

## 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 May 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)
May-15	P-Card	Meetings			208	773	981			
May-15	Expense Claim	Meetings		60		498	558			
May-15	Direct Billing	Meetings	1,015				1,015			
<b>Total</b>			\$ 1,015	\$ 60	\$ 208	\$ 1,271	\$ 2,554	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,554

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 185  
 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:**

- 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

<b>BELANGER, FRANCOIS</b> Cardholder's Name	<b>VICE PRESIDENT &amp; MEDICAL</b> Cardholder's Position/Title	Billing Reporting Period.	<b>20/05/2015</b>
<b>HEALTH OPERATIONS CENTRAL &amp;</b> Cardholder's Dept	<b>SOUTHPORT</b> Cardholder's Site/Location	Total Statement Amount:	<b>\$980.45</b>
<b>FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Summary of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
1 21/04/2015	887945265	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Executive Leadership Team and ARP Meetings - Edmonton - Parking Apr 21
2 23/04/2015	887945261	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - Apr 7 - YEG to SSP
3 23/04/2015	887945262	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - Apr 7 - SSP to YEG (Belanger/Husband)
4 24/04/2015	887945263	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - Apr 14 - YEG to SSP
5 24/04/2015	887945264	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		AARP Meeting - Edmonton - April 16 - ATB Place to YEG
6 29/04/2015	888721492	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	52.50	CAD	52.50	2.50	.00	PPEC Mtg - Calgary - May 6 Parking
7 30/04/2015	888731489	AIR CAN [REDACTED] AIR CANADA	181.48	CAD	181.48	00	.00	Executive Leadership Team Mtg - Edmonton - May 5 airfare (refunded on May 10 as mtg cancelled)
8 30/04/2015	888721490	THE WESTIN EDMONTON, WESTIN HOTELS	207.70	CAD	207.70	38.85	.00	Executive Leadership Team Mtg and Benchmarking - Edmonton - Apr 28&29 Accommodation
9 30/04/2015	888721491	WESTJET [REDACTED] Westjet Airlines	171.48	CAD	171.48	00	.00	Executive Leadership Team Mtg - Edmonton - May 5 Flight (refunded May 10 as mtg was cancelled)
10 06/05/2015	889543022	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	PPEC Mtg - Calgary - May 6 - parking
11 10/05/2015	889839414	AIR CAN [REDACTED] AIR CANADA	-181.48	CAD	-181.48	00	.00	Executive Leadership Team - Airfare Refund - May 5 mtg cancelled
12 10/05/2015	889839415	WESTJET [REDACTED] Westjet Airlines	-171.48	CAD	-171.48	00	.00	Executive Leadership team meeting - May 5 - airfare refund - mtg cancelled
13 12/05/2015	890298381	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Executive Leadership Team - Edmonton - May 12 Parking YYC
14 13/05/2015	890092034	MPARK00039370U, AUTOMOBILE PARKING LOTS AND GARAGES	25.20	CAD	25.20	1.20	.00	GIA Meeting - Calgary - May 13 - Parking
15 13/05/2015	890298382	AHS PARKING ROCKYVIEW/ GOVERNMENT SERVICES NOT	9.00	CAD	9.00	.43		PCC Mtg - Calgary - May 13 Parking
16 17/05/2015	890511444	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - April 21 - Taxi - YEG to Wingate Hotel
17 17/05/2015	890511445	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - April 21 - Taxi SSP to YEG
18 17/05/2015	890511446	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - Apr 28 - Taxi YEG to SSP
19 17/05/2015	890511447	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - Edmonton - May 12 - Taxi SSP to YEG
20 19/05/2015	890628856	MPARK00020259U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.16	.00	Executive Leadership Team Mtg - Edmonton - May 19 - Parking

<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<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, MED AFFAIRS</u> Cardholder Designate Position/Title</p> <p><u>2015 June 26</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>BELANGER, FRANCOIS</u> Name of Cardholder</p> <p><u><i>Francois Belanger</i></u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT &amp; MEDICAL</u> Cardholder Position/Title</p> <p><u>2015 June 26</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<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 29 /15</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Deborah Rhodes</u> Name of Approver</p> <p><u><i>Deborah Rhodes</i></u> Signature of Approver</p>	<p><u>VP Corporate Serv. + CFO</u> Approver Position/Title</p> <p><u>June 30/15</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meet), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference # _____	Reviewed by: _____	Date: _____

