:45 Arrives Edmonton (EDMT) / Edmonton Ticket Office) 2016-06-13 at 22:15	2 hrs 30 mins	Senior	1	80.00	80.00
EDM CAL 18 15 Assigned to: 058	Departs Edmonton (EDMT) / Edmonton Ticket Office) 2016-06-14 at 18:30 Arrives Calgary (CGYNORTH / CALGARY NORTH) 2016-06-14 at 21:45	3 hrs 15 mins	Senior	1	80.00	80.00

Date	From	Reference	Amount	Base Price	Disc. Units	Service Charges	GST	Invoice Total	Commission
2016-06-01	Website User	[REDACTED]		40.00 CAD					
2016-06-13	Website User	[REDACTED]		10.00 CAD					
				\$138.00 CAD Accommodations					
				\$10.00 CAD Parking					
				40.00 CAD				88.00 CAD	
									8.00 CAD



82

06-20-16

David Bitan	Folio No	[REDACTED]	Room No	[REDACTED]
[REDACTED]	A/R Number	[REDACTED]	Arrive	06-20-16
[REDACTED]	Group Code	[REDACTED]	Departure	06-23-16
[REDACTED]	Company	Alberta Health Services	Cont No	[REDACTED]
[REDACTED]	Membership No	[REDACTED]	Rate Code	ILLYG
[REDACTED]	Invoice No	[REDACTED]	Page No	1 of 1

Date	Description	Charges	Credits
06-20-16	Parking	12.00	
06-20-16	Accommodation	144.00	
06-20-16	Marketing Fee	4.32	
06-20-16	GST #R7857 3491 RT0001	7.42	
06-20-16	AB Tourism Levy	5.93	
06-21-16	Parking	12.00	
06-21-16	Accommodation	144.00	
06-21-16	Marketing Fee	4.32	
06-21-16	GST #R7857 3491 RT0001	7.42	
06-21-16	AB Tourism Levy	5.93	
06-21-16	Parking	12.00	
06-21-16	Accommodation	144.00	
06-21-16	Marketing Fee	4.32	
06-21-16	GST #R7857 3491 RT0001	7.42	
06-21-16	AB Tourism Levy	5.93	
06-21-16	Maxim Card		[REDACTED]

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

Total	521.01	521.01
Balance	0.00	

Guest Signature

I, the undersigned, hereby certify that the amount shown herein is agreed to and payable by me, or by a duly authorized representative of my company, and that the designated person, independent of me, shall be responsible for paying the balance of the charges shown herein, and I agree to perform the obligations set forth herein. I hereby agree to pay the balance.

Holiday Inn Express Downtown
 Edmonton 10015 - 101 Street
 Edmonton, Alberta T5C 1E8
 Canada
 Tel: (781) 222-2430 Fax: (780) 428-0114
 Email: res@ihg.com
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05:00 PM
JUN 23, 2016

Purchase Date/Time: 08:58am Jun 23 2016
Total Parking: \$7.62
Total GST: \$0.38
Total Due: \$8.00 Rate: \$6 - All Day To: 05:00 PM
Total Paid: \$8.00 Payment Type: Card
Ticket # [REDACTED]
S/N # [REDACTED]
Setting: Lot 136
Mach Name: Meter: 1

[REDACTED] MasterCard Auth # [REDACTED]

GST #887315536770012
NO IN AND OUT PROPLEES

***RECEIPT**

repark Lot 136

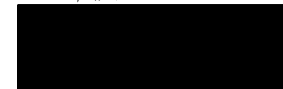
05:00pm Jun 23 2016
Purchase Date/Time: 08:58am Jun 23 2016
Total Parking: \$7.62
Total GST: \$0.38
Total Due: \$8.00 Rate: \$6 - All Day To: 05:00 PM
Total Paid: \$8.00 Payment Type: Card
Ticket # [REDACTED]
Setting: Lot 136
Mach Name: Meter: 1

[REDACTED] MasterCard Auth # 015682

RECEIPT

RAI Parking
Edmonton, Alberta

License Plate Number



Expiration Date/Time

07:29 PM
JUN 23, 2016

Purchase Date/Time: 06/23/2016 07:29 PM
Total Due: **\$13.50** Rate: \$0.50 / hr
Total Paid: \$13.50 Payment Type: Card
Ticket #: [Redacted]
SN #: [Redacted]
Setting: RAI
Mach Name: [Redacted]

[Redacted] MasterCard Auth # [Redacted]

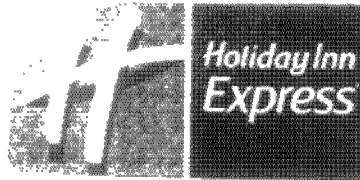
Parking Rates are
GST Exempt
No assistance on
USDS 230 10

Purchase Date/Time: 06/23/2016 07:29 PM
Total Parking: \$7.62
Total GST: \$0.36
Total Due: **\$8.00** Rate: \$0.50 / hr
Total Paid: **\$8.00** Payment Type: Card
Ticket #: 368907K
Setting: Lot 36
Mach Name: Meter 1

[Redacted] MasterCard

RAI Parking
Edmonton, Alberta
10000 101st Ave NW
Edmonton, Alberta T6E 1C1
Canada
Phone: (780) 443-1111
Fax: (780) 443-1112
Website: www.raiparking.com

Discr



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16/74/11

David Blum



Room No: [Redacted]
 A/R Number: [Redacted]
 Award Code: [Redacted]
 Company: Alberta Health Services
 Membership Id: [Redacted]
 Invoice No: [Redacted]

Room No: [Redacted]
 Arrival: 06-23-16
 Departure: 06-24-16
 Conf No: [Redacted]
 Rate Code: ILLYG
 Page No: 1 of 1

Date	Description	Charges	Credits
		119.99	
		4.50	
		4.50	
		1.25	
		0.00	
		0.00	
			132.10
		Total	132.10
		Balance	0.00

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

Guest Signature: _____

I hereby certify that I am the authorized signatory for the above named company and I agree to be held responsible for the payment of the bill and to pay for any part of the bill amount if these charges are not paid by the company. This is my agreement with the issuer.

RECEIPT
Red Deer
Regional Hospital

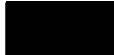
License Plate Number



Expiration Date/Time

09:59 AM
JUN 25, 2016

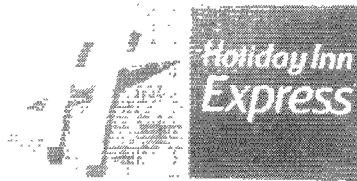
Exp. Date/Time: 09:59am Jun 24, 2016
Total Due \$8.50 Rate \$8.50 / 24 Hours
Total Paid ~~\$8.50~~ Payment Type: Card
Ticket # [REDACTED]
SIN # [REDACTED]
Setting: Red Deer
Acct. Name: CE-ROB-23



MasterCard

Auth: [REDACTED]

www.ehs.ca
DO NOT PLACE ON GASH



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06-27-16

David Bilan	Book No	Room No	
	A/R Number	Arrival	06-27-16
	Group Code	Departure	06-28-16
	Company	Conf No	
	Membership No	Rate Code	ILLYG
	Invoice No	Page No	1 of 1
			Alberta Health Services

Date	Description	Charges	Credits
06-27-16	Parking	12.60	
06-27-16	Taxation	144.00	
06-27-16	Marketing Fee	4.12	
06-27-16	GST #R7857 5491 RT0062	7.42	
06-27-16	AB Tourism Levy	5.93	
06-27-16	MasterCard		173.67
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	173.67
		Balance	0.00

Guest Signature: _____

I hereby certify that the above is a true and correct statement of my liability for this stay and warrant and agree to indemnify and hold the hotel harmless from all claims, damages, or expenses, including attorneys' fees, for any and all such claims, damages or expenses, which may be asserted against the hotel or its employees, agents or representatives, arising out of or from this stay, whether or not such claims, damages or expenses are caused in whole or in part by the negligence of the hotel or its employees, agents or representatives.

