

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 July 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)
Jul-15	P-Card	Meetings			372	331	703			3
Jul-15	Expense	Meetings		60		680	740			
Jul-15	Direct Billing	Meetings	515				515			
Total			\$ 515	\$ 60	\$ 372	\$ 1,011	\$ 1,958	\$ -	\$ -	\$ 3

Total for the Month \$ 1,961

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 172
 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

BELANGER, FRANCOIS	VICE PRESIDENT & MEDICAL	Billing Reporting Period:	20/07/2015
Cardholder's Name	Cardholder's Position/Title		
HEALTH OPERATIONS CENTRAL &	SOUTHPORT	Total Statement Amount:	\$708.12
Cardholder's Dept	Cardholder's Site/Location		
FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address:			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/06/2015	394484001	MPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Executive Leadership Team Mtg - Edmonton - Parking
25/06/2015	394777224	THE WESTIN EDMONTON, WESTIN HOTELS	226.58	CAD	226.58	38.12	.00	Executive Leadership Team Mtg & AARP Mtg - Edmonton - accommodation - June 23 and 24
29/06/2015	395261869	CalgParkAut ██████████ GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	6.25	CAD	6.25	.30	.00	Parking at downtown Calgary for CPTP National Launch (UC Campus)-Jun 29
30/06/2015	395261898	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.68	.00	Airport Taxi to ELT mtg at SSP-Jun 30
30/06/2015	395441742	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	.00	Parkade at Calgary International Airport-Jun 30 re: ELTmtg in Edmonton
08/07/2015	395905425	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	Infinity transportation from SSP to airport for flight to Edmonton-Jun 18 re: ELT meeting
14/07/2015	395543006	MPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.33	.00	Parking @ Cross Cancer Institute, Edmonton-Jul 14 re: ISA meeting
15/07/2015	395668378	MPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Parking @ Cross Cancer Institute, Edmonton-Jul 15 re: CCI Tour
16/07/2015	395668826	THE WESTIN EDMONTON, WESTIN HOTELS	208.98	CAD	208.98	33.30	.00	Westin Hotel-ELT- Jul 14and CCI Tour Jul 15

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/06/2015	394593310	MPARK00020258U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Parking - AARP mtg, Edmonton -Jun 24

Signatures
Cardholder Designate (If Applicable)

By signing this statement

- 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.

Margaret Flompong
Name of Cardholder Designate

Exec Adm Asst.
Cardholder Designate Position/Title

M Flompong
Signature of Cardholder Designate

Jul 21, 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 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.

BELANGER, FRANCOIS
Name of Cardholder

VICE PRESIDENT & MEDICAL
Cardholder Position/Title

Francois Belanger
Signature of Cardholder

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.

Lorinda Trocuel
Name of Approver Designate

Executive Associate
Approver Designate Position/Title

L Trocuel
Signature of Approver Designate

08/06/15
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.

Vickie Kaminski
Name of Approver

President & CEO
Approver Position/Title

Vickie Kaminski
Signature of Approver

Aug. 6, 2015
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:
 - 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.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only.

Reference #:

Reviewed by:

Date:

F. Belanger

①

⑦

⑧

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
JUN 23, 2015

Purchase Date/Time: 08:53am Jun 23, 2015

Total Parking: \$23.81

Total gst: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket #:

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

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

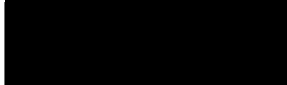
Card: MasterCard

Auth #:

GST #887315638RT0001

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

05:06 PM
JUL 14, 2015

Purchase Date/Time: 01:06pm Jul 14, 2015

Total Parking: \$26.67

Total gst: \$1.33

Total Due: \$28.00

Total Paid: \$28.00

Ticket #:

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$28- 4 hours
Payment Type: Card

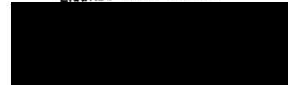
Card: MasterCard

Auth #:

GST #887315638RT0001

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
JUL 15, 2015

Purchase Date/Time: 07:51am Jul 15, 2015

Total Parking: \$23.81

Total gst: \$1.19

Total Due: \$25.00

Total Paid: \$25.00

Ticket #:

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

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

Card: MasterCard

Auth #:

GST #887315638RT0001

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

Mr. Francois Belanger
Alberta Health Services

Page Number :
Guest Number:
Folio ID :
No. Of Guest:
Room Number :
Room Rate :

