

Official Administrator and Executive Expense Report

Name Dr. Francois Belanger
Title VP & Medical Director, Central & Southern Alberta
Location Calgary
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meetings			163	369	532			
Apr-15	Expense	Meetings		30		139	169			
Apr-15	Direct Billing	Meetings	716				716			
Total			\$ 716	\$ 30	\$ 163	\$ 508	\$ 1,416	\$ -	\$ -	\$ -

Total for the Month \$ 1,416

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 145
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Instruction:	
<ul style="list-style-type: none"> • Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement • Cardholder AND Approver's signatures required where indicated below 	
BELANGER, FRANCOIS	VICE PRESIDENT & MEDICAL
<small>Cardholder's Name</small>	<small>Cardholder's Position/Title</small>
HEALTH OPERATIONS CENTRAL &	SOUTHPORT
<small>Cardholder's Dept</small>	<small>Cardholder's Site/Location</small>
FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA	20/04/2015
<small>Cardholder's e-mail address</small>	<small>Billing Reporting Period</small>
	Total Statement Amount: \$531.84
	<small>Last 6 digits of the P-Card #: [REDACTED]</small>

Statement of Transactions									
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
20/03/2015	884972575	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00F. Belanger ELT meeting Edmonton YEG to SSP	1
20/03/2015	884972576	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00F. Belanger CMO Sr. Leaders Mtg Edmonton AB Infrastructure to YEG	2
20/03/2015	884972577	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00F. Belanger ELT mtg Edmonton YEG to SSP	3
20/03/2015	884972578	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		.00F. Belanger AARP mtg Edmonton ATB Plaza to YEG	4
07/04/2015	886424018	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.38	CAD	28.38	1.35		.00F. Belanger ELT mtg Edmonton parking YYC	5
15/04/2015	887189268	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	162.79	CAD	162.79	7.75		F. Belanger ELT mtg Edmonton <i>Apr. 14/15</i>	6
15/04/2015	887189269	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	52.50	CAD	52.50	2.50		.00F. Belanger ELT meeting Edmonton parking YYC	7

✓ JAB

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>MARLENE HAMILTON</u> Name of Cardholder Designate</p> <p><u><i>Marlene Hamilton</i></u> Signature of Cardholder Designate</p>	<p><u>EXECUTIVE COORDINATOR</u> Cardholder Designate Position/Title</p> <p><u>June 19, 2015</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>BELANGER, FRANCOIS</u> Name of Cardholder</p> <p><u><i>Francois Belanger</i></u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT & MEDICAL</u> Cardholder Position/Title</p> <p><u>June 19, 2015</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Susan Best</u> Name of Approver Designate</p> <p><u><i>Susan Best</i></u> Signature of Approver Designate</p>	<p><u>Exec. Assistant</u> Approver Designate Position/Title</p> <p><u>June 23/15</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u><i>Deborah Rhodes</i></u> Signature of Approver</p>	<p><u>VP Corp. Services & CFO</u> Approver Position/Title</p> <p><u>June 23/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable		
<p>Attach:</p> <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

r. Belanger

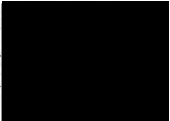
1 - 4

①

DR. BELANGER
March 23/ 2015
Ap> SSP ✓

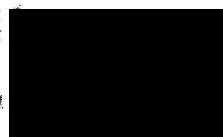
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5888

Term Id
Item #
M/C PUR
Op Id
Card #



APPROVED
AMOUNT CAD\$72.00 ✓

Ref. #
Auth. #



Thank

Date: 2015/03/28 Time: 18:07:32
Response: AUTH 120723

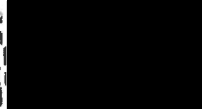
CUSTOMER COPY

②

Dr. Belanger
March 23/ 2015
Alberta Infrastructure ✓
7 Ap

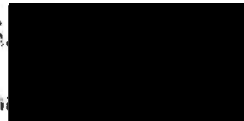
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5888

Term
Item
M/C
Op Id
Card



APPROVED
AMOUNT CAD\$72.00 ✓

Ref.
Auth.



Thank

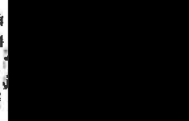
Date: 2015/03/28 Time: 18:09:58
Response: AUTH 120809

CUSTOMER COPY

③

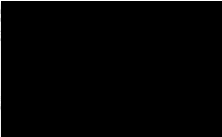
DR. BELANGER
March 23/ 2015 ✓
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5888
Ap> SSP

Term
Item
M/C
Op Id
Card



APPROVED
AMOUNT CAD\$72.00 ✓

Ref. #
Auth. #



Thank

Date: 2015/03/28 Time: 18:10:33
Response: AUTH 121033

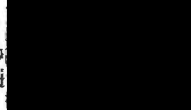
CUSTOMER COPY

④

DR. BELANGER
March 24/ 2015 ✓
ATB Plan? Ap.

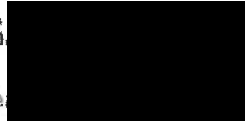
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5888

Term
Item
M/C
Op Id
Card



APPROVED
AMOUNT CAD\$72.00 ✓

Ref.
Auth.



Thank

Date: 2015/03/28 Time: 18:12:18
Response: AUTH 121218

CUSTOMER COPY

F. Belanger

RECEIPT
GST NO. R122556194

5)

EXIT No. A3
IN: 04/07/15 06:24
OUT: 04/07/15 18:52
DURATION: 0 12: 28
PAID: \$ 28.35 ✓
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

RECEIPT
GST NO. R122556194

7)

EXIT No. A4
IN: 04/14/15 05:54
OUT: 04/15/15 19:05
DURATION: 1 13: 11
PAID: \$ 52.50 ✓
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

6



Mr Francois Belanger
[Redacted]

Room Number: [Redacted]
Arrival Date: 04-14-15
Departure Date: 04-15-15
Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No:

04-15-15

Date	Description	Charges	Credits
04-14-15	Room Revenue	145.00	
04-14-15	Destination Marketing Fee - 3%	4.35	
04-14-15	Tourism Levy - 4%	5.97	
04-14-15	Room GST - 5%	7.47	
04-15-15	Mastercard [Redacted]		162.79
Total		162.79	162.79
Balance		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. C.S.T. #866344302 RT 0001

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 21-Mar-15 To 20-Apr-15
 Travel Period from: 21-Mar-15 To 20-Apr-15
 Out-of-Province Travel

Name: Francois Belanger Position (Title): VP, Medical Director Central & Southern Alberta
 Location: 3rd Floor Southport Calgary Dept: Medical Affairs DOFA Level: (if applicable) Union: Business Phone #: Ext:
 Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number Expenditure Organization Project Task Number Expenditure Type

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0005	71105000002	\$168.68 ✓						\$168.68		
2B												
2C												
2D												
				\$168.68							TOTAL CLAIM	\$168.68 ✓

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the policies and mandatory requirements of this policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Travel, Hospitality and Working Session Expense Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: Francois Belanger Date: 19-Jun-15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above. Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deb Rhodes DOFA Level: Position #: Phone #: Ext:
 Signature: Deborah Rhodes Title: VP Corporate Services & CFO Date: June 23/15

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext:
 Signature: Title: Date:

Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71105000002

Emp # (E-People) [REDACTED]

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. **DO NOT separate any taxes (eg GST).** Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter) Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Yes/No	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
7-Apr-15	Edmonton - Executive Leadership Mtg - SPIT to Calgary International Airport return		Meeting	Yes										50.00	✓
8-Apr-15	Acute Benchmarking Workshop - FMC to SPIT		Meeting	Yes										15.00	✓
9-Apr-15	CLS Mtg - Ft Calgary to CLS to SPIT		Meeting	Yes										40.00	✓
13-Apr-15	Health Economics Mtg, CLS Mtg - SPIT to FMC return		Meeting	Yes										30.00	✓
14-Apr-15	Edmonton - Executive Leadership Mtg, Mtg with B Rowe and M Cooks at U of A Hospital (Taxi)- SPIT to Calgary International Airport		Meeting	Yes	D-\$20.75	\$20.75	✓			\$15.00	✓			25.00	✓
15-Apr-15	Edmonton - Executive Leadership Mtg - Calgary International Airport to SPIT		Meeting	Yes	B-\$9.20	\$9.20	✓							25.00	✓
16-Apr-15	Cumming School of Medicine Mtgs - SPIT to FMC return		Meeting	Yes										30.00	✓
20-Apr-15	Calgary Zone Leadership Mtg - SPIT to FMC return		Meeting	Yes										30.00	✓
SUBTOTALS						\$29.95				\$15.00				Total Kms 245.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
 → details of travel location to & from must be included above under the purpose of travel column
 Rates applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.605 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)

