

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 November 2015

							Travel (1)							
Month-Year	Source Document	Purpose	Airfa	are	Meals	Acc	ommodation	Other Fravel	Total Travel	Professional Development (2)	Se: Host Hos	orking ssions ing and pitality (3)	0	other (4)
Nov-15 Nov-15 Nov-15	P-Card Expense Claim Direct Billing	Meetings Meetings Meetings		533	30		789	395 741	1,184 771 533					263
Total			\$	533	\$ 30	\$	789	\$ 1,136	\$ 2,488	\$	- \$	-	\$	263

Total for

the Month \$ 2,751

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.

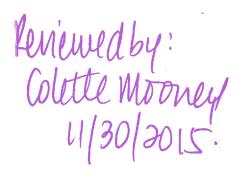
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

P-Card details Online ® Cardholder Statement Report

Instruction:			
Attached ALL original detailed received.	ipts and supporting documents in the sa	me order as it appears on this stat	ement
Cardholder AND Approver's signature			1904 E
BELANGER, FRANCOIS Cardholder's Name	VICE PRESIDENT & MEDICAL	Politica of Physics and Aller Co.	
HEALTH OPERATIONS CENTRAL &	Cardholdar's Position/Title SOUTHPORT	Billing Reporting Period:	20/11/2015
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount	\$1,446.99
FRANCOIS.BELANGER@ALBERTAHE	ALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Frensection	Trana ID	Merchant Name & Description	Trans Original	Currency	Trans Amount	GST	Consess	Description
Date			Amount	Correctory	11 dries 5-driesewin	Gai	Lichilli	n description
	407123468	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking for flight -Calgary-Edmonton for EL and ZLT meetings on Oct 20-21
	407123467	THE WESTIN EDMONTON, WESTIN HOTELS	190.86	CAD	190.86	35.70	.00	Accommodation for Oct 20 (Executive Leadership Team meeting); Oct 21(Zone Leaders Team meeting) in Edmonton.
29/10/2015	408264034	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	76.00		76.00	3.57		faxi on Oct 26 from Edmonton airport to Wastn for Quality Summit (2 additional persoangers)
	407917914	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking Oct 27 for Calgary-Edmonton flight Physician Engagement Workshop.
28/10/2015	407687042	THE WESTIN EDMONTON, WESTIN HOTELS	207.70	CAD	207 70	38.85	.00	Accommodation for Oct 26 (Quality Summit
3/11/2015	408534122	STONERIDGE MOUNTAIN RE, LODGING HOTELS, MOTELS, RESORTS	282.76	CAD	262.76	12.51		Accommodation for Executive Leadership Retreat- Nov 2-3, Canmore
6/11/2015	408930573	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	18.10	CAD	16.10	.71		Text for RGH reception-Martinez Family Support Protocol.
9/11/2015	409264294	247 TAXI, LIMOUSINES AND TAXICABS	62.00	GAD	62.00	2.95	.00	Tool on Nov 9 from EDM airport to Westin fi ELT meeting
V11/2015	109493539	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking on Nov 10 for Calgary-Edmonton hight for Executive Leadership Team meeting
/11/2015	109264295	THE WESTIN EDMONTON, WESTIN HOTELS	178.51	CAD	178.51	33.36		Accommodation on Nov 9 for Executive Leadership mig
7/11/2015	109908362	MPARK00020255U, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.18	.00	Parking on Nov 17 for Executive Leadership Team meeting.
V11/2015	110051110	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	27.50	CAD	27.50	1.31		Parking on Nov 17 at Univ. of Alberta for PH meetings.
/11/2015	10256187	THE WESTIN EDMONTON, WESTIN HOTELS	211.98	CAD	211.96	33.39	.00	Accommodation on Nov 17 for ELT meeting and AARP meeting on Nov 18.

3161	o willout R	eceipts or supporting documentation				2		
Transaction Date	Trans ID	Merchant Name & Cescription	Trans Original Amount		Trans Amount	GST	Freigh	Description
09/11/2015		AHS PLC PARKING ZEAG, AUTOMOBILE PARKING LOTS AND GARAGES	13.50	CAD	13.60	.64		Parking at PLC for Vescular Opening and meeting Minister -Nov 9