①

**RECEIPT**  
**GST NO. R122556194**

EXIT No. A103  
IN: 04/21/15 04:53  
OUT: 04/21/15 19:31  
DURATION: 0 14: 38  
PAID: \$ 28.35 ✓

(GST INCLUDED)  
MASTERCARD



THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade

⑥

**RECEIPT**  
**GST NO. R122556194**

EXIT No. A4  
IN: 04/28/15 05:45  
OUT: 04/29/15 19:10  
DURATION: 1 13: 25  
PAID: \$ 52.50 ✓

(GST INCLUDED)  
MASTERCARD



THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade

**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 3:29 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

②

**Dr. Belanger**  
April 07/2015- Ap>SSP ✓

# INFINITY TRANSPORTATION I

---

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 23 2015 11:55PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

---

AMOUNT (CAD)	\$72.00 ✓
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Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

---

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 3:30 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

③

**Dr. Belanger & Brenda Huband**  
April 07/2015 - SSP>Ap ✓

# INFINITY TRANSPORTATION I

---

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 23 2015 11:58PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

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Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 3:31 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

④

Dr. Belanger  
April 14/2015 - Ap>SSP ✓

## INFINITY TRANSPORTATION I

---

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 24 2015 12:02AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

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---

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**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 3:32 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

⑤

**Dr. Belanger**  
April 15/2015 - ATB Place > Ap ✓

# INFINITY TRANSPORTATION I

---

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 24 2015 12:38AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

---

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Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>



7

9

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8

BRANCH: N61107  
GST REG# 885101915  
PHONE: 780-425-8611

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

LOCATOR :  
OUR REF :  
AGENT :

I N V O I C E

INV NO: [REDACTED]  
DATE: 30APR15  
PAGE: 1

FOR: MR FRANCOIS P BELANGER

----- I T I N E R A R Y -----

\*\*\* AIR/RAIL/BUS \*\*\*

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
CALGARY	EDMONTON INTL	WESTJET AI	3394 M	HK 05MAY	7:00A	7:53A		
			DH4					
EDMONTON INTL	CALGARY	AIR CANADA	8153 W	HK 05MAY	6:00P	6:54P		
			D8 (300 SERIE					
			SEAT 06C					
		AIR CANADA E						

----- C O S T -----

WESTJET AIR	TKT NO	WS	[REDACTED]	(INCL 49.48	TAX)	171.48
AIR CANADA	TKT NO	AC	[REDACTED]	(INCL 37.48	TAX)	181.48
*** SUB-TOTAL EXCLUDING GST/HST & APT						352.96
*** TOTAL CHARGES THIS INVOICE ***						352.96
PAYMENT BY	[REDACTED]	TKT	[REDACTED]			171.48
PAYMENT BY	[REDACTED]	TKT	[REDACTED]			181.48
*** BALANCE DUE THIS INVOICE ****						0.00
BALANCE DUE TO DATE						0.00

9 ✓  
7 ✓

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

CONTINUED ON NEXT PAGE

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8

BRANCH: [REDACTED]  
GST REG# 885101915  
PHONE: 780-425-8611

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

Francois Belanger

Page Number : 1 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 28-APR-15 19:55  
Folio ID : A Depart Date: 29-APR-15 06:46  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 185.00  
Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 29-APR-15 06:46 [REDACTED]

Date	Reference	Description	Charges	Credits
28-APR-15	[REDACTED]	Room Charge	185.00	
28-APR-15	[REDACTED]	GST	9.53	
28-APR-15	[REDACTED]	DMF	5.55	
28-APR-15	[REDACTED]	Tourism Levy	7.62	
29-APR-15	MC	Mastercard		-207.70
		** Total	207.70	-207.70 ✓
		*** Balance	0.00	

WESTIN FINDS FROM AFAR - Delve deeper into your destination with a curated selection of hidden gems and off-the-beaten-path experiences right by your hotel, all with a Westin point of view. Discover more at [westin.com/FindsfromAFAR](http://westin.com/FindsfromAFAR)

