

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 June 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)
Jun-15	P-Card	Meetings			155	489	644			
Jun-15	Expense Claim	Meetings				143	143			
Jun-15	Direct Billing	Meetings	1,179				1,179			
Total			\$ 1,179	\$ -	\$ 155	\$ 632	\$ 1,966	\$ -	\$ -	\$ -

Total for the Month \$ 1,966

Maximum daily single meal expense claimed in the month \$ -
 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:

- 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

<u>BELANGER, FRANCOIS</u> Cardholder's Name	<u>VICE PRESIDENT & MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2015</u>
<u>HEALTH OPERATIONS CENTRAL &</u> Cardholder's Dept	<u>SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$644.37</u>
<u>FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # XXXXXXXXXX		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/05/2015	390957785	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	155.32	CAD	155.32	7.40		Executive Leadership Team Mtg - Edmonton - Accommodation - May 19
02/06/2015	392516362	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Executive Leadership Team Mtg - June 2 - Parking Calgary International Airport
02/06/2015	392698568	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86		Executive Leadership Team Mtg - June 2 - Taxi - YEG to SSP
03/06/2015	392516361	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Budget & Benchmarking Workshop Apr 29 - Taxi - F. Belanger/B. Huband SSP to YEG
09/06/2015	393082594	CAPITAL TAXI LTD, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	.00	.00	Executive Leadership Team Mtg - June 9 - Taxi - YEG to SSP
09/06/2015	393301959	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Executive Leadershp Team Mtg - June 9 - Parking - Calgary International Airport
15/06/2015	393715076	PARKING SERVICES, COLLEGES, UNIVERSITIES, PROFESSIONAL	8.00	CAD	8.00	.38		Cancer Centre Mtg at U of C - Parking - June 15
16/06/2015	393853536	YELLOW CAB, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86		Executive Leadership Team Mtg - June 16 - taxi - YEG to SSP
16/06/2015	394043521	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	28.35	CAD	28.35	1.35	.00	Executive Leadership Team Mtg - June 16 - Parking - Calgary International Airport
19/06/2015	394043519	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - June 9 - Taxi SSP to YEG
19/06/2015	394043520	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		Executive Leadership Team Mtg - June 16 - taxi - SSP to YEG

Signatures

Cardholder Designate (if Applicable)

By signing this statement:

- I attest that I have read and understand the statement on BMO Online to the best of my ability as evidenced by AHHS Corporate Policies Program User Guide and Training. I have allocated the transactions to the proper cost centre.

Marlene Hamilton
Name of Cardholder Designate
Marlene Hamilton
Signature of Cardholder Designate

EXECUTIVE COORDINATOR
Cardholder Designate Position Title
June 29, 2015
Date of Signature

Cardholder

By signing this statement:

- 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 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.

FRANCOIS TRUSSARD
Name of Cardholder
Francois Trussard
Signature of Cardholder

VICE PRESIDENT & MEDICAL
Cardholder Position Title
June 29, 2015
Date of Signature

Approver Designate (if Applicable)

By signing this statement:

- 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.

Susan Best
Name of Approver Designate
Susan Best
Signature of Approver Designate

Exce. Assistant
Approver Designate Position Title
June 29/15
Date of Signature

Approver

By signing this statement:

- 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.

Deborah Rhodes
Name of Approver
Deborah Rhodes
Signature of Approver

VP Corp Services & CFO
Approver Position Title
June 30/15
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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:
- Details of pre-approval for travel
- Personal cheque payable to "Alberta Health Services"
- Receipt, refund and/or credit receipts
- Dispute letter
- Business reasons for travel (route, detailed descriptions - include where traveled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10015-107 Street
Edmonton, AS T5J 2E4

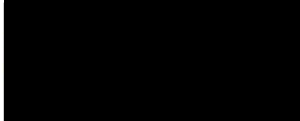
Accounts Payable only:

Reviewed by: _____ Date: _____



①

Mr Francois Belanger



Room Number: [Redacted]

Arrival Date: 05-19-15

Departure Date: 05-20-15

Page No: 1 of 1

Guest Name

INFORMATION INVOICE

Folio No: [Redacted]