AJHS. prod

3

4

9

1/I

12

14

RUN DATE: 11/24/2015



P-Card details Online ® Cardholder Statement Report

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. Morganet Homor S Name & Cardholder Designate Signature of Cardholder Designate Date of Signature	Signatures		
Eignature of Cardiolater Senionals Signature of Cardiolater Senionals Signature of Cardiolater Senionals Signature of Cardiolater Senionals Signature of Cardiolater Senionals I attest that I have read and undicratated 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 submitted in this calam have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. I attest that expenses submitted in this calam have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. Approver Designate (If Applicable) Signature of Cardiolater Positionals Signature of Cardiolater Positionals Approver Designate (If Applicable) Signature of Cardiolater Positionals Signature of Approver Designate (If Applicable) I attest the expenses and/ozed in this calam have been incurred by using a cost effective method, otherwise rationals and supporting analysis is esterone. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationals and supporting snalysis is provided. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. I attest the expenses endosed in this claim have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. I attest the expenses endosed in this claim have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. I attest the expenses endosed in this claim have been incurred by using a cost effective method, otherwise rationals and supporting analysis is provided. I attest the e	Cardholder Dealgnate (If Applicable) By signing this statement I hereby certify that I have reviewed and rev Program User Guide and Training. I have a	conciled this statement in BMO Online to the best of my ability in a flocated the transaction(s) to the proper cost centre.	occordance to AHS Corporate Policies.
Signature of caregogies presso also Carefolder By signing his statemen 1 aftest that I have read and undorstand the "Travel Hospitality and Working Session Expense Policy (1122)" of Albarta Health Services and confirm expenses being claimed are in compliance with such policy. 1 aftest the expenses endorsed in the claim as to revisit beariness purposes for Albarta Health Services and that this define has been bearined by the common many bearill from Albarta Personal Endorse		Cardholder Designate Position/Title	
By signing this estatement I aftest 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 the claim set of 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 personals expenses submitted in this claim have been known by the services of any other Organization. A personal cheque for any personals expenses submitted in this claim have been known by the services of any other Organization. A personal cheque for any personal expenses submitted in this claim have been known by the services of any other Organization. A personal cheque for personal pe	Signature of Cardholder Designate	Nov 23 (5 Date of Signature	
a latest the expenses enclosed in this claim has for visid 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 Ciganization A personal cheque for any personal supporting analysis is least that expenses submitted in this claim have been incurred by using a cost effective metitor, dishrevise rationale and supporting analysis is provided. Approver Dealgrate (if Applicable) Py significant of Cardinolder Approver Dealgrate (if Applicable) I satisfy that the supplication of the claim are for visid business purposes for Alberta Health Services and that this claim has not been previously claimed by the internation on their behalf from Alberta Health Services or any other Ciganization A personal cheque for personal expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationals and supporting analysis is. Approver Dealgratie Position*Title Signature of Approver Designate Approver Dealgratie Position*Title Signature of Approver Designate 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 cleamed are in compliance with such policy. I attest that appearses endocaded in this claim are for visid business purposes for Alberta Health Services and that this dam has not been previously cleared by the claim of the personal different Alberta Health Services or any other Ciganization. A personal cheque for personal expenses undivisited in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Name of Approver Signature of Approver De	Cardholder		
claimed by me or on my behalf from Alberta health services or any other contents attached. I attent that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Approver Designate (if Applicable) By signify this statement. I attent that 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 attent the expenses endoced 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 chaque for personal expenses individually an expense submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysts is provided. Name of Approver Designate Approver Designate Position/Title Signature of Approver Designate Approver Designate Position/Title Signature of Approver Designate Approver Designate Position/Title Signature of Approver Designate in the claim are for valid business purposes for Alberta Health Services and that their expenses being cleimed are in compliance with such policy. I states that have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being cleimed are in compliance with such policy. I states the expenses enclosed in the claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimed to on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses individually and the such policy of the claim that the expenses submitted in this claim have been incurred by using a cost effective method, otherwise	expenses being claimed are in compilance	with such policy.	hat this claim has not been previously
BELANCER, FRANCES Signature of Cardholder Approver Designates (if Applicable) By spring the 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 endosed in this claim are for veild business purposes for Alberta Health Services and that the claim has not been previously claimed by the delarnat or on their behalf from Alberta Health Services or any other Organization A personal cheque for personal expenses inadvertently claimed by the delarnat or on their behalf from Alberta Health Services or any other Organization A personal cheque for personal expenses inadvertently claimed by the delarnat or on their behalf from Alberta Health Services or any other Organization A personal cheque for personal expenses inadvertently claimed by the delarnat 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. 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 for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services and that this claim has not been previously claimed by the claimant or on the	claimed by me or on my behalf from Albert	9 Health Selvices of Strik origin Cladings from the formatter and the self-	
Signature of Approver Designate I states the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I states the expenses submitted in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the deliment or on their behalf from Alberta Health Services or any other Organization A personal cheque to personal expenses insiderarintly changed has been orbitating. I states that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Name of Approver Designate Date of Signature I stated 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 stated 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 stated that 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 stated that 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 stated that expenses submitted in this claim are for valid business purposes for Alberta Health Services and that the claim has not been previously claimed by the claiment or on their behalf from Alberta Health Services or any other Organization A personal cheque previously provided. Name of Approver Signature of Approver Personal cheque provided		VICE PRESIDENT & MEDICAL	•
Signature of Cardholder Approver Designate (if Applicable) By agining this estatement 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 euch policy. I attest the expenses endosed 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 in their behalf from Alberta Health Services or any other Organization A personal chegus for personal expenses institutionally and the claim of Approver Designate and supporting analysis is provided. Name of Approver Designate Approver Designate Signature of Approver Designate Approver Designate Dates of Signature Approver Designate and supporting analysis is provided. Approver Designate and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed by the claimant or on their behalf from Alberta Health Services are of 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 indevertently charged has been obtained. I attest the expenses enclosed in this claim have been incurred by using a cost effective method, otherwise rationale and supporting enalysis is provided. Signature of Approver Submit approved statement with attachments to Accounts Payable: Altachi: Original (or scanned) itemized receipts with documented business reasons including names of participants where required Personal checup payable to "Alberta Health Services" Personal checup payable to "Alberta Health Servic		Cardholder Position/Title	
Approver Designate (if Applicable) By signify this estatement By signify this estatement 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 indivertinely claimed by the claimant or on their behalf from Alberta Health Services or any other Organization A personal expenses indivertinely claimed by the claimant or on their behalf from Alberta Health Services or any other Organization A personal cheque for personal expenses indivertinely claimed for the provided. Name of Approver Designate 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 have been incurred by using a cost effective method, otherwise retionale and supporting analysis is provided. I attest the expenses enclosed in this claim have been incurred by using a cost effective method, otherwise retionale and supporting analysis is provided. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest that expenses submitted in this claim have been incurred by using a cos	# 13/10	Along no lit	
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 complemose with such policy. I attest the expenses endosed 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 inadverently claimed by the claimant or on their behalf from Alberta Health Services or any other Organization A personal cheque for personal expenses inadverently claimed by the claimant or personal expenses inadverently busing a cost effective method, otherwise rationals and supporting analysis is provided. Name of Approver Designate Approver Designate Approver Designate Position/Title Signature of Approver Designate Approver By signing this estatement 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 endosed 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 inadvershily changed has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective merhod, otherwise rationale and supporting analysis is provided. Nestre d'Approver Signature of Approver Designative of Personal cheque proved atatement with attachments to Accounts Payable: Orginal (or scanned) inemized receipts with documented business reasons including names of participants where required Signature of Approver Personal cheque psyclose to "Alberta Health Services" Pers			
By signifing this statement I states 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 euch policy. I statest the expenses enclosed in 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 previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for previously claimed plants expenses submitted in the claim have been incurred by using a cost effective method otherwise rationale and supporting analysis is provided. Name of Approver Designate Signature of Approver Designate Approver By agring 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 endoaced in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest the expenses included in the 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 inadvertantly I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Signature of Approver Signature of Approver Signature of Approver Signature of Approver Personal cheque payable of Alberta Health Services* Return, refund and/or credit receipts Desputes letter Summar servation for travel Desputes letter Business reasons for travel require detailed descriptions – include where travelied to, who attended (if meals), why travel was necessary and detailed	Sighature of Cardholder		
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 undertently charged has been othered. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Name of Approver Designate Approver Designate Position/Title Signature of Approver Designate 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 that they 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 claiment or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses madvertently charged has been otherined. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. Signature of Approver Submit approved statement with attachments to Accounts Payable: Attach: Original (or scanned) itemized receipts with documented business reasons including names of participants where required and or credit receipts or "Alberta Health Services" Personal cheque payable for "Aberta Health Services" Return, refund and/or credit receipts Disputes letter Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if mealt), why travel was percessary and detailed explanation of	By signing this statement I attest that I have read and understand the expenses being claimed are in compliance.	s with such policy.	
Signature of Approver By signing this statement I attest that I have read and understand the "Travel, Hospitality and Working Session Expenso 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 Alborta Health Services and that this claim has not been previously claimed by the claimand 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. Name of Approver Name of Approver Signature of Approver Submit approved statement with attachments to Accounts Payable: Attach: Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signature of Acraholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable Opples of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, return and/or credit receipts Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. Accounts Psysble only: Date:	I attest the expenses enclosed in this claim claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claim.	n are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A person	2
Approver Position/Title Listest 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. Listest 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. Listest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. **Dispose Various Formula Signature** **Dispose of Approver** **Date of Signature** **Date of Signature** **Signal (or scanned) itemized receipts with documented business reasons including names of participants where required **Signed Cardinolder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: **Signed Cardinolder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: **Personal cheque payable to "Alberta Health Services" **Personal cheque payable to "Alberta Hea	-	American Declarate Resilien/Title	
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. Neither of Approver Neither of Approver Submitt approved statement with attachments to Accounts Payable: Approver Position/Title Approver Position/Title Approver Position/Title Approver Position/Title Approver Position/Title Address: Address: Address: Address: Address: Address: Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 Accounts Payable only: Date: Date:	Name of Approver Designate	Withings pesificate a community	
I attest that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy (1122)" of Alberta Health Services and Commitme 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. Name of Approver Name of Approver 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-approvats 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. Payable only: Date:			
I attest the expenses enclosed in this claim are for valid business purposes for Alborta 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest the expenses including names of effective method, otherwise rationale and supporting analysis is provided. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale expenses inadvertently provided. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale expenses inadvertently provided. I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. I attest the expenses rationale and supporting analysis is provided.	Signature of Approver Designate Approver		
Name of Approver Signature of Approver 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-approvats 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. Date: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) as with such policy.	
Signature of Approver 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. Business Payable only: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claim.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122 e with such policy. The are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A person	that this claim has not been previously al cheque for personal expenses inadvertently
Signature of Approver 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. Date: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claim claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claim provided. Vickie Kamusski.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A personair have been incurred by using a cost effective method, otherwise.	that this claim has not been previously al cheque for personal expenses inadvertently
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. Adocumes Payable only: Date:	Signature of Approver Designate Approver By aigning this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimed by th	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy In are for valid business purposes for Alberta Health Services and if from Alberta Health Services or any other Organization. A personair have been incurred by using a cost effective method, otherwise Approver Position/Title	that this claim has not been previously al cheque for personal expenses inadvertently
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. Accounts Payable only: Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 Address: Address: Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed in the claimed of Approver. Name of Approver.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) a with such policy. In are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A personairm have been incurred by using a cost effective method, otherwise Approver Position/Tible Approver Position/Tible	that this claim has not been previously al cheque for personal expenses inadvertently
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. Accounts Payable only: Date:	Signature of Approver Designate Approver By aigning this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed of Approver. Name of Approver. Signature of Approver.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and if from Alberta Health Services or any other Organization. A personal part of the property of the prope	that this claim has not been previously al cheque for personal expenses inadvertently
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. Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street Edmonton, AB T5J 3E4 Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street Edmonton, AB T5J 3E4 Date:	Signature of Approver Designate Approver By aigning this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed of Approver. Name of Approver. Signature of Approver.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and if from Alberta Health Services or any other Organization. A personal part of the property of the prope	that this claim has not been previously all cheque for personal expenses inadvertently be rationale and supporting analysis is
- Signed Cardholder Statement Report (or copies of electronic 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. Accounts Payable only: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant or on their behalf charged has been obtained. Name of Approver Name of Approver Signature of Approver Submit approved statement with attachments.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A personal part of the property	that this claim has not been previously all cheque for personal expenses inadvertently be rationale and supporting analysis is
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. Adosunts Payable only: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed in the claiment of Approver. Name of Approver Signature of Approver. Submit approved statement with attachments. Attach: Original (or scanned) itemized receipts with	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A personal part of the property	that this claim has not been previously all cheque for personal expenses inadvertently be rationale and supporting analysis is Address: Alberta Health Services
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. Adosumts Payable only: Date:	Signature of Approver Designate Approver By aigning this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed in the claiment of Approver. Name of Approver Signature of Approver Submit approved statement with attachments. Attach: Original (or scanned) itemized receipts with where required.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and if from Alberta Health Services or any other Organization. A personal part have been incurred by using a cost effective method, otherwise to Approver Position/Title Approver Position/Title Date of Signature to Accounts Payable:	Address: Alberta Health Services Accounts Payable
Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. Accounts Payable only: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant of the provided. Name of Approver Signature of Approver Submit approved statement with attachments Attach: Original (or scanned) itemized receipts with where required Signed Cardholder Statement Report (or contained) itemized receipts with where applicable. Copies of pre-approvals for travel Personal cheque payable to "Alberta Health"	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A personairm have been incurred by using a cost effective method, otherwise to Accounts Payable: In a documented business reasons including names of participants opies of electronic signatures if signatures are not on report)	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street
meal), why travel was necessary and detailed explanation of reason. Accounts Payable only: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant of the provided. Name of Approver Signature of Approver Submit approved statement with attachments Attach: Original (or scanned) itemized receipts with where required Signed Cardholder Statement Report (or contained) itemized receipts with where applicable. Copies of pre-approvals for travel Personal cheque payable to "Alberta Health"	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. In are for valid business purposes for Alberta Health Services and from Alberta Health Services or any other Organization. A personairm have been incurred by using a cost effective method, otherwise to Accounts Payable: In a documented business reasons including names of participants opies of electronic signatures if signatures are not on report)	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street
Payened by: Date:	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claiment or on their behalf charged has been obtained. I attest that expenses submitted in this claiment of Approver. Name of Approver. Signature of Approver. Submit approved statement with attachments. Attach: Original (or scanned) itemized receipts with where required. Signed Cardholder Statement Report (or color and where applicable. Copies of pre-approvats for travel. Personal cheque payable to "Alberta Health."	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. If or a refer valid business purposes for Alberta Health Services and if from Alberta Health Services or any other Organization. A personal part have been incurred by using a cost effective method, otherwise the cost of Signature. Approver Position/Title Date of Signature It to Accounts Payable: It documented business reasons including names of participants opies of electronic signatures if signatures are not on report) In Services.	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street
Payened by: Date:	Signature of Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed by the claimant or on their behalf charged has been obtained. Name of Approver Signature of Approver Submit approved statement with attachments Attach: Original (or scanned) iterrized receipts with where required Signed Cardholder Statement Report (or contained the containe	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. If are for valid business purposes for Alborta Health Services and if from Alberta Health Services or any other Organization. A personal participant of the provided of th	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street
	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed is attest that expenses submitted in this claimed. Name of Approver Signature of Approver Submit approved statement with attachments. Attach: Original (or scanned) itemized receipts with where required. Signed Cardholder Statement Report (or conducted and where applicable). Copies of pre-approvals for travel. Personal cheque payable to "Alberta Health Return, refund and/or credit receipts. Disputes letter Business reasons for travel require detailed meal), why travel was necessary and detailed.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) with such policy. If are for valid business purposes for Alborta Health Services and if from Alberta Health Services or any other Organization. A personal participant of the provided of th	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 1003C-107 Street
	Signature of Approver Designate Approver By signing this statement I attest that I have read and understand the expenses being claimed are in compliance. I attest the expenses enclosed in this claimed by the claimant or on their behalf charged has been obtained. I attest that expenses submitted in this claimed is attest that expenses submitted in this claimed. Name of Approver Signature of Approver Submit approved statement with attachments. Attach: Original (or scanned) itemized receipts with where required. Signed Cardholder Statement Report (or conducted and where applicable). Copies of pre-approvals for travel. Personal cheque payable to "Alberta Health Return, refund and/or credit receipts. Disputes letter Business reasons for travel require detailed meal), why travel was necessary and detailed.	Date of Signature Travel, Hospitality and Working Session Expense Policy (1122) is with such policy. If or allocate Health Services or any other Organization. A personal from Alberta Health Services and if from Alberta Health Services are any other Organization. A personal from Alberta Health Services are cost effective method, otherwise the Approver Position/Title Date of Signature It to Accounts Payable: It documented business reasons including names of participants opies of electronic signatures if signatures are not on report) In Services* It descriptions – include where travelled to, who attended (if side explanation of reason.	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4

3

4

RECEIPT GST NO. R122556194

EXIT No.
IN: 10/20/15 04:53
OUT: 10/21/15 18:17
DURATION: 1 13: 24
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

REF. 8
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

AIRPORT TAX! SERVICE 4608 101 ST. (7808907070)

CARD
CARD TYPE MASTERCARD
DATE 2015/10/26
TIME 0499 08:41:29
INVOICE #
RECEIPT NUMBER

PURCHASE
AMOUNT \$65.00
TIP \$10.00
TOTAL

\$75.00

MasterCard A0000000041010 808AB4B2D9E383A2 0000006000-E800 97DA3EA3394EB852

APPROVED

AUTH: 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 85544 1416 RT0001

RECEIPT GST NO. R122556194

EXIT No. A103
IN: 10/26/15 05:52
OUT: 10/27/15 18:52
DURATION: 1 13: 00
PAID: \$ 58.70

(GST INCLUDED)
MASTERCARD

THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

Francois Belanger

WESTIN[®]

HOTELS & RESORTS

20-OCT-15

Page Number Guest Number Folio ID

Arrive Date Depart Date No. Of Guest Room Number

21-OCT-15 Club Account

Invoice Nbr

18:35 07:46

Copy invoice

815461330RT0001 Tax ID

The Westin Edmonton 2:	3-NOV-15 14:56		
Date Persone	Description	Charges (CAD)	Credits (CAD)
20-OCT-15	Room Charge	170.00	
20-OCT-15	GST	8.76	
20-OCT-15	Destination Marketing Fee	5.10	# ·
20-OCT-15	Tourism Levy	7.00	
21-OCT-15	Mastercard		-190.86
,			
	** Total	190.86	-190.86
	*** Balance	-0.00	

KIDS EAT WELLAT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Sup erchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell

Continued on the next page

mitt

Executive leadeship Oct 20-15 Zone Leaders Oct 21-15

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7

Tel: 780-426-3636 Fax: 780-428-1454

Francois Belanger

WESTIN

HOTELS & RESORTS

Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number

Invoice Nbr 16:34 27-OCT-15 07:34

Copy Invoice

Club Account

Tax ID : 815461330RT0001

The Westin Edmonton 23-	NOV-15 14:54	741	
Date Reference	Description	Charges (CAD)	Credits (CAD)
26-OCT-15	Room Charge	185.00	
26-OCT-15	GST	9.53	
26-OCT-15	Destination Marketing Fee	5.55	-
26-OCT-15	Tourism Levy	7,62	
27-OCT-15	Mastercard		-207.70
	** Total	7n+1 207.70	-207,70
	*** Rajance	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



Continued on the next page

MARCH



Page 1 of 1

Stoneridge Resort

30 Lincoln Park Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Dr Francois Belanger

Room Folio	Checkin	CheckOut	Balance
	11/02/15	11/03/15	0.00
Master Folio	Meeting	Room Package	Executive

Date	Room	Description / Vous	her	Charges	Credits	Balance
11/02/15		Meeting Room Package	Executive	239,00	0.00	239.00
11/02/15	> 1	GST		12.20	0.00	251.20
11/02/15		Resort Fee		4.87	0.00	256.07
11/02/15	The state of the s	Alberta Tourism Levy		6.69	0.00	262.76
11/03/15		Mastercard -		0.00	262.76	0.00
		Balance Due		1	Autoria status.	0.00
	eda e	Summary and Taxes				
		Taxable Sales	239.00			to de la constante de la const
	and the same of th	Resort Fee - 3%	4.87	there is a	THE STATE OF THE S	2
	and the same of th	Alberta Tourism Levy -	4% 6.69			2 100
		GST - 5%	12.20	1		
				į.	TO A COLUMN TO A C	de opper de a sept)
						de malana en qui dil
		Tho	room package includ	des accomi	modation at	
			e rate of \$161.46 per			
				_		
			ting room usage alor			
		Supr	olies/equipment discl	osed under	r "Other"	ė.
					and the state of	
						Otherwan
						incompany of the second
				To Contain the		Constant
	1			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
				durent +		1
				HEX.) (waste on		
				7000	Prince Visibel	11.224
				1	opposite.	1
					promote the	
					Toward I	
					Christian Charles	1 2
						Course Property
	W occupants					As a succession of the success
						Total B
	i					
				1		
	1					

Check for Specials www.stoneridgeresort.ca Toll Free Direct 1-877-675-5001 Thank you for Staying with Us!

... Pt

8

0

Toxi to RGH

316 MERLOLAN ROAD SE CALGARY, AB T2A 1X2

PASSENGERS: 1

11-06-2015 STAR1: 13:32 END: 13:41 DISTANCE: 52.00 RATE: 1

TAX ANGUNT: \$ 0.67
TIP ANGUNT: \$ 2.10

\$ 13.33

TOTAL : \$ 16.10

MASTER CARD SALE :
APPROVAL NUMBER :

FARE AMOUNT:

MINORPASSENGER COPYXXX

THANK YOU (403)299-9999 MAN, THECHECKERGROUP.COM



24-7 TAXI 10577 109 ST #201 EDMONTON,AB,T5H3B1 NID: 97112250014 CST#: 000000000000000

TID: 011 Operator#:71497

LISTAL CULL.

11/09/2015 22:21:28
Record#: Ratch#

\$55.00

\$7.00

\$62.00

BELANGER

Amount: Tîp<u>:</u>

Total:

Auth Code:

I agree to pay the above total amount according to the card issuer agreement.

Merchant Copy

FRANCOIS.

RECEIPT GST NO. R122556194

EXIT No.
IN: 11/09/15 17:30
OUT: 11/10/15 19:37
DURATION: 1 02: 07
PAID: \$ 58.70 (GST INCLUDED)

REF. 59 THANK YOU FOR YOUR VISIT

Calgary International Airport Parkade

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax; 780-428-1454

Francois Belanger

WESTIN

HOTELS & RESORTS

Page Number Guest Number Folio ID Arrive Date Depart Date No. Of Guest Room Number Club Account

Invoice Nbr 09-NOV-15 22:23 10-NOV-15 07:19

Copy Invoice

Tax ID : 815461330RT0001

The Westin Edmonton 2	23-NOV-15 14:54		
Date Reference	Description	Charges (CAD)	Credits (CAD)
09-NOV-15	Room Charge	159.00	
09-NOV-15	GST	8.19	
09-NOV-15	Destination Marketing Fee	/ 4.77	
09-NOV-15	Tourism Levy	6.55	
10-NOV-15	Mastercard	V	-178.51
	** Total	178.51	-178.51
	*** Balance	0.00	

BETTER BALANCE - The soothing scent of White Tea revitalizes and uplifts from the moment you step through our doors. Enhance any environment by taking our signature scent home with you. Learn more at westin,com/store

Continued on the next page

Executive Leadership NOV 9-15

12

RECEIPT IMPARK LOT 256 NO IN AND DUT PRIVILEGES

License Plate Number

06:00 17, 2015

Purchase Date/Time: 08:37am Nov 17, 2015
Total Parking: \$23.61
Total Que: \$25.00
Total Paid: \$25.00
Ticket 4
S/N #: subsequents
Setting: Lot 266
Mach Name: Meter 1 Rate: \$25 - Early Bird Payment Type: Card



DETACH RECEIPT FROM TICKET RECEIPT GST#R108102831

CREDIT CARD NUMBER DISPLAY THIS SIDE UP ON DASHBOARD

AMOUNT PAID

\$ 27.59

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

WESTIN'

HOTELS & RESORTS

Invoice Nbr

18:37

07.25

Francois P Belanger

Page Number :
Guest Number :
Folio ID : A
Arrive Date : 17-NOV-15
Depart Date : 18-NOV-15
No. Of Guest : 1
Room Number :
Club Account :

Copy Tax Invoice

Tax ID	:	815461330RT0001
met - aaa se	ee 1	

The Westin	Edmonton 23-NOV-15 14:55		
Date	Reference Description	Charges (CAD)	Credits (CAD)
17-NOV-15	Internet	2.86	a make a second of the second
17-NOV-15	GST	0.14	
17-NOV-15	Room Charge	i 159.00	
17-NOV-15	GST	8.19	
17-NOV-15	Destination Marketing Fee	4.77	
17-NOV-15	Tourism Levy	6.55	
17-NOV-15	Parking Self	29.00	
17-NOV-15	GST	1.45	
18-NOV-15	Mastercard	*	-211.96
57	** Total	V211.96	-211.96
	*** Balance	0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep movin g. Experience it during your next stay. Learn more at westin.com/newbalance

Continued on the next page

ELT, Edm. AARP Cla Nov 17 - 15

my



I, Dr. Francois Belanger, attest that the travel expense listed below was incurred related to AHS business and was not previous claimed. The change was made by phone - no receipt was provided.

November 9, 2015

AHS PLC Parking ZEAG, Automobile Parking Lots and Garages

\$ 13.50

Francois P. Belanger, MD, FRCPC

Vice President and Medical Director, Central and Southern Alberta

Zone Medical Director, Calgary Zone

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
BELANGER,	VP & Medical Director,	Calgary	771.14
FRANCOIS	Central & Southern Alberta		

KAMINSKI, VICTORIA

Approve

4-Dec-15

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/21/2015	Zone Leaders Meeting - Edmonton		Mileage	11.75	Calgary International Airport	Southport Tower		1			25
10/26/2015	Quality Summit, Edmonton		Mileage	11.75	Southport Tower	Calgry International Airport		1			25
10/26/2015	Quality Summit and Physician Engagement and Advocacy Workshop		Meals Per Diem	29.95			B/Fast & Dinner	1			
10/27/2015	Physician Engatement and Advocacy Workshop - Edmonton		Mileage	11.75	Calgary International Airport	Southport Tower		1			25
10/28/2015	Health Policy Assembly - Banff		Mileage	63.45	Southport Tower	Banff Conference Centre, Banff		1			135
10/30/2015	Health Policy Assembly		Mileage	63.45	Banff Conference Centre - Banff	Southport Tower		1			135
11/2/2015	Executive Leadership Retreat - Canmon	e	Mileage	51.70	Southport Tower	Canmore		1			110
11/3/2015	Executive Leadership Retreat - Canmon	e	Mileage	51.70	Canmore	Southport Tower		1			110
11/5/2015	Quality and Safety Leadership Forum		Mileage	5.17	South Health Campus	Southport Tower		1			11
11/9/2015	Executive Leadership Team Meeting - Nov 10, 2015		Mileage	11.75	Southport Tower	Calgary International Airport		1			25
11/10/2015	Executive Leadership Team Meeting		Mileage	11.75	Calgary International Airport	Southport Tower		1			25
11/12/2015	Calgary Zone Medical Administrative		Mileage	4.70	Fort Calgary	Southport Tower		1			10
11/16/2015	Zone Medical Administrative Committee and other meetings		Mileage	7.05	Southport Tower	Foothills Medical Centre		1			15
11/17/2015	Executive Leadership Team Meeting		Mileage	144.76	Southport Tower	Seventh Street Plaza, Edmonton		1			308
11/18/2015	AARP Funding Group and other meetings		Mileage	144.76	Seventh Street Plaza, Edmonton	Southport Tower		1			308
11/20/2015	ARP Steering Committee - Funding Model		Mileage	145.70	Southport Tower	Red Deer return	Return trip from Southport to Red Deer	1			310
Approver(s) for t	the claim Approval	Status	Approval Date		<u> </u>			<u> </u>			