FMC parking
\$11.25

ALBERTA HEALTH SERVICES

RECEIPT

FMC Lot 1

C4

ENTRY DATE/TIME:
27/06/16 16:54

PAY DATE/TIME:
27/06/16 19:25

DATE TIME: 06 JUN
19:00:11

ALLOWED TO:
06.16 19:40

PAID: \$ 11.25

MAD [REDACTED] CARD [REDACTED]

Parking Rates *
GST Exempt *

* No In/Out *
* privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have On *
* Or Call *
* Call *
403



85

07-05-16

David Bilan	Room No	[REDACTED]	Room No	[REDACTED]
[REDACTED]	A/R Number	[REDACTED]	Arrival	07-04-16
[REDACTED]	Group Code	[REDACTED]	Departure	07-05-16
[REDACTED]	Company	[REDACTED]	Conf No	[REDACTED]
[REDACTED]	Membership No	[REDACTED]	Rate Code	IMCGV
[REDACTED]	Invoice No	[REDACTED]	Page No	1 of 1

Date	Description	Charges	Credits	
07-04-16	Parking	12.00		
07-04-16	Accommodation	139.00		
07-04-16	Marketing Fee	6.17		
07-04-16	GST #R73878491 RTax	7.16		
07-04-16	AB Lunch Levy	5.73		
07-05-16	MasterCard [REDACTED]		168.06	
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	168.06	168.06
		Balance	0.00	

Guest Signature: _____

I hereby acknowledge and agree to the amount shown on this bill and agree that my liability for this bill is not waived and agreed to by my personal bank. I agree that the indicated amount is my liability to pay for any part or the full amount of these charges. I understand my obligation to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Downtown
 10000 100th Street
 Seattle, WA 98148
 (206) 441-3400 Fax (206) 441-3400
 www.holidayinn.com



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07-07-16

David Bilan	Folio No	[REDACTED]	Room No	[REDACTED]
[REDACTED]	A/R Number	[REDACTED]	Arrival	07-05-16
[REDACTED]	Group Code	[REDACTED]	Departure	07-07-16
[REDACTED]	Company	Alberta Health Services	Conf No.	[REDACTED]
[REDACTED]	Membership No.	[REDACTED]	Rate Code	IPHQS
[REDACTED]	Invoice No	[REDACTED]	Page No	1 of 1

Date	Description	Charges	Credits
07-05-16	Accommodation	109.99	
07-05-16	GST	5.50	
07-05-16	AHT	4.40	
07-05-16	DMF	1.10	
07-05-16	GST	0.05	
07-05-16	AHT	0.04	
07-06-16	Accommodation	109.99	
07-06-16	GST	5.50	
07-06-16	AHT	4.40	
07-06-16	DMF	1.10	
07-06-16	GST	0.05	
07-06-16	AHT	0.04	
07-07-16	MasterCard [REDACTED]		242.16
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews . We look forward to welcoming you back soon.		Total	242.16
		Balance	0.00

Guest Signature: _____

I hereby acknowledge that goods and services in the amount shown herein, I agree that my liability for this bill is not waived and agree to be held jointly and severally in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. It is understood and agreed that I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

RECEIPT
Red Deer
Regional Hospital

License Plate Number



Expiration Date/Time

09:56 AM
JUL 07, 2016

Purchase Date/Time 09:56am Jul 06, 2016
Total Due: \$8.50 Rate: \$9.50 - 24 Hours
Total Paid: \$8.50 Payment Type: Card
Lotus # [REDACTED]
LN # [REDACTED]
Setting: Red Deer
Med Name: CE-RDR-023

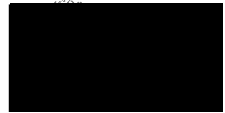
[REDACTED] MasterCard Auth # [REDACTED]

www.rps.ca
DO NOT PLACE ON DASH

your account. Please let us about you
We look forward to welcoming you back

Guest Signature: _____
I have received the bill for my visit and I am personally liable for the amount that the bill represents. I agree to pay the bill on a credit card or other further agreement.

REIPT
Red Deer
Regional Council



Expiration Date line

09:11 AM
JUL 08, 2016

Expiry Date: 08/31/2016
Rate: \$8.50
Payment Type: [Redacted]

Master Card

www.ahs.ca
DO NOT PLACE ON DEBIT