Invoice Nbr:
Arrive Date: 23-JUN-15 18:23
Depart Date: 24-JUN-15 06:47

Email: MEA.MOORE@MARLINTRAVEL.CA Club Account:

Tax Invoice

Tax ID: 815461330RT0001

The Westin Edmonton 24-JUN-15 06:47

Date	Reference	Description	Charges	Credits
23-JUN-15		Internet	2.86	
23-JUN-15		GST	0.14	
23-JUN-15		Room Charge	172.00	
23-JUN-15		GST	8.86	
23-JUN-15		Destination Marketing Fee	5.16	
23-JUN-15		Tourism Levy	7.09	
23-JUN-15		Parking Self	29.00	
23-JUN-15		GST	1.45	
24-JUN-15		Mastercard		-226.56
		** Total	226.56	-226.56
		*** Balance	0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM)

Continued on the next page

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F. Belanger

AIRPORT TAXI SERVICE
4608 101 ST. (7808907070)
EDMONTON, AB
T6E 5G9

Term ID: 05219882

Purchase

MASTERCARD Entry Method: C

Invoice #: [REDACTED]

Amount: \$ 55.00

Tip: \$ 5.00

Total: \$ 60.00

2015/06/30 00:00:00

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: [REDACTED]

MasterCard
A0000000041010
CA FD CE BA AF B3 C3 EB
00 00 00 00 00
E8 00
39 12 B8 E7 51 BC A7 C3

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

GST 80363 9434 RT0001

CALGARY PARKING AUTHORITY (403) 537-7000

Terminal [REDACTED]
Plate: [REDACTED]

Zone: [REDACTED]

Valid through:

MONDAY 29 JUN 15

11:31 AM

AMOUNT PAID: \$6.25 (GST incl.)

Start Time: 6/29/2015 9:25 AM
FREE Battery Boosting & Tire Inflation Services (403) 537-7000

Auth No: [REDACTED]

Receipt No: [REDACTED]

RECEIPT
GST NO. R122556194

EXIT No. A103
IN: 06/30/15 05:50
OUT: 06/30/15 18:23
DURATION: 0 12: 33
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

(6)

Margaret Hampong

From: tobias tobias [REDACTED]
Sent: Wednesday, July 08, 2015 1:08 AM
To: Margaret Hampong
Subject: Fwd: Transaction Receipt - Do Not Reply

Dr.Belanger
June 16/2015
SSP>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
------	----------

ORDER ID	[REDACTED]
CUSTOMER ID	Dr Francois Belanger
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD

DATE	Jul 8 2015 01:06AM
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

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⑨ P1/2

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

Francois P Belanger

Page Number : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
No. Of Guest : [REDACTED]
Room Number : [REDACTED]
Room Rate : 159.00
Club Account:

Invoice Nbr: [REDACTED]
Arrive Date: 14-JUL-15 18:39
Depart Date: 15-JUL-15 07:38

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 15-JUL-15 07:38 [REDACTED]

Date	Reference	Description	Charges	Credits
14-JUL-15	[REDACTED]	Room Charge	159.00	
14-JUL-15	[REDACTED]	GST	8.19	
14-JUL-15	[REDACTED]	Destination Marketing Fee	4.77	
14-JUL-15	[REDACTED]	Tourism Levy	6.55	
14-JUL-15	[REDACTED]	Parking Self	29.00	
14-JUL-15	[REDACTED]	GST	1.45	
15-JUL-15	[REDACTED]	Mastercard		-208.96
		** Total	208.96	-208.96
		*** Balance	0.00	

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Continued on the next page

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I, Dr. Francois Belanger, attest that the travel expense listed below was incurred related to AHS business and was not previously claimed. The receipt was lost.

24 June 2015

Impark 00020256U, Automobile Parking Lots and Garages
Parking for AARP meeting – Jun 24

\$ 25.00

A handwritten signature in black ink that reads "Francois P. Belanger".

Francois P. Belanger, MD, FRCPC
Vice President and Medical Director, Central and Southern Alberta
Zone Medical Director, Calgary Zone

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-Jun-15 To 20-Jul-15
 Travel Period from: 21-Jun-15 To 20-Jul-15 (if applicable)
 Out-of-Province Travel

Name: Francois Belanger Position (Title): VP, Medical Director, Central & Southern Alberta

Location: [REDACTED] Dept: [REDACTED] DOFA Level: [REDACTED] (if applicable) Union: [REDACTED] 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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0005	71105000002	\$740.14
2B	101	0005	71105000002	
2C				
2D				
				\$740.14