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Continued on the next page

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

10

RECEIPT  
GST NO. R122556194

EXIT No. A103  
IN: 05/06/15 08:29  
OUT: 05/06/15 16:46  
DURATION: 08:17  
PAID: \$ 20.35 ✓  
(GST INCLUDED)  
MASTERCARD



THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade

13

RECEIPT  
GST NO. R122556194

EXIT No. A4  
IN: 05/12/15 05:56  
OUT: 05/12/15 20:12  
DURATION: 0 14: 16  
PAID: \$ 20.35 ✓  
(GST INCLUDED)  
MASTERCARD



THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade



14

BANKER'S HALL  
CALGARY AB  
RECEIPT A1  
IN: 13/05/15 16:25  
OUT: 13/05/15 16:25  
PAID: \$ 25.20 ✓  
MASTERCARD



GST No. 887315638RT00  
GST INCLUDED



15

Alberta Health  
Services  
RGH Lot 1  
RECEIPT 050  
\*\*\*\*\*  
ENTRY DATE/TIME:  
13/05/15 12:37  
PAY DATE/TIME:  
13/05/15 14:24  
PARK-DUR.: HRS:MIN  
0:01:47

\*\*\*\*\*  
ALLOWED EXIT TO:  
13.05.15 14:52  
\*\*\*\*\*  
PAID: \$ 9.00 ✓  
MASTER CARD



\*\*\*\*\*  
\* Parking Rates \*  
\* Are GST Exempt \*  
\*\*\*\*\*  
\* Please Exit \*  
\* Site Within \*  
\* 15 Minutes \*  
\* After Request \*  
\* 15 Mins \*  
\*\*\*\*\*

**Margaret Hampong**

---

**From:** Barbara Lazarenko [REDACTED]  
**Sent:** Thursday, April 30, 2015 3:54 PM  
**To:** Margaret Hampong  
**Subject:** RE: Itinerary/Confirmation - Francois Belanger - 05May

No prob

ELT

**From:** Margaret Hampong [mailto:[REDACTED]]  
**Sent:** April-30-15 3:53 PM  
**To:** Barbara Lazarenko  
**Subject:** RE: Itinerary/Confirmation - Francois Belanger - 05May

CANCELLATIONS

\* AIRCANADA (1)  
\* WESTJET (12)

Thanks, Maggie

**From:** Barbara Lazarenko [REDACTED]  
**Sent:** Thursday, April 30, 2015 3:51 PM  
**To:** Margaret Hampong  
**Subject:** RE: Itinerary/Confirmation - Francois Belanger - 05May

I have cancelled the reservations and voided the charges. \*

B

**From:** Margaret Hampong [REDACTED]  
**Sent:** April-30-15 3:49 PM  
**To:** Barbara Lazarenko  
**Subject:** RE: Itinerary/Confirmation - Francois Belanger - 05May

Apologies Barbara- I will have to cancel the May 5 trip as the meeting has changed and Dr. Belanger will not be going to EDM.  
Regards, Maggie

**Margaret Hampong**  
*Executive Assistant to Dr. Francois Belanger & Dr. Sid Viner*  
Medical Affairs - Calgary Zone

[REDACTED]

This message and any documents attached hereto, is intended only for the addressee and may contain privileged or confidential information. Any unauthorized disclosure is strictly prohibited. If you have received this message in error, please notify us immediately so that we may correct our internal records. Please then delete the original message. Thank you.

**From:** Barbara Lazarenko [REDACTED]  
**Sent:** Thursday, April 30, 2015 3:47 PM  
**To:** Margaret Hampong  
**Subject:** Itinerary/Confirmation - Francois Belanger - 05May

You can view/print your ticket receipt at:

[www.viewtrip.com](http://www.viewtrip.com)

Your reservation number is

MARLIN TRAVEL - GOVERNMENT CENTRE  
OWNED AND OPERATED BY 101017690 SASK. LTD.  
9929 108TH ST - MAIN  
EDMONTON ALBERTA T5K 1G8  
PHONE: (780) 425-8611 FAX: (780) 426-5759  
BRANCH: [REDACTED] GST REG NO. 885101915  
PNR LOC: [REDACTED] DATE: 30 APR 2015  
AGENT: [REDACTED]