\$0.505

Mileage \$ 123.73

Travel \$ Subtotal 44.95

Auto fills on page 1 - TOTAL TRAVEL \$ 168.68

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

F. Belanger

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

CASH RECEIPT

TERMINAL: [REDACTED]
DRIVER : [REDACTED]
TRIP #: 5400139
2015/04/14 17:39:51

FARE : \$ 15.00

TOTAL: \$ 15.00



Thank you for choosing
Co-op Taxi

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 : Dr. Francois Belanger	Reporting Period for the Month of : March 21 - April 20, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
02-Apr-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - April 7/15 AC Flt 8132 YYC to YEG; AC Flt 8157 YEG to YYC	Marlin Travel	362.96
09-Apr-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - Apr 14/15; AARP Mtg - Apr 15/15 WestJet - Flt 3395 - YYC - YEG; AC - Flt 8159 - YEG -YYC	Marlin Travel	352.96
	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	-
Total Paid in the Month					\$ 715.92

Submitted June 29, 2015



MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: ASHLEY QUACH [REDACTED]

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

Invoice Number: [REDACTED]
Date: April 2, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MR FRANCOIS P BELANGER

Tuesday, April 7, 2015

Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 07Apr15
Seat(s): 02D
 AIR CANADA E

Flight: 8132 W CLASS
 07:30 AM **Equipment:** D8 (300 SERIES)
 08:21 AM

Mile(s) Flown: 163

Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 07Apr15
Seat(s): 03C
 AIR CANADA E

Flight: 8157 W CLASS
 06:00 PM **Equipment:** DH4
 06:50 PM

Mile(s) Flown: 163

Cost:

TKT-	[REDACTED]	E-TKT	[REDACTED]	288.00
			Tax:	74.96
			Ticket Total:	362.96



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

Invoice Number: [REDACTED]
Date: April 2, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

2

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: MEA MOORE [REDACTED]

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

Invoice Number: [REDACTED]
Date: April 9, 2015
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For

MR FRANCOIS P BELANGER

Tuesday, April 14, 2015

Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 14Apr15
Flight: 3395 M CLASS
07:00 AM Equipment: DH4
07:50 AM

Mile(s) Flown: 163

WESTJET ENCO
SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Hotel

Check In: 14Apr2015
Check Out: 15Apr2015

Rooms 1
1 Nights(s)

EDMONTON AB
TRAVELINK
MATRIX HOTEL
10640-100 AVENUE, EDMONTON
AB, CA
T5J 3N8

DELUXE TWO DOUBLE BEDS
Rate: [REDACTED] CAD per Night
Guaranteed for late arrival

Tel: 7804292861
Fax: 7804267225
Confirmation: [REDACTED]

Wednesday, April 15, 2015

2

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

Invoice Number: [REDACTED]
Date: April 9, 2015
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Wednesday, April 15, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB Flight: 8159 W CLASS
To: CALGARY AB 06:30 PM Equipment: D8 (300 SERIES)
Stops: 0 Arrival: 15Apr15 07:21 PM Mile(s) Flown: 163
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 6C

Cost:		
TKT [REDACTED] E-TKT	[REDACTED]	122.00
	Tax:	49.48
	Ticket Total:	171.48
AIR CANADA WEB:	[REDACTED]	144.00
	Tax:	37.48
	Ticket Total:	181.48

Total:		
	Grand Total:	352.96
	Less Credit Card Payments:	352.96
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

2

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.