

## 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 October 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-16	Expense Claim	Meetings		254	640	669	1,563			
Oct-16	Direct Billing	Meetings				134	134			
<b>Total</b>			\$ -	\$ 254	\$ 640	\$ 803	\$ 1,697	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,697

Maximum daily single meal expense claimed in the month      \$      24  
 Maximum daily base hotel rate claimed in the month      \$      139  
 Non economy air travel in the month      \$      -

### 1) Travel expenses

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

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

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

### 4) Other

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

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

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

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Expense Claim Total									
BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	\$ 1,562.62									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/3/2016	AHS ELT meeting in Edmonton	AB - Other Zones	Parking - Lot or Parkade	\$ 10.00			Attending AHS ELT meeting in Edmonton (travelled by Red Arrow; left car on their parking lot)	2			
10/3/2016	AHS ELT meeting in Edmonton	AB - Other Zones	Meals Per Diem	\$ 24.00			Attending AHS ELT meeting in Edmonton Dinner \$24.00	1			
10/3/2016	AHS ELT meeting in edmonton	AB - Other Zones	Accommodations	\$ 156.06			Attending AHS ELT meeting in Edmonton	1			
10/11/2016	AHS ELT & Jt AH/AHS Executive Team Meeting	AB - Other Zones	Car Rental	\$ 63.78			AHS ELT & Jt AH/AHS Executive Team Meeting	1			
10/11/2016	AHS ELT & Jt AH/AHS Executive Team Meeting	AB - Other Zones	Fuel	\$ 48.80			Attending AHS ELT & Jt AH/AHS Executive Team Meeting in Edmonton	1			
10/11/2016	AHS ELT & Jt AH/AHS Executive Team Meeting	AB - Other Zones	Meals Per Diem	\$ 47.50			Attending AHS ELT & Jt AH/AHS Executive Team Meeting in Edmonton Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			

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Claimant Name	Claimant Title	Expense Claim Total									
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BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	\$ 1,562.62									
10/11/2016	AHS ELT & Jt AH/AHS Executive Team Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 17.00			Attending AHS ELT & Jt AH/AHS Executive Team Meeting in Edmonton	1			
10/17/2016	Joint AHS/Covenant Meeting/ ELT meeting	AB - Other Zones	Accommodations	\$ 509.01			Attending Joint AHS/Covenant Meeting/ ELT meeting in Edmonton	3			
10/17/2016	Joint AHS/Covenant Meeting/ SLT ELT meeting	AB - Other Zones	Meals Per Diem	\$ 135.00			Lunch 3 * 13.00 = \$39.00 Dinner 4 * 24.00 = \$96.00	4			
10/17/2016	Joint AHS/Covenant Meeting/ ELT meeting		Mileage-Other	\$ 138.65	Calgary Residence	SSP Edmonton	Joint AHS/Covenant Meeting/ ELT meeting in Edmonton	1			295
10/19/2016	Joint AHS/Covenant Meeting/ SLT ELT meeting		Mileage-Other	\$ 28.67	Holiday Inn Edmonton	Renaissance Hotel Edm Airport	Joint AHS/Covenant Meeting/ SLT ELT meeting in Edmonton (travel from Holiday Inn Express Downtown 10010 104 st Edmonton to Airport Renaissance Hotel Edmonton and back to Holiday Inn Express)	1			61
10/20/2016	Joint AHS/Covenant Meeting/ SLT ELT meeting		Mileage-Other	\$ 138.65	SSP Edmonton	Calgary Residence	Joint AHS/Covenant Meeting/ SLT ELT meeting in Edmonton	1			295

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Expense Claim Total									
BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	\$ 1,562.62									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/24/2016	Quality summit MacEwan Conf Centre- Uof C	AB - Local	Parking - Lot or Parkade	\$ 10.00			Attending Quality summit MacEwan Conf Centre- Uof C	1			
10/27/2016	Attending planning session with HPSP team in Ponoka		Mileage-Other	\$ 94.00	Calgary Residence	Ponoka Provincial Bldg	Attending planning session with HPSP team in Ponoka	1			200
10/27/2016	Attending planning session with HPSP team in Ponoka	AB - Other Zones	Meals Per Diem	\$ 47.50			Attending planning session with HPSP team in Ponoka Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
10/27/2016	Attending planning session with HPSP team in Ponoka		Mileage-Other	\$ 94.00	Ponoka Provincial Bldg	Calgary Residence	Attending planning session with HPSP team in Ponoka	1			200
<b>Approver(s) for the claim</b>		<b>Approval Status</b>	<b>Approval Date</b>								
YIU, VERNA		Approve	21-Nov-16								