TO: FRANCOIS BELANGER FOR: BELANGER/FRANCOIS P MR  
[REDACTED]

--ITINERARY--

FROM	TO	CARRIER	FLT/CL	DATE	DEP	ARR	ST
CALGARY	EDMONTON/INTL	WESTJET	3394 M	05 MAY 15	700A	753A	OK
NONSTOP							
EQUIPMENT:DH4		TRAVELLING TIME - :53					
OPERATED BY:WESTJET ENCORE							
AIRLINE LOCATOR: WS-QCTFNN		[REDACTED]					
EDMONTON/INTL	CALGARY	AIR CANADA	8153 W	05 MAY 15	600P	654P	OK
NONSTOP							
EQUIPMENT:DH3		TRAVELLING TIME - :54					
OPERATED BY:AIR CANADA EXPRESS SEAT: 6C							
AIRLINE LOCATOR: AC-N2KUZE		[REDACTED]					

+ 171.48 REFUND (9) (12) ✓

+ 181.48 REFUND (7) (11) ✓

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 [REDACTED]  
\*\*\*\*\*

\*\*\*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

-----WESTJET AIRLINE RULES-----

16

**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 3:26 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

Dr. Belanger  
April 21/2015 - Ap>Wingate Inn ✓

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	May 17 2015 03:21PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450  
Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

Margaret Hampong

From: tobias tobias [REDACTED]  
Sent: Sunday, May 17, 2015 3:27 PM  
To: Margaret Hampong  
Subject: Fwd: Transaction Receipt - Do Not Reply

Dr. Belanger  
April 21/2015 - SSP>Ap ✓

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	May 17 2015 03:23PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 ✓ -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

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[www.moneris.com](http://www.moneris.com) 1-866-319-7450  
Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 3:28 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

**Dr.Belanger**  
April 28/2015 - Ap>SSP ✓

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	May 17 2015 03:23PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00 ✓
--------------	-----------

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

**- IMPORTANT -**

Retain this copy for your records

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[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>



**Margaret Hampong**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Sunday, May 17, 2015 6:10 PM  
**To:** Margaret Hampong  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

**Dr. Belanger & Brenda**  
May12/2015 - SSP>Ap ✓

# INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	May 17 2015 06:09PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00 ✓

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

**- IMPORTANT -**

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
[www.moneris.com](http://www.moneris.com) 1-866-319-7450

Please see the Moneris Privacy Policy: <http://www.moneris.com/privacy>

20

**RECEIPT**  
**IMPARK LOT 256**  
NO IN AND OUT PRIVILEGES

License Plate No:  
[REDACTED]

Expiration Date/Time  
**06:00 PM**  
**MAY 19, 2015**

Purchase Date/Time: 08:20am May 19, 2015  
Total Parking: \$23.81  
Total gst: \$1.19  
Total Due: \$25.00  
Total Paid: \$25.00  
Ticket #: [REDACTED]  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1

Rate: \$25 - Early Bird  
Payment Type: Card

[REDACTED] MasterCard  
Auth: # [REDACTED]  
GST #887315638RT0001

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-Apr-15 To: 20-May-15  
 Travel Period from: 21-Apr-15 To: 20-May-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: [Redacted] (if applicable) Union: Business Phone #: [Redacted] Ext: [Redacted]  
 Employee # (E-People): [Redacted]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number \_\_\_\_\_ Project Task Number \_\_\_\_\_  
 Expenditure Organization \_\_\_\_\_ 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	\$187.82 ✓						\$557.83	\$557.83	
2B	101	0005	71105000002	\$390.02 ✓								
2C												
2D												
				\$557.83								

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

\*\*User to enter Coding & \$ Amounts

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

SECTION F: AUTHORIZATION

I declare that I have read and understand the Travel, Hospitality & Working Session Expenses Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with the principles 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.

