

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 August 2016

							Travel (1)						
MMM-YY	Source Document	Purpose	Airf	fare	Γ	Vleals	Accommodation	ı	Other Travel	Total Tavel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-16 Aug-16	Expense Claim Direct Billing	Meetings Meetings		489		170	312		625	1,107 489			
Total			\$	489	\$	170	\$ 312	\$	625	\$ 1,596	\$-	\$-	\$-
Total for the Month	\$ 1,596												
Maximum da	ily single meal expensi ily base hotel rate cla y air travel in the mor		\$ \$ \$	24 139 -									

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										
	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	\$ 1,085.09										
Expense Date	Business reason		Expense Location	Expense Type	Am	ount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/8/2016	Parking while attending the Education Presentations	e Executive	AB - Other Zones	Parking - Lot or Parkade	\$	14.70			Parking while attending the Executive Education Presentations - University of Calgary Downtown Campus	1			
6/9/2016	Mileage while attending the Midwifery Stakeholder Discussions			Mileage- Local-Home Zone	\$	151.50	Residence in Calgary	Red Deer Regional Hospital	Mileage while attending the Midwifery Stakeholder Discussions (Round Trip)	1			300
	Parking at the Red Deer Re Hospital while attending th Stakeholder Discussions	-	AB - Other Zones	Parking - Lot or Parkade	\$	8.50			Parking at the Red Deer Regional Hospital while attending the Midwifery Stakeholder Discussions	1			
	Bus travel, and parking at b and from Edmonton for AH meetings	•	AB - Other Zones	Miscellaneous	\$	141.00			Bus travel and parking at the bus depot, to and from Edmonton for AHS leadership meetings	1			
	Accommodation while in Eo attending AHS leadership n		AB - Other Zones	Accommodations	\$	156.06			Accommodation while in Edmonton attending AHS leadership meetings	1			
7/25/2016	Attending leadership meet Edmonton	ings in	AB - Other Zones	Meals Per Diem	\$	48.00			Attending leadership meetings in Edmonton Dinner 2 * 24.00 = \$48.00	3			
8/8/2016	Parking at bus depot - Edm leadership meetings	onton for AHS	AB - Other Zones	Parking - Lot or Parkade	\$	10.00			Parking at bus depot - Edmonton for AHS leadership meetings	1			
8/8/2016	Accommodation while in Eo attending AHS leadership n		AB - Other Zones	Accommodations	\$	156.06			Accommodation while in Edmonton attending AHS leadership meetings	1			

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total										
	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	\$ 1,085.09										
Expense Date	Business reason		Expense Location	Expense Type	Amo	ount	From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
	In Edmonton attending AH meetings	S leadership	AB - Other Zones	Meals Per Diem	\$	37.00			In Edmonton attending AHS leadership meetings Lunch \$13.00 Dinner \$24.00	2			
8/15/2016	Attending Midwifery Stake Discussions in Red Deer	holder	AB - Other Zones	Meals Per Diem	\$	37.00			Attending Midwifery Stakeholder Discussions in Red Deer Lunch \$13.00 Dinner \$24.00	2			
8/15/2016	Mileage to Edmonton for A meetings	HS leadership		Mileage-Local- Home Zone	\$	57.57	Red Deer Regional Hospital	Hospitality Inn Edmonton - 10010 104 St NW	Mileage to Edmonton for AHS leadership meetings) 1			160
	Mileage to Red Deer to attend Midwifery Stakeholder Discussions			Mileage- Local-Home Zone	\$	70.70	Residence in Calgary	Red Deer Regional Hospital	Mileage to Red Deer to attend Midwifery Stakeholder Discussions	1			140
8/16/2016	Attending AHS leadership r Edmonton	neetings in	AB - Other Zones	Meals Per Diem	\$	47.50			Attending AHS leadership meetings in Edmonton Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	2			
8/16/2016	Attending AHS leadership meetings in Edmonton			Mileage- Local-Home Zone	\$	141.00	Hospitality Inn Edmonton - 10010 104 St NW	Residence in Calgary	Attending AHS leadership meetings in Edmonton	1			300

AHS Public Disclosure Expense Claims

Claimant Name		Claimant Location	Expense Claim Total										
	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	\$ 1,085.09										
Expense Date	Business reason	<u> </u>	Expense Location	Expense Type	e	Amount	Fron Loca	n ation	To Location	Justification		Attendee Name(s)	Trip Distance
	Parking at the Red Deer Re Hospital while attending th Stakeholder Discussions	•	AB - Other Zones	Parking - Lot (Parkade	or	\$8.	50			Parking at the Red Deer Regional Hospital while attending the Midwifery Stakeholder Discussions	1		
Approver(s) f	or the claim	Approval Stat		Approval Date						I		l	<u> </u>
YIU, VERNA		Approve		10-Nov-16									





License Plate Number
Expiration Date/Time
09:57 AM
JUN 11, 2016
Purchase Date/Time: 09:57am Jun 10, 2016
Total Due: \$8.50 Rate: \$8.50 - 24 Hours
Total Pa <u>id: \$8.50</u> Payment Type: Card
licket #
WN #
, ding: Red Deer Mach Naire
, MasterCard
Auth #
www.ahs.ca
DO NOT PLACE ON DASH

Dave Bilan

From:Red Arrow Reservations [itinerary@redarrow.ca]Sent:July 25, 2016 6:40 PMTo:Dave BilanSubject:Invoice



Invoice

Date: 2016-07-25

Bit To

David Bilan

Ordered Customer# P.O. Gro	oup Name Departing	Returning	Sales Rep	Sales Agent
2016-07-24 -	- 2016-07-25	2016-07-26	~	Website User

Travellers.