**Dave Bilan**

**From:** Red Arrow Reservations [itinerary@redarrow.ca]  
**Sent:** October 03, 2016 6:32 PM  
**To:** Dave Bilan  
**Subject:** Invoice

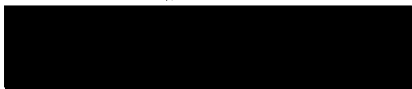


**INVOICE**

Date: 2016-10-03

You can reach us at:

Dave Bilan



Calgary North Stop  
304 - 35 Avenue NE  
Calgary, AB  
phone: 1-800-232-1958

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
	2016-10-03				2016-10-03	2016-10-04	-	NIKETA

Travellers:

Adult1/

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY.	PRICE/UNIT	BILLED
Parking Per Day 2016-10-03 until 2016-10-04 (2 days)	2 days	Per Day Parking	1	\$ 9.52	\$ 10.00

*Payments Received*

DATE	GUEST	REFERENCE	AMOUNT
------	-------	-----------	--------

Base Price: \$ 9.52  
Discounts: \$ 0.00

2016-10-03

customer: David Bilan

MasterCard

\$ 10.00

**Service Charges:** \$ 0.00

**GST:** \$ 0.48

**Invoice Total:** \$ 10.00

**Payments Received:** \$ 10.00

**Balance Due:** \$ 0.00

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur 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 must be 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 forfeit of full fare 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 loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit [www.redarrow.ca](http://www.redarrow.ca) or view the policy posted on our information boards at our Ticket Offices\*\* \*\*Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time\*\* CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication



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10-04-16

<b>David Bilan</b>	Folio No. :	Room No. :
[REDACTED]	A/R Number :	Arrival : 10-03-16
	Group Code :	Departure : 10-04-16
	Company : <b>Alberta Health Services</b>	Conf. No. : [REDACTED]
	Membership No. : [REDACTED]	Rate Code : [REDACTED]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-03-16	*Accommodation	139.00	
10-03-16	Marketing Fee	4.17	
10-03-16	GST #87857 8491 RT0002	7.16	
10-03-16	AB Tourism Levy	5.73	
10-04-16	MasterCard [REDACTED]		156.06
<b>Total</b>		<b>156.06</b>	<b>156.06</b>
<b>Balance</b>		<b>0.00</b>	

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](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

**Guest Signature:** \_\_\_\_\_

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

ENTERPRISE RENT A CAR, 155 CROWFOOT WAY NW, CALGARY, AB T3G2T3 (403) 241-7053

RENTAL AGREEMENT REF# [REDACTED]

**SUMMARY OF CHARGES**

**RENTER**  
BILAN, DAVID

**DATE & TIME OUT**  
11/10/2016 08:09 AM  
**DATE & TIME IN**  
11/10/2016 06:40 PM

**BILLING CYCLE**  
24-HOUR

**CAR CLASS CHARGED**  
FCAR

**VEH #1 2016 BMW 320X 4DSL**  
VIN# [REDACTED]  
LIC# [REDACTED]  
KM DRIVEN 207  
CAR CLASS: GXAR

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	11/10 - 11/10	1	DAY	\$35.15	\$35.15
DW	11/10 - 11/10	1	DAY	\$24.99	\$24.99
REFUELING CHARGE	11/10 - 11/10				\$0.00
				<b>Subtotal:</b>	<b>\$60.14</b>
<b>Taxes &amp; Surcharges</b>					
GOODS AND SERVICES TAX	11/10 - 11/10			5%	\$3.04
VEHICLE LICENSE FEE	11/10 - 11/10	1	DAY	\$0.60	\$0.60
RECOVERY					
				<b>Total Charges:</b>	<b>\$63.78</b>
<b>Total Estimated Amount Due</b>					<b>\$63.78</b>