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

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense

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

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

TOTAL REIMBURSEMENT

Total Section B	\$740.14
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$740.14

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 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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature:

[Signature]

Date 30-Jul-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): V. Kaminski

DOFA Level

Position #

Phone

Ext

I, by signing this form, attest that I am compliant to all the above statements

Signature:

[Signature]

President and CEO

Date

Aug 6/15

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

I, by signing this form, attest that I am compliant to all the above statements

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 T6J 3E4

EXPENSE CLAIM DETAILS

Enter Finance Coding		101	0005	71105000002	Emp # (E-People)				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 those 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 = trlr?) 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 mee), 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-Jun-15	ZCDH Meeting - mileage - SPTT to FMC return	AB - Local	Meeting	Yes								30.00
21-Jun-15	ELT Meeting - Edmonton - mileage - SPTT to SSP plus dinner	AB - Provinc ial	Meeting	Yes	D-\$20.75	\$20.75						308.00
22-Jun-15	AARP Funding Working Group meeting - Edmonton - mileage - ATB Place to SPTT plus breakfast	AB - Provinc ial	Meeting	Yes	B-\$9.20	\$9.20						300.00
29-Jun-15	Canadian Partnership for Tomorrow National Launch and ZCDH Performance Review Mtg - SPTT to 908-6 Ave to FMC	AB - Local	Meeting	Yes								15.00
30-Jun-15	ELT Meeting - Edmonton - mileage - SPTT to YYC Airport return	AB - Provinc ial	Meeting	Yes								50.00
8-Jul-15	CCP Announcement Event - McCall Tower - SPTT to FMC return	AB - Provinc ial	Meeting	Yes								30.00
14-Jul-15	Cross Cancer Institute Meeting - Edmonton - SPTT to CCI plus dinner	AB - Local	Meeting	Yes	D-\$20.75	\$20.75						307.00
15-Jul-15	CCI Tour - Edmonton - mileage - CCI to SPTT plus breakfast	AB - Provinc ial	Meeting	Yes	B-\$9.20	\$9.20						307.00
SUBTOTALS						\$59.90						Total Kms 1347.00
MLEAGE - 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 <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or <u>per Union Agreement</u>					Enter \$0.605 km, \$0.47 km <u>OR</u> rate per Union Agreement (see Mileage details to the left)					\$0.505		
					Mileage \$					\$680.24		
					Travel \$ Subtotal					\$59.90		
					Auto fills on page 1 - TOTAL TRAVEL \$					\$740.14		
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**

Name :	Dr. Francois Belanger	Reporting Period for the Month of :	June 21, 2015 - July 20, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - June 30/15 - WestJet - Flt 3394 - YYC - YEG	Marlin Travel	171.48
30-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - June 30/15 - AC Flt 8152 - YEG to YYC	Marlin Travel	181.48
30-Jun-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - June 30/15 - AC Flt 8152 changed to AC Flt 8151	Marlin Travel	162.00
Total Paid in the Month					\$ 514.96

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 25, 2015

Page:

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Our Reference:

INVOICE

For

MR FRANCOIS P BELANGER

Tuesday, June 30, 2015

 Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 30Jun15

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: 30Jun15

Seat(s): 13A

AIR CANADA E

Flight: 8151 M CLASS

04:00 PM Equipment: CRJ JET

04:51 PM

Mile(s) Flown: 163

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 30Jun15

Seat(s): 03C

AIR CANADA E

Flight: 8171 W CLASS

07:00 PM Equipment: D8 (300 SERIES)

07:54 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: June 25, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:

TKT [REDACTED] TKT [REDACTED]	122.00	
	Tax:	49.48
	Ticket Total:	171.48 ①
TKT [REDACTED] E-TKT [REDACTED]	144.00	
		37.48
	Ticket Total:	181.48 ②

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:

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

Invoice Number:
Date: June 30, 2015
Page: 1/2
Our Reference:

INVOICE

For
MR FRANCOIS P BELANGER

Tuesday, June 30, 2015

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 30Jun15
Seat(s): 13A
AIR CANADA E

Flight: 8151 M CLASS
04:00 PM Equipment: CRJ JET
04:51 PM

Mile(s) Flown: 163

Cost:

TKT  1-TKT EXCHANGED 

162.00

Total:

Grand Total:	162.00
Less Credit Card Payments:	162.00
Credit / Balance Due To This Invoice:	0.00
Total Previous Payments:	352.96
Total Charges Previous Invoices:	352.96
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

*Change Fee \$50.00
Incremental
Fee for ticket \$112.00