05-20-15

Date	Description	Charges	Credits
05-19-15	Room Revenue	145.00	
05-19-15	Destination Marketing Fee - 3%	4.35	
05-19-15	Tourism Levy - 4%	5.97	
05-20-15	Mastercard [Redacted]		155.32
Total		155.32	155.32
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. G.S.T. #866344302 RT 0001

②

RECEIPT
GST NO. R122556194

EXIT No. 44
IN: 06/02/15 05:54
OUT: 06/02/15 19:24
DURATION: 0 13: 30
PAID: \$ 28.35
(GST INCLUDED)
MASTERCARD

REF. 6
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

③

AIRPORT TAXI SERVICE
4608 101 ST.
(7808907070)
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/06/02
TIME 4634 08:35:49
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$5.00
TOTAL

\$60.00

MasterCard
A0000000041010
8DF8A2622FA2BACE
0000008000-EB00
99910B36ABFCA7DB

APPROVED

AU [REDACTED] 01-027
THANK YOU

GARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 80788 7335 RT0001

AIRPORT

DR - BELLAIR + BREW

April 29/2015

SSP Ap

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6N 1C1
780-463-5000

Term ID:4502412503440
Item #:1229
M/C PURCHASE
Dr ID:114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ret. [REDACTED]
Auth [REDACTED]

Visit our line at
COMPRESTIGE.COM
Thank you for being our guest
GST #67184769

Date: 2015/06/07 Time: 05:45:10
Response: AUTH [REDACTED]

CUSTOMER COPY

(7)

5

6

CAPITAL TAXI LTD
9762 54 AVE NW UNIT
EDMONTON AB T5E 0A9
TEL: 780-468-4679 car #669

Term Id: 28021457
Invoice # [REDACTED]
MCRD PURCHASE
CREDIT
App Label: MasterCard
AID: A000000041010
TYP: 0000000000
TSI: 000
Card #: [REDACTED]

APPROVED 000
THANK YOU

AMOUNT \$55.00
TIP \$5.00
=====

TOTAL \$60.00

No signature required

Seq. #: [REDACTED]
Auth. #: [REDACTED]
IC: 724
IC: 2015060909334
Date: 2015/06/09 Time: 06:33:40

***CU

RECEIPT
GST NO. R122556194

EXIT No. A4
IN: 06/09/15 05:58
OUT: 06/09/15 19:05
DURATION: 0 13: 07
PAID: \$ 28.25
(GST INCLUDED)
MASTERCARD

[REDACTED]

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

PLACE ON DASH FACE UP
 Terminal 2
 PLACE ON DASH FACE UP
 Plate: [REDACTED]
 Valid through:
MONDAY 15 JUN 15
6:12 PM
 AMOUNT PAID: \$8.00
 ENTRY TIME: [REDACTED] 12 PM
 RECEIPT NO: [REDACTED]

PLACE ON DASH FACE UP
 Terminal 2
 PLACE ON DASH FACE UP
 Plate: [REDACTED]
 VALID THROUGH:
 15JUN15
 6:12 PM
 AMOUNT PAID:
\$8.00
 ENTRY TIME:
 6/15/2015
 4:12 PM
 RECEIPT NO: [REDACTED]

7

YELLOW CAB
 10135 31 AVENUE NW
 EDMONTON AB T6B-1C2
 780-462-3456

Term Id: 4502414782210
 Item #: 1947
 MasterCard
 PIN: [REDACTED]
 Exp: [REDACTED]
 Exp: [REDACTED]

RID: 4000000041010

APPROVED

AMOUNT	CAD\$55.00
TIP	CAD\$5.00
	=====
TOTAL	CAD\$60.00

Ref: [REDACTED]
 Aut: [REDACTED]
 Ref: [REDACTED]
 TOR: 400000000
 TSI: E800

BOOK ON LINE AT EGMTAXI.COM
 THANK YOU FOR BEING OUR GUEST

GST 100400870

Date: 2015/06/15 Time: 06:24:10
 Response: AUTH [REDACTED]

