

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 December 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)
Dec-16	Expense Claim	Meetings		96	468	10	574			
Dec-16	Direct Billing	Meetings				268	268			
Total			\$ -	\$ 96	\$ 468	\$ 278	\$ 842	\$ -	\$ -	\$ -

Total for the Month \$ 842

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

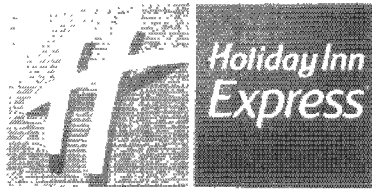
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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	Claimant Location	Expense Claim Total								
BILAN, DAVE	VP, Collaborative Practice, Nursing and Health Professions (Acting)	Calgary	\$ 573.68								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/5/2016	Attending executive meetings in Edmonton	AB - Other Zones	Accommodations	\$ 312.12			Accommodation while in Edmonton for executive meetings	2			
12/6/2016	Meals while in Edmonton for executive meetings	AB - Other Zones	Meals Per Diem	\$ 47.50			Meals while in Edmonton for executive meetings Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
12/7/2016	Meals while in Edmonton for executive meetings	AB - Other Zones	Meals Per Diem	\$ 24.00			Meals while in Edmonton for executive meetings Dinner \$24.00	1			
12/19/2016	Accommodations while in Edmonton for executive meetings	AB - Other Zones	Accommodations	\$ 156.06			Accommodations while in Edmonton for executive meetings	1			
12/19/2016	Parking at Red Arrow - traveling to Edmonton for executive meetings	AB - Other Zones	Parking - Lot or Parkade	\$ 10.00			Parking at Red Arrow - traveling to Edmonton for executive meetings	1			
12/20/2016	Meals while in Edmonton for executive meetings	AB - Other Zones	Meals Per Diem	\$ 24.00			Dinner \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		13-Mar-17							



12-07-16

David Bilan	Folio No. :	Room No. [REDACTED]
[REDACTED]	A/R Number :	Arrival : 12-05-16
	Group Code :	Departure : 12-07-16
	Company :	Conf. No. : [REDACTED]
	Membership No. : [REDACTED]	Rate Code : [REDACTED]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
12-05-16	*Accommodation	139.00	
12-05-16	Marketing Fee	4.17	
12-05-16	GST #87857 8491 RT0002	7.16	
12-05-16	AB Tourism Levy	5.73	
12-06-16	*Accommodation	139.00	
12-06-16	Marketing Fee	4.17	
12-06-16	GST #87857 8491 RT0002	7.16	
12-06-16	AB Tourism Levy	5.73	
12-07-16	MasterCard [REDACTED]		312.12
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	312.12
		Balance	0.00

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and I 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) 425-2450 Fax: (780) 425-6099
 GST #896724515
www.ihg.edmonton.com



12-20-16

David Bilan	Folio No. :	Room No. :
[REDACTED]	A/R Number :	Arrival : 12-19-16
	Group Code :	Departure : 12-20-16
	Company :	Conf. No. :
	Membership No. : [REDACTED]	Rate Code : [REDACTED]
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
12-19-16	*Accommodation	139.00	
12-19-16	Marketing Fee	4.17	
12-19-16	GST #87857 8491 RT0002	7.16	
12-19-16	AB Tourism Levy	5.73	
12-20-16	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 156.06 156.06

Balance 0.00

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

Subject: FW: Invoice

From: Red Arrow Reservations [itinerary@redarrow.ca]
Sent: December 19, 2016 6:40 PM
To: Dave Bilan
Subject: Invoice



INVOICE

Date: 2016-12-19

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
[REDACTED]	2016-12-19	[REDACTED]			2016-12-19		-	NIKETA

Travellers:

PRODUCT DESCRIPTION	DURATION	OCCUPANCY	QTY	PRICE/UNIT	BILLED
---------------------	----------	-----------	-----	------------	--------

Base Price: \$ 0.00
 Discounts: \$ 0.00
 Service Charges: \$ 0.00
 Invoice Total: \$ 0.00
 Payments Received: \$ 10.00
 Balance Due: \$ -10.00

Payments Received

DATE	GUEST	REFERENCE	AMOUNT
2016-12-19	customer: Dave Bilan	MasterCard [REDACTED]	\$ 10.00

TERMS: DUE UPON RECEIPT OF ITINERARY. 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; 7 hours notice prior to P.M. departures; must be given. (December 15 - January 5) to cancel or make any changes to a reservation we require 24 hours notice. Failure to provide proper notice makes the trip non-refundable & will result in an additional change fee for a date/time change & may be subject to no-showing for your departure. All cost is covered in full fare unless specified within 90 days before departure. For more information, please contact us at [REDACTED]

Expense Report Direct Bill Summary

Purpose of This Form:

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

Expenses Paid Directly to Third Party Vendors:

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

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

Direct Bill Report

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

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

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
05-Dec-16	Direct Billing	Other Transportation	Red Arrow bus to and from Edmonton for leadership meetings	Marlin Travel	133.92
19-Dec-16	Direct Billing	Other Transportation	Red Arrow bus to and from Edmonton for leadership meetings	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	-
Total Paid in the Month					\$ 267.84



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 05 Dec 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MR DAVE BILAN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
RED ARROW Confirmation # [REDACTED]	133.92	0.00	\$0.00	0.00	0.00	133.92 CAD
Total:	133.92	0.00	0.00	0.00	0.00	133.92 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/05/2016		[REDACTED]	133.92 CAD
		12/05/2016			0.00 CAD
				Total Payment:	133.92 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

REASON FOR TRAVEL EXECUTIVE LEADERSHIP MEETINGS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 -----RED ARROW----- RESERVATION MAY BE CHANGED OR CANCELLED AT LEAST 2 HOURS PRIOR TO DEPARTURE. PLEASE CHECK WWW.REДАРROW.CA FOR A LISTING OF PICK UP AND DROP OFF LOCATIONS IN ALBERTA
 RED ARROW TOLL FREE NUMBER 1 800 232 1958



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 05 Dec 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: MR DAVE BILAN

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
RED ARROW Confirmation # [REDACTED]	133.92	0.00	\$0.00	0.00	0.00	133.92 CAD
Total:	133.92	0.00	0.00	0.00	0.00	133.92 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/05/2016			0.00 CAD
	[REDACTED]	12/05/2016		[REDACTED]	133.92 CAD
				Total Payment:	133.92 CAD
				Balance Due CAD Currency	0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL EXECUTIVE LEADERSHIP MEETINGS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY