

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 August 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)
Aug-15	P-Card	Meetings				149	149			
Aug-15	Expense Claim	Meetings				87	87			
Aug-15	Direct Billing	Meetings	354				354			
Total			\$ 354	\$ -	\$ -	\$ 236	\$ 590	\$ -	\$ -	\$ -

Total for the Month \$ 590

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 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>20/08/2015</u>
<u>HEALTH OPERATIONS CENTRAL &</u> Cardholder's Dept	<u>SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$149.35</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
21/07/2015	397379851	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86		Airport Taxi Service from Edmonton Airport to AHS-10030-107 St Paza, Edm for Executive Leadership Team mtg on Jul 21, 2015
21/07/2015	397568211	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	.00	Calgary International Airport Parkade on Jul 21, 2015-parking for flight to Edmonton for Executive Leadership Team meeting.
19/08/2015	400174084	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86		Airport Taxi Service-travel to ATB plase for AARP mtg in Edmonton-Aug 19

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<p><u>Margaret Homberg</u> Name of Cardholder Designate</p>	<p><u>Exec Admin Asst</u> Cardholder Designate Position/Title</p>	
<p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Aug 21/2015</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>BELANGER, FRANCOIS</u> Name of Cardholder</p>	<p><u>VICE PRESIDENT & MEDICAL</u> Cardholder Position/Title</p>	
<p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>Aug 28 2015</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p>_____ Name of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p>	
<p>_____ Signature of Approver Designate</p>	<p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Vickie Kaminski</u> Name of Approver</p>	<p><u>President + CEO</u> Approver Position/Title</p>	
<p><u>[Signature]</u> Signature of Approver</p>	<p><u>Sept 8/15</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

F. Belanger

①

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

Tera ID: 05130382

Purchase

[REDACTED]

MASTERCARD

Entry Method: C

Invoice #: [REDACTED]

Amount: \$ 55.00

Tip: \$ 5.00

Total: \$ 60.00

2015/07/21 09:12:00

Seq #: [REDACTED]

Appr Code: [REDACTED]

Resp Code: 01/027

MasterCard
A000000041010
F9 12 D4 7A B6 5E F5 6C
00 00 00 00 00
E8 00
24 8C 00 BF 00 E0 D1 29

APPROVED
Thank You

Customer Copy

- IMPORTANT -
retain this copy for your records

GST 82261 5126 RT0001

RECEIPT
GST NO. R122556194

②

EXIT No. A4
IN: 07/21/15 05:49
OUT: 07/21/15 19:14
DURATION: 0:13:25
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

[REDACTED]

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

F. Belanger

2/2

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

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/08/19
TIME 0500 08:21:32
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
AMOUNT \$55.00
TIP \$5.00
TOTAL
\$60.00



MasterCard
A0000000041010
7047494C24EEC6A
000008000-E800
41-1D5020ACC1ED3B

APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST#833763998

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
BELANGER, FRANCOIS	VP & Medical Director, Central & Southern Alberta	Calgary	86.90

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/21/2015	ELT Meeting in Edmonton		Mileage	12.63	SPTTower	Calgary International Airport		1			25
7/28/2015	ACH Tour with Minister of Health and CIHR Funding announcement		Mileage	10.61	Southport Tower	Alberta Children's Hospital		1			21
7/21/2015	ELT Meeting in Edmonton		Mileage	12.63	Calgary International Airport	SPTTower		1			25
7/28/2015	ACH Tour with Minister of Health and CIHR funding announcement		Mileage	10.61	Alberta Children's Hospital	Southport Tower		1			21
8/17/2015	CalZ Sr Leadership Team Meeting		Mileage	7.58	SPTTower	Foothills Medical Centre		1			15
8/17/2015	CalZ Sr Leadership Team Mtg		Mileage	7.58	Foothills Medical Centre	SPTTower		1			15
8/19/2015	AARP Working Group Mtg in Edmonton		Mileage	12.63	SPTTower	Calgary International Airport		1			25
8/19/2015	AARP Working Group Mtg in Edmonton		Mileage	12.63	Calgary International Airport	SPTTower		1			25
Approver(s) for the claim		Approval Status		Approval Date							
KAMINSKI, VICTORIA		Approve		7-Oct-15							

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 : July 21, 2015 - August 20, 2015
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Jul-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - July 21/15 - - YYC - YEG	Marlin Travel	10.50
16-Jul-15	Direct Billing	Airline Ticket	Executive Leadership Team Mtg - July 21/15 - - YEG to YYC	Marlin Travel	342.96
Total Paid in the Month					\$ 353.46

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: [REDACTED]
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MR FRANCOIS P BELANGER

Tuesday, July 21, 2015

 **Air**

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 21Jul15
WESTJET ENCO

Flight: 3394 M CLASS
07:00 AM **Equipment:** DH4
07:49 AM

Mile(s) Flown: 163

 **Air**

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 21Jul15

Flight: 348 M CLASS
06:20 PM **Equipment:** 73W
07:08 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] E-TKT	[REDACTED]	244.00
	Tax:	98.96
	Ticket Total:	342.96
WESTJET WEB [REDACTED]	[REDACTED]	10.50

Total:

Grand Total:	353.46
Less Credit Card Payments:	353.46
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00