**PAYMENT INFORMATION**

**AMOUNT PAID** \$63.78  
**TYPE** Mastercard

**CREDIT CARD NUMBER** [REDACTED]  
**ENDING** [REDACTED]



SHELL CANADA Products  
156 Crowfoot Gate NW  
Calgary, AB T3G 3J1  
(403)239-4333

Item Description	Qty	Amount
V-Power No3 41.745 L @ \$1.189/ L		\$48.80
AIR MILES	1	\$0.00
Sub Total		\$48.80
5.0% GST tax on	\$0.00	\$0.00
0.0% PST tax on	\$0.00	\$0.00
<b>TOTAL</b>		<b>\$48.80</b>
MASTERCARD:		\$48.80
Change		\$0.00

01 APPROVED - THANK YOU 001

MASTERCARD

TERMINAL No.

PURCHASE

INV No

APPROVAL No.

MasterCard

VERIFIED BY PIN

Fuel Includes GST 5.0% \$2.32  
Fuel Includes PST 0.0% \$0.00  
GST - Fuel - AB No. 135400032 RT

\*\*\*\*\* YOUR OPINION COUNTS \*\*\*\*\*

Tell us about your recent visit at  
[www.shell.ca/opinion](http://www.shell.ca/opinion)  
and you could win a \$500 Shell Gift Card  
\*Receipt Required

THANK YOU

Questions? 1 800-661 1600

REG: 2 CASH: Nazareno, D TRAN: 349,342  
7015, 12/11 14:28:28 ST. 011132

Impark Lot 352

**06:00 PM**  
**OCT 11, 2016**

Purchase Date/Time: 11:36am Oct 11, 2016  
Total Parking: \$16.19  
Total GST: \$0.81  
Total Due: \$17.00      Rate: \$17 - All Day To 6PM  
Total Paid: \$17.00      Payment Type: Card  
Ticket #: [REDACTED]  
S/N #: [REDACTED]  
Setting: Lot 352  
Mach Name: Meter 1

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315639RT0006  
NO IN AND OUT PRIVILEGES

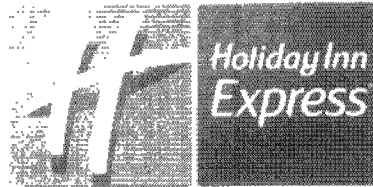
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**\*RECEIPT**

Impark Lot 352

: 06:00pm Oct 11, 2016  
Purchase Date/Time: 11:36am Oct 11, 2016  
Total Parking: \$16.19  
Total GST: \$0.81  
Total Due: \$17.00      Rate: \$17 - All Day To 6PM  
Total Paid: \$17.00      Payment Type: Card  
Ticket #: [REDACTED]  
Setting: Lot 352  
Mach Name: Meter 1

[REDACTED] MasterCard

Auth #: [REDACTED]



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10-20-16

<b>David Bilan</b> [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	10-17-16
	Group Code :		Departure :	10-20-16
	Company :	Government Alberta	Conf. No. :	[Redacted]
	Membership No. :	[Redacted]	Rate Code :	[Redacted]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
10-17-16	Parking	12.00	
10-17-16	*Accommodation	144.00	
10-17-16	Marketing Fee	4.32	
10-17-16	GST #87857 8491 RT0002	7.42	
	Parking \$25.20		
10-17-16	AB Tourism Levy	5.93	
	Accommodations \$483.81		
10-18-16	*Accommodation	144.00	
10-18-16	Marketing Fee	4.32	
10-18-16	GST #87857 8491 RT0002	7.42	
10-18-16	AB Tourism Levy	5.93	
10-19-16	Parking	12.00	
10-19-16	*Accommodation	144.00	
10-19-16	Marketing Fee	4.32	
10-19-16	GST #87857 8491 RT0002	7.42	
10-19-16	AB Tourism Levy	5.93	
10-20-16	MasterCard [Redacted]		509.01

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](http://www.ihg.com/reviews). We look forward to welcoming you back soon.