CUSTOMER COPY

8

9

RECEIPT
GST NO. R122556194

EXIT No. A103
 IN: 06/16/15 09:54
 OUT: 06/16/15 20:22
 DURATION: 0 14: 28
 PAID: \$ 28.35
 (GST INCLUDED)
 MASTERCARD

REF. 15
 THANK YOU FOR
 YOUR VISIT

Calgary International Airport Parkade

10

Margaret Hampong

From: tobias tobias [REDACTED]
Sent: Friday, June 19, 2015 2:04 AM
To: Margaret Hampong
Subject: Fwd: Transaction Receipt - Do Not Reply

Dr. Belanger
June 02/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 19 2015 02:02AM
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 -
Retain this copy for your records

(11)

Margaret Hampong

From: tobias tobias [REDACTED]
Sent: Friday, June 19, 2015 2:05 AM
To: Margaret Hampong
Subject: Fwd: Transaction Receipt - Do Not Reply

Categories: FILE

Dr. Belanger & Brenda Huband
June 09/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jun 19 2015 02:03AM
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

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-May-15 To 20-Jun-15
 Travel Period from: 21-May-15 To 20-Jun-15
 Out-of-Province Travel

Name: Françoise Belanger Position (Title): VP, Medical Director Central & Southern Alberta
 Location: [Redacted] Dep: [Redacted] DOFA Level: [Redacted] Union: Business Phone #: [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	7110500002	\$117.57						\$142.92		
2B	101	0005	7110500002	\$25.25								
2C												
2D												
				\$142.92							TOTAL CLAIM	\$142.92

NOTE: This section auto fills from page 2A, 2B, 2C & 2D. **User to enter Coding & \$ Amounts
 NOTE: These links do not automatically fill for Section C & D.

SECTION F: AUTHORIZATION

I certify that I am an employee of Alberta Health Services and that the claim for my travel, hospitality and working session expenses is for business purposes only. I understand that the claim for my travel, hospitality and working session expenses is for business purposes only. I understand that the claim for my travel, hospitality and working session expenses is for business purposes only.

Employee Signature: *Françoise Belanger* Date: 26-JUN-15

Approved By (PRINT ONLY): Deb Rhodes DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: *Deborah Rhodes* Title: VP Corporate Services & CIO Date: June 30/15

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____

Signature: _____ Title: _____ Date: _____

Personal and financial information on this form is collected to allow the availability of Section 24(1) of the Access to Information Act (ATIA) and sections 8(2) and 34(2) of the Freedom of Information and Access to Information Act (FOIA) Act. Information is collected for the purpose of administering the Expense for Pay program.

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							
22-May-15	Calgary Zone Foundation Mtg - mileage - SPTT to SHC return	AB - Local	Meeting	Yes											33.00
25-May-15	ZCDH Mtg - mileage - SPTT to FMC return	AB - Local	Meeting	Yes											30.00
26-May-15	TBCC Tour - mileage - SPTT to FMC	AB - Local	Meeting	Yes											15.00
2-Jun-15	Executive Leadership Mtg (Edmonton) - mileage SPTT to Calgary International Airport return	AB - Provincial	Meeting	Yes											50.00
5-Jun-15	Panel Discussion - Key challenges for Healthcare Delivery in Care of Patients with Chronic Disease - mileage - SPTT to U of C return	AB - Local	Meeting	Yes											30.00
9-Jun-15	Executive Leadership Mtg (Edmonton) - mileage SPTT to Calgary International Airport return	AB - Provincial	Meeting	Yes											50.00
11-Jun-15	ZMAC Mtg - mileage - Ft Calgary to SPTT	AB - Local	Meeting	Yes											10.00
15-Jun-15	Calgary Zone Leadership Mtg - mileage SPTT to FMC	AB - Local	Meeting	Yes											15.00
SUBTOTALS														Total Kms	
														233.00	

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 \$ \$117.67

Travel \$ Subtotal

Auto fills on page 1 - TOTAL TRAVEL \$ \$117.67

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)

Enter Finance Coding 101 0005 71105000002

Emp # (E-People) XXXXXXXXXX

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							
16-Jun-15	Executive Leadership Team Mtg - Edmonton - mileage SPTT to YYC return	AD - Provincial	Meeting	Yes											50.00
SUBTOTALS															Total Kms 50.00