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: Reporting Period for the Month of: Oct 21 to Nov 20, 2015 Francois Belanger Name:

YES

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amo	ount Paid
26-Oct-15	Direct Billing	Airline Ticket	Quality Summit and Physician Engagement Workshop Oct 26, 27 - YYC to YEG WestJet return	Marlin Travel		\$382.96
9-Nov-15	Direct Billing	Airline Ticket	Executive Leadership Team Nov 9, 10 - YEG to YYC - Air Canada (return). Flight Credits used for AC with charges for cancellation and changes to flight	Marlin Travel		\$150.00
Total Paid in th	ne Month				s	532.96

François Belanger, MD VP and Medical Director

Central and Southern AB

and ZMD, Calgary Zone

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

GST Reg#: 885101915 Branch:

To: ALBEI

Agent:

SUITE 800, NORTH TOWER

10030-107 ST EDMONTON AB **CA T5J 3E4**

Invoice Number:

Date:

October 27, 2015

1/2

Page:

Our Reference:

INVOICE

For

DR FRANCOIS P BELANGER

Monday, October 26, 2015

K Air

WESTJET AIRLINES

From: CALGARY AB

EDMONTON INTL AB To:

0 Arrival: 26Oct15 Stops:

WESTJET ENCO

Flight: 3394

Q CLASS

07:00 AM Equipment: DH4

08:04 AM

Mile(s) Flown: 163

Tuesday, October 27, 2015

K Air

WESTJET AIRLINES

From: EDMONTON INTL AB

0

To: Stops:

CALGARY AB

Arrival: 27Oct15

Flight: 348

Q CLASS

06:25 PM Equipment: 736

07:16 PM

Mile(s) Flown: 163

98.96

Cost:

TKT-E-TKT 284.00 **Ticket Total:** 382.96

Total:

Grand Total: 382.96 382.96 **Less Credit Card Payments:**

Credit / Balance Due To This Invoice: 0.00 0.00 **Total Balance Due:**

November 9, 2015

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:

Page: 1/2

Our Reference:

INVOICE

For

FRANCOIS P BELANGER

AC WS FRANCOIS BELANGER

Monday, November 9, 2015

K Air

AIR CANADA

From: CALGARY AB

To:

EDMONTON INTL AB

Stops:

0

Arrival: 09Nov15

AIR CANADA E

AIR CANADA CONFIRAMTION

TICKET NUMBER

SEAT 8C

Flight: 8160 V CLASS 08:40 PM Equipment: DH4

09:30 PM

Mile(s) Flown: 163

Tuesday, November 10, 2015

Air Air

WESTJET AIRLINES

From: CALGARY AB

To:

EDMONTON INTL AB

Stops: WESTJET ENCO

0

Arrival: 10Nov15

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

08:04 AM

Mile(s) Flown: 163

Air

AIR CANADA

From: EDMONTON INTL AB

CALGARY AB

Stops:

0

Arrival: 10Nov15

AIR CANADA E

Flight: 8153

M CLASS

06:40 PM Equipment: DH4

07:30 PM

Mile(s) Flown: 163

To: ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON AB CA T5J 3E4 Invoice Number:
Date:
Page:
Our Reference:

November 9, 2015 2/2

INVOICE

Tuesday, November 10, 2015

BOOKING REFENCE LSRLTV AIR CANADA CONFIRAMTION TICKET NUMBER SEAT 11D

Cost:		
AIR CANADA WEB		100.00
AIR CANADA WEB	.5.	50.00
Total:		
	Grand Total:	150.00
	Less Credit Card Payments:	150.00
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00