I, by signing this form, attest that I am compliant to all the above statements.  
 Employee Signature: Fransois Belanger Date: 28-Jun-15

I declare that I have read and understand the 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): Deb Rhodes DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]  
 Signature: Deborah Rhodes Title: VP Corporate Services & CFO Date: June 30/15

I, by signing this form, attest that I am compliant to all the above statements.  
 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 Procedure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10038-107 St. North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 0E4

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0005 71105000002

Emp # (E-People) XXXXXXXXXX

Page **2A**

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'l)  
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-mmm-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						
21-Apr-15	Wisdom Council Mtg (ELT) (Edmonton) - SPTT to Calgary International Airport return	AB - Provincial	Meeting	Yes										50.00
24-Apr-15	SHC Town Hall mtg - mileage SPTT to SHC return	AB - Local	Meeting	Yes										33.00
27-Apr-15	ZCDH Meeting - SPTT to FMC return	AB - Local	Meeting	Yes										30.00
29-Apr-15	Executive Leadership Mtg (Edmonton) - mileage SPTT to Calgary International Airport return (travel Apr 28 and 29)	AB - Provincial	Meeting	Yes	BD-\$29.95	\$29.95								50.00
30-Apr-15	Mtg with CEO of Alberta Cancer Foundation - mileage SPTT to FMC return	AB - Local	Meeting	Yes										30.00
4-May-15	Medical Staff Support Framework Mtg - mileage FMC to SPTT	AB - Local	Meeting	Yes										15.00
6-May-15	PPEC Mtg - Delta Calgary Airport Hotel - mileage - SPTT to Calgary International Airport return	AB - Local	Meeting	Yes										50.00
11-May-15	Calgary Zone Leadership Mtg; AHS-CSM Monthly Mtg - mileage - SPTT to FMC	AB - Local	Meeting	Yes										15.00
<b>SUBTOTALS</b>						\$29.95								<b>Total Kms</b> 273.00

**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 **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km **OR** rate per Union Agreement  
*(see Mileage details to the left)*

\$0.505

Mileage \$ \$137.87

Travel \$ Subtotal \$29.95

Auto fills on page 1 - **TOTAL TRAVEL \$** \$167.82

**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)**

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-mmm-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						
12-May-15	Executive Leadership Team Mtg - Edmonton - mileage SPTT to YYC return	AB - Local	Meeting	Yes										50.00
13-May-15	Executive Education - Learning Program; PCC mtg; TIA Mtg - mileage SPTT to FMC to RGH to downtown to SPTT	AB - Local	Meeting	Yes										45.00
14-May-15	ZMAC Mtg - mileage Ft Calgary to SPTT	AB - Local	Meeting	Yes										10.00
19-May-15	Executive Leadership Team Mtg - Edmonton - mileage - SPTT to SSP	AB - Provincial	Meeting	Yes	D-\$20.75	\$20.75								308.00
20-May-15	AARP - Funding Working Group - Edmonton - mileage - ATB Place to ACH	AB - Provincial	Meeting	Yes	B-\$9.20	\$9.20								300.00
<b>SUBTOTALS</b>						\$29.95								Total Kms 713.00

**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 **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km **OR** rate per Union Agreement *(see Mileage details to the left)* \$0.505

**Mileage \$** \$360.07

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

**Travel \$ Subtotal** \$29.95

**Auto fills on page 1 - TOTAL TRAVEL \$** \$390.02

**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)**

## 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

<b>Name :</b> Dr. Francois Belanger	<b>Reporting Period for the Month of :</b> April 21, 2015 - May 20, 2015
-------------------------------------	--

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1 21-Apr-15	Direct Billing	Airline Ticket	Wisdom Council Mtg (ELT) - April 21, 2015 AC Flt 8170 - YYC - YEG	Marlin Travel	191.48
2 21-Apr-15	Direct Billing	Airline Ticket	Wisdom Council Mtg (ELT) - April 21, 2015 AC Flt 8159 - YEG - YYC	Marlin Travel	191.48
3 28-Apr-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - Apr 28/15 WestJet - Flt 3395 - YYC - YEG	Marlin Travel	109.48
4 29-Apr-15	Direct Billing	Airline Ticket	Benchmarking Mtg - Apr 29/15 AC - Flt 8159 - YEG -YYC	Marlin Travel	109.48
5 12-May-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - May 12/15 WestJet - Flt 3394 - YYC - YEG	Marlin Travel	171.48