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 \$ \$25.25

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

Auto fills on page 1 - TOTAL TRAVEL \$ \$25.25

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)

EXPENSE CLAIM DETAILS

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 : May 21, 2015 - June 20, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1 04-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - May 26/15 - Flights cancelled; fees credited for next trip - WestJet - Flt 3394 - YYC - YEG	Marlin Travel	191.48
2 04-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - May 26/15 - Flight cancelled; fee credited for next trip - Ac Flt 8171 - YEG to YYC	Marlin Travel	191.48
3 04-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - June 2/15 WestJet - Flt 3394 - YYC - YEG; A/C Flt 8155 YEG -YYC	Marlin Travel	100.00
4 04-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - June 9/15 WestJet - Flt 3394 - YYC - YEG; A/C Flt 8153 YEG -YYC	Marlin Travel	352.96
5 29-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - June 16/15 WestJet Flt 3394 - YYC - YEG; WestJet Flt 348 - YYC - YEG	Marlin Travel	342.96
Total Paid in the Month					\$ 1,178.88

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: June 4, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MR FRANCOIS P BELANGER

Tuesday, May 26, 2015

✈ Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 26May15
WESTJET ENCO

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

Mile(s) Flown: 163

Cost:		
TKT- [REDACTED]	[REDACTED]	142.00
	Tax:	49.48
	Ticket Total:	191.48

Total:	Grand Total:	191.48
	Less Credit Card Payments:	191.48
	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.....

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: June 4, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MR FRANCOIS P BELANGER

Tuesday, May 26, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 26May15
Seat(s): 10D
AIR CANADA E

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

Mile(s) Flown: 163

Cost:			
TKT [REDACTED]	E-TKT	[REDACTED]	154.00
		Tax:	37.48
		Ticket Total:	191.48

Total:			
		Grand Total:	191.48
		Less Credit Card Payments:	191.48
		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.....

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:

June 4, 2015

Page:

1/2

Our Reference:

INVOICE

For

MR FRANCOIS P BELANGER

Tuesday, June 2, 2015

Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 02Jun15

WESTJET ENCO

Flight: 3394 Q 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: 02Jun15

Seat(s): 03D

AIR CANADA E

Flight: 8155 V CLASS

07:30 PM Equipment: D8 (300 SERIES)

08:24 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] E-TKT EXCHANGED

50.00

TKT- [REDACTED] E-TKT EXCHANGED

50.00

Total:

Grand Total: 100.00

Less Credit Card Payments: 100.00

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

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: June 4, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MR FRANCOIS P BELANGER

Tuesday, June 9, 2015

 **Air**

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 09Jun15
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:** 09Jun15
AIR CANADA E

Flight: 8153 W CLASS
06:00 PM **Equipment:** DH4
06:52 PM

Mile(s) Flown: 163

Cost:

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

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

Invoice Number: [REDACTED]
Date: June 4, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	352.96
Less Credit Card Payments:	352.96
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.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch:
Agent:
Tel: 780-425-8611
To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:
Date: June 29, 2015
Page: 1/2
Our Reference:

INVOICE

For
MR FRANCOIS P BELANGER

Tuesday, June 16, 2015

Air

WESTJET AIRLINES **Flight:** 3394 **M CLASS**
From: CALGARY AB **07:00 AM Equipment:** DH4
To: EDMONTON INTL AB **07:53 AM** **Mile(s) Flown:** 163
Stops: 0 **Arrival:** 16Jun15
WESTJET ENCO

Air

WESTJET AIRLINES **Flight:** 348 **M CLASS**
From: EDMONTON INTL AB **06:20 PM Equipment:** 73W
To: CALGARY AB **07:08 PM** **Mile(s) Flown:** 163
Stops: 0 **Arrival:** 16Jun15

Cost:

TKT- **E-TKT** **244.00**
Tax: 98.96
Ticket Total: **342.96**

Total:

Grand Total: 342.96
Less Credit Card Payments: 342.96
Credit / Balance Due To This Invoice: 0.00
Total Balance Due: 0.00

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