Bilan/David

Product	Details	Duration	Price Basis	Qty	Each	Billed
Parking Per Day	2016-07-25	2 days	Per Day Parking	1	9.52	10 00
CALEDM 18:30 YYC Assigned to:	Departs Calgary (CGYNORTH / Calgary North) 2016-07-25 at 18:45 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2016-07-25 at 22:15	3 hrs 30 mins	AMA - Senior	1	62 38	65 50
EDMCAL 18:30 Assigned to:	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2016-07-26 at 18:30 Arrives Calgary (CGYNORTH / Calgary North) 2016-07-26 at 21:45	3 hrs 15 mins	AMA - Senior		62.38	65 50

ayments Received			
Date	The second se	Reference	Amount
2016-07-24	David Bilan	MasterCard	131.00 CAD
2016-07-25	customer: David Bilan	MasterCard	10.00 CAD

Base Price.	134 28 CAD
Discounts:	0 00 CAD
Service Charges:	6.06 CAD
GST	6-72 CAD
Invoice Total	141.00 CAD
Commission:	0.00 CAD



				85			07-26-16
Navid Rilan	Folio No.	÷			Room No.	:	
	A/R Number				Arrival	;	07-25-16
	Group Code	ŕ			Departure	:	07-26-16
	Company	÷,	Alberta Health Services		Conf. No.	3 1	
	Membership No.	ь 4			Rate Code		
	Invoice No.				Page No.		1 of 1

Date	Description		Charges	Credits
07-25-16	*Accomodation		139.00	
07-25-16	Marketing Fee		4.17	
07-25-16	GST #87857 8491 RT0002		7.16	
07-25-16	AB Tourism Levy		5.73	
07-26-16	MasterCard			156.06
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews.		Total	156.06	156.06
We look fo	rward to welcoming you back soon.	Balance	0.00	

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

> Holiday Inn Express Downtown Edmonton10010 - 104 Street Canada 16J 0Z1 Edmonton, A8 Totopholog (780) 423-2450 Fax (780) 426-6990 0GS1 #896724515 www.hiezdowntown.com

Dave Bilan

F	rom:	
S	ent:	
T	o:	
S	ubject:	

Dave Bilan August 09, 2016 10:25 PM Dave Bilan Re: Invoice

From:	Red Arro	<u>ow Rese</u>	rv:	ations		
Sen <u>t:</u>	Monday,	August	8,	2016	6:46	PM
Tese						

To: Subject: Invoice

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INVOICE			N	V	0		Ċ	F
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								You can reach us ar
David Bilan							29 19 	Calgary North Stop 04 - 35 Avenue NI Calgary, AB ne: 1-800-232-1958
ORDER#	ORDERED	CUSTOMER#	P.O,	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
,	2016-08-08				2016-08-08	2016-08-09	#1	DANIELLE

Travellers;

Bilan/David

	. The second					
PRODUCT DESCRIPTION AND ADDRESS	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED	
	On a construction of the second s	2,444,444,444,444,444,444,444,444,444,4		Li		

Parking Per 2016-08-08 un	Day til 2016-08-09 (2 days)	2 days	Per Day Parking	1	\$ 9.52	\$ 10.00
					Base Price: Discounts:	\$ 9 <u>52</u> \$ 0,00
Payments Reco				Ser	vice Charges:	\$ ()()()
DATE	GUEST	REFERENCE	AMOUNT		GST:	\$ 0.48
0017.00.00	customer: David Bilan	MasterCard	\$ 10.00			A 4 4 4 4
2016-08-08	customer. David brian	iviasici cali	φ IV.00		Invoice Total:	\$ 10.00
2010-08-08	customer. David Brian	MasterCalt	\$ 10.00		Invoice Total: ents Received:	\$ 10.00 \$ 10.00

TERMS: DUF. UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and slowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incure additional fees. If you wish to time change, date change, or cancel for a full refund – 30 minutes notice prior to A.M departures: 3 hours notice prior to P.M. departures into the given. Failure to provide proper notice makes the trip non-refundable & will result in an additional change fee for a date / time change. Failure to arrive on time or no showing for your departure will result in torfeit of tull tare unless rebooked within 30 days for a change fee, If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958. **Red Arrow will not be responsible for the tors of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redow we carry on the policy posted on our information boards at our Ticket Offices** **Red Arrow reserves the right to check LD, or perform carry-on baggage checks at any time** CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTH OF STATEMENT & NOT OFF OF INDEVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety 1 Customer Service 1 Resourcefulness 1 Integrity 1 Positive Attitude 1 Leam Work 1 Lovality - Account ability. Respect 1 Dediration