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-May-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - May 12/15 AC Flt 8171 - YEG - YYC	Marlin Travel	171.48
12-May-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - May 12/15 AC Flt 8153 changed to AC Flt 8171 - YEG - YYC - Change Fee	Marlin Travel	70.00
<b>Total Paid in the Month</b>					<b>\$ 1,014.88</b>

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch:

Agent:

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

Invoice Number:

Date:

April 17, 2015

Page:

1/2

Our Reference:

## INVOICE

### For

MR FRANCOIS P BELANGER

Tuesday, April 21, 2015

### Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 21Apr15

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 2D

Flight: 8170 V CLASS  
06:00 AM Equipment: D8 (300 SERIES)  
06:51 AM

Mile(s) Flown: 163

### Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 21Apr15

WESTJET ENCO

SEAT SELECTION IS AVAILABLE ONLINE 24 HOURS PRIOR TO DEPARTURE

Flight: 3395 Q CLASS  
07:00 AM Equipment: DH4  
07:50 AM

Mile(s) Flown: 163

### Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 21Apr15

AIR CANADA E

AIR CANADA CONFIRMATION

Flight: 8159 V CLASS  
06:30 PM Equipment: D8 (300 SERIES)  
07:21 PM

Mile(s) Flown: 163



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

Invoice Number: [REDACTED]  
Date: April 17, 2015  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, April 21, 2015  
TICKET NUMBER [REDACTED]  
SEAT 3D

<b>Cost:</b>			
AIR CANADA WEB [REDACTED]	[REDACTED]		154.00
		Tax:	37.48
		<b>Ticket Total:</b>	<b>191.48</b>
AIR CANADA WEB [REDACTED]	[REDACTED]		154.00
		Tax:	37.48
		<b>Ticket Total:</b>	<b>191.48</b>
<b>Total:</b>			

	<b>Grand Total:</b>	382.96
	<b>Less Credit Card Payments:</b>	382.96
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	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.

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: April 30, 2015  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**  
MR FRANCOIS P BELANGER

<b>Cost:</b>			
TKT [REDACTED]	E-TKT	[REDACTED]	60.00
		Tax:	49.48
		<b>Ticket Total:</b>	<b>109.48</b>
TKT [REDACTED]	E-TKT	[REDACTED]	72.00
		Tax:	37.48
		<b>Ticket Total:</b>	<b>109.48</b>

<b>Total:</b>			
		<b>Grand Total:</b>	218.96
		<b>Less Credit Card Payments:</b>	218.96
		<b>Credit / Balance Due To This Invoice:</b>	0.00
		<b>Total Balance Due:</b>	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

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

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

Invoice Number: [REDACTED]  
Date: May 17, 2015  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

For  
MR FRANCOIS P BELANGER

Tuesday, May 12, 2015

✈ Air

WESTJET AIRLINES  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 12May15  
WESTJET ENCO

Flight: 3394 M CLASS  
07:00 AM Equipment: DH4  
07:53 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 12May15  
101 0000 71110000012

Flight: 8153 G CLASS  
06:00 PM Equipment: D8 (300 SERIES)  
06:54 PM

Mile(s) Flown: 163

*fl# 8153 changed  
to 8171*

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 12May15  
AIR CANADA E

Flight: 8171 V CLASS  
07:00 PM Equipment: DH4  
07:52 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]  
Date: May 17, 2013  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Cost:**

TKT- [REDACTED] TKT	[REDACTED]	122.00	
	Tax:	49.48	
	<b>Ticket Total:</b>	<b>171.48</b>	5
TKT- [REDACTED] E-TKT	[REDACTED]	134.00	
	Tax:	37.48	
	<b>Ticket Total:</b>	<b>171.48</b>	6
TKT- [REDACTED] E-TKT EXCHANGED	[REDACTED]	70.00	7
To [REDACTED]			
	<b>Grand Total:</b>	412.96	
	<b>Less Credit Card Payments:</b>	412.96	
	<b>Credit / Balance Due To This Invoice:</b>	0.00	
	<b>Total Balance Due:</b>	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.