<b>Total</b>	<b>509.01</b>	<b>509.01</b>
<b>Balance</b>	<b>0.00</b>	

**Guest Signature:** \_\_\_\_\_

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

Holiday Inn Express Downtown  
 Edmonton10010 - 104 Street  
 Canada T5J 0Z1 Edmonton, AB  
 Telephone: (780) 423-2450 Fax: (780) 426-6090  
 0GST #896724515  
[www.hiexdowntown.com](http://www.hiexdowntown.com)

YOUR  
REIPT



THIS IS YOUR  
RECEIPT



THIS IS YOUR  
RECEIPT



THIS IS YOUR  
RECEIPT

THIS IS  
RECE

Parking stall expires when vehicle vacates  
Stall or at 23:59 No Over Night Parking

Terminal

Space:

Valid through:

MONDAY 24 OCT16

11:59 PM

AMOUNT PAID: \$10.00 RECEIPT NO: 14587

ENTRY TIME: 10/24/2016 8:33 AM

AUTH: [REDACTED]

TRN: [REDACTED]

VALID THROUGH:  
24OCT16  
11:59 PM

AMOUNT PAID:  
\$10.00  
ENTRY TIME:  
10/24/2016  
8:33 AM

RECEIPT NO: [REDACTED]

GST# CA 108102864

0212

## Expense Report Direct Bill Summary

**Purpose of This Form:**

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

**Expenses Paid Directly to Third Party Vendors:**

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

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund.

It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

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

<b>Name :</b> Dave Bilan	<b>Reporting Period for the Month of :</b> Oct-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
03-Oct-16	Direct Billing	Other Transportation	Red Arrow Bus from Calgary to Edmonton - Attending AHS ELT meeting in Edmonton	Marlin Travel	133.92
	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	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
<b>Total Paid in the Month</b>					<b>\$ 133.92</b>

**From:** [REDACTED]@marlintravel.ca>  
**Sent:** Friday, October 07, 2016 11:38 AM  
**To:** [REDACTED]  
**Subject:** FW: Invoice Red Arrow - Dave Bilan

**From:** Red Arrow Reservations [mailto:itinerary@redarrow.ca]  
**Sent:** September-28-16 11:26 AM  
**To:** [REDACTED]@marlintravel.ca>  
**Subject:** Invoice

**INVOICE**



Date: 2016-09-28

You can reach us at:

ALBERTA HEALTH SERVICES - MARLIN TRAVEL  
 10030 107 STREET  
 EDMONTON, AB T5J 3E4

Corporate Sales

ORDER#	ORDERED	CUSTOMER#	P.O.	GROUP NAME	DEPARTING	RETURNING	SALES REP	SALES AGENT
[REDACTED]	2016-09-28	[REDACTED]			2016-10-03	2016-10-04	-	Website User

Travellers:

BILAN/DAVE

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
<b>CALEDM 18:30 YYC</b> Assigned to: 08A Departs Calgary (CGYNORTH / Calgary North) at 18:45 on 2016-10-03. Arrives Edmonton (EDMTO / Edmonton Ticket Office) at 22:15 on 2016-10-03. (3 hrs 30 mins)	3 hrs 30 mins	Adult	1	\$ 70.48	\$ 66.96

**EDMCAL 18:30**

3 hrs 15 mins

Adult

1

\$ 70.48

\$ 66.96

Assigned to: 08A

Departs Edmonton (EDMTO / Edmonton Ticket Office) at 18:30 on 2016-10-04.

Arrives Calgary (CGYNORTH / Calgary North) at 21:45 on 2016-10-04. (3 hrs 15 mins)

**Payments Received**

DATE	GUEST	REFERENCE	AMOUNT
2016-09-28	ALBERTA HEALTH SERVICES MARLIN TRAVEL	[REDACTED]	\$ 133.92

**Base Price:** \$ 140.96**Discounts:** \$ 7.04**Service Charges:** \$ 0.00**Invoice Total:** \$ 133.92**Payments Received:** \$ 133.92**Balance Due:** \$ 0.00

TERMS: DUE UPON RECEIPT GST# BN139981476 Please note that the maximum luggage allowance per person is 4 pieces including carry on bags, and stowed luggage underneath the coach. Carry on bags include purses, backpacks and laptop bags. Additional luggage will incur 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 must be 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 forfeit of full fare 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 loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit [www.redarrow.ca](http://www.redarrow.ca) or view the policy posted on our information boards at our Ticket Offices\*\* \*\*Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time\*\* CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. Thank you for choosing Red Arrow. Our Core Values: Safety : Customer Service : Resourcefulness : Integrity : Positive Attitude : Team Work : Loyalty : Accountability : Respect : Dedication