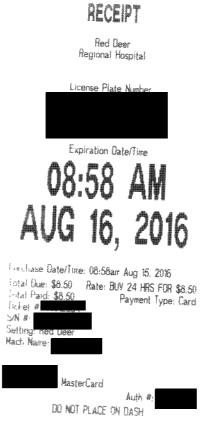
271000			84	08-09-16
David Bilan	Folio No.	v v	Room No.	
	A/R Number	:	Arrival	08-08-16
	Group Code	¥.	Departure	08-09-16
	Company	<u>,</u>	Conf. No.	
	Membership No.		Rate Code :	
	Invoice No.	4. A	Page No.	1 of 1

Date	Description			Credits
08-08-16	*Accomodation		139.00	
08-08-16	Marketing Fee		4.17	
08-08-16	GST #87857 8491 RT0002		7.16	
08-08-16	AB Tourism Levy		5.73	
08-09-16	MasterCard			156.06
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.		Total	156.06	156.06
AAG 100K 10	ward to warconning you back soon.	Balance	0.00	

Guest Signature:

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

Holiday Inn Express Downtown Edmonton10010 - 104 Street Canada 153 071 Edmonton AS Lelophona (780) 423-2450 Fax (780) 425-5090 OGST #396724515 Www.hiexdowntown.com





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:

	Name : Dave Bilan	Reporting Period for the Month of : Aug-16	
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YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-May-16	Direct Billing	Airline Ticket	Travel to and from Edmonton for leadership meetings	Marlin Travel	330.76
26-May-16	Direct Billing	Airline Ticket	Travel to and from Edmonton for leadership meetings	Marlin Travel	158.13
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the	Month	•			\$ 488.89

MARLIN TRAVEL O-O PERCY HUNT TRAVELGROUP INC MAIN FLOOR, 9929 108TH ST. EDMONTON, AB T5K 1G8 **GST Reg#:** 885101915 **Branch:** N61107 **Agent:** Tel: 780-425-8611

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

For

Invoice Number:
Date:
Page:
Our Reference:

May 24, 2016 1/2

ΙΝΥΟΙCΕ

MR DAVID BILAN Wednesday, May 25, 2016 ≼ Air **Flight:** 8134 AIR CANADA G CLASS From: CALGARY 08:05 AM Equipment: DH4 AB To: EDMONTON INTL AB 08:55 AM Mile(s) Flown: 163 Stops: 0 Arrival: 25May16 AIR CANADA E SEAT 7D - BILAN/DAVID MR AIR CANADA TICKET NUMBER -Thursday, May 26, 2016 ≼ Air WESTJET AIRLINES **Flight: 3397** M CLASS 02:25 PM Equipment: DH4 From: EDMONTON INTL AB To: CALGARY AB 03:21 PM Mile(s) Flown: 163 Stops: 0 Arrival: 26May16 WESTJET ENCO Cost: E-TKT 118.34 Tax: 49.48 **Ticket Total:** 167.82 AIR CANADA WEB 125.46 Tax: 37.48

 Ticket Total:
 162.94

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

Invoice Number: Date: Page: Our Reference:

May 24, 2016 2/2

ΙΝVΟΙCΕ

Grand Total:	330.76
Less Credit Card Payments:	330.76
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

FOR YOUR RECORDS.



Invoice

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: Booking Date: Client: Agent:	
	File Locator:	

PASSENGERS: MR. DAVID BILAN

REFERENCE/ DESCRIPTION		FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #		8.13	0.00	\$0.00	0.00	0.00	8.13 CAD
AIR CANADA Ticket #		75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
WESTJET Ticket #		75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
	Total:	158.13	0.00	0.00	0.00	0.00	158.13 CAD

PAYMENTS

Payment against balance in the exchanged amount of - exch rate

	Balance Due CAD Currency		0.00 CAD	
	Payment Due Date:		26 Apr 17	
Total GST	0.00	Total HST	\$0.00	

"SUITE 80 10030-10	ON, AB T5J 3E4		Trip #: Booking Date: (Client: Agent:	01 Nov 16
			File Locator:	
	IERARY			
Passeng		Citizenship	Required Travel Documents	
DAVID BI	LAN	Not Specified	Not Specified	
All passer return to (ect documentation requirements	s are met for entry to the applicable desti	nations as well as for their
	AIR			
Passeng	ers: DAVID BILAN		Booking Date: File Locator/Tick	05/25/2016 et #:
From:	CALGARY INTL		5/26/2016	
То:	EDMONTON INTL	Returning on:		
	AIR			
Descripti Passeng	ion: CHANGE FEE ers: DAVID BILAN		Booking Date: File Locator/Tick	04/26/2017 et #:
-				
From: To:	CALGARY INTL EDMONTON INTL	Departing on: 05 Returning on:	5/26/2016	
		Noturning on.		
	AIR			
Passona	ers: DAVID BILAN		Booking Date: File Locator/Tick	05/25/2016 et #
From: To:	CALGARY INTL EDMONTON INTL	Departing on: 05 Returning on:	5/26/2016	
10:		Returning on:		