

## AHS Board and Executive Expense Report

**Name** Dr. Francois Belanger  
**Title** VP, Quality & Chief Medical Officer (Acting)  
**Location** Calgary

Expenses submitted during the month of January 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-16	P-Card	Meetings			821	331	1,152			152
Jan-16	Expense Claim	Meetings		129		175	304			
Jan-16	Direct Billing	Meetings	1,491				1,491			
<b>Total</b>			\$ 1,491	\$ 129	\$ 821	\$ 506	\$ 2,947	\$ -	\$ -	\$ 152

**Total for the Month** \$ 3,099

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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

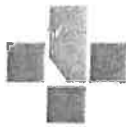
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

### 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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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 &amp; MEDICAL</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/01/2016</u>
<u>HEALTH OPERATIONS CENTRAL &amp;</u> Cardholder's Dept	<u>SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,303.65</u>
<u>FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span>		

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/12/2015	414081385	COMFORT INN & SUITES, COMFORT INNS	152.25	CAD	152.25	.00		Meeting room rental - AHS & AHF -Dec 22.
04/01/2016	414670222	CAPITAL TAXI LTD, LIMOUSINES AND TAXICABS	63.25	CAD	63.25	.00	.00	Ground Transportation from Edm airport to Seventh Street Plaza for 2016-17 New Investment Prioritization meeting
05/01/2016	414986848	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.80	.00	Parking for Jan 4,5 flights Calg-Edm return for Executive meetings
06/01/2016	414787115	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	.00	.00	Accommodation for 2016-17 New Investment Prioritization mtg (Jan 4) and Executive Leadership Team meeting (Jan 5) in Edm
07/01/2016	415155279	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	.00	Parking for flight to Edm for Portfolio meeting.
11/01/2016	415529117	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95		Ground Transportation from EDM airport to Westin Hotel for Executive mtgs Jan 12-14.
14/01/2016	415937512	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	117.40	CAD	117.40	5.59	.00	Parking for Jan 11-14 for meetings in Edm.
15/01/2016	415740402	WESTIN (WESTIN HOTELS), WESTIN HOTELS	636.57	CAD	636.57	.00	.00	Accommodation Jan 11-14 (3nights) for Executive meetings in Edm.

*Reviewed  
J.H.*

**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 Hamang  
Name of Cardholder Designate

M Hamang  
Signature of Cardholder Designate

Exec Admin Asst  
Cardholder Designate Position/Title

Feb 9/16  
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

FRANCOIS BELANGER  
Signature of Cardholder

VICE PRESIDENT & MEDICAL  
Cardholder Position/Title

FEB 10, 2016  
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.

\_\_\_\_\_  
Name of Approver Designate

\_\_\_\_\_  
Signature of Approver Designate

\_\_\_\_\_  
Approver Designate Position/Title

\_\_\_\_\_  
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.

Dr. Vergara  
Name of Approver

Interim President CEO  
Approver Position/Title

Feb 23/16  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
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**Accounts Payable Only:**

Reference #: _____	Reviewed by: _____	Date: _____
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**Comfort Inn & Suites (CN903)**

133 Sierra Springs Dr. SE  
Airdrie, AB T4B3G7  
(403) 948-3411  
GM.CN903@choicehotels.com

Account: [REDACTED]

Date: 12/22/15

Room:

Arrival Date: 12/22/15

Departure Date: 12/23/15

Check In Time:

Check Out Time:

Rewards Program ID:

You were checked out by:

You were checked in by:

**Total Balance Due: 0.00**

Alberta Health Services

Post Date	Description	Comment	Amount
12/22/15	Meeting Room		135.00
12/22/15	Goods & Services Tax		6.75
12/22/15	Banquet Beverage		10.00
12/22/15	Goods & Services Tax		0.50
12/22/15	Master Card	[REDACTED]	-152.25
	Goods & Services Tax		7.25
	Banquet Beverage		10.00
	Master Card		(152.25)
	Meeting Room		135.00
	<b>Balance Due</b>		<b>0.00</b>

GST# 84739 1174 RT 0001

24/7 Airport Shuttle, round trip to and from the Calgary International Airport  
YYC \$30+tax. Please reserve 24 hours in advance, contact front desk 403-948  
-3411.

x \_\_\_\_\_

Thank you for your stay. Visit [ChoiceHotels.com/VerifiedReviews](http://ChoiceHotels.com/VerifiedReviews) to post your comments about your recent experience (Click the 'Write a Review' button)

Dec 22 : Meeting Rm expense - Airdrie

9  
TEL: 780-466-4677 Corvallis

Term Id: 78021407  
Invoice #: 0001060  
**MCRD PURCHASE CREDIT**  
App Label: MasterCard  
AID: A0000000041010  
TVR: 0000000000  
TSI: E800  
Op Id:  
Card #:

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

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

APPROVED 000  
THANK YOU  
  
AMOUNT \$55.00  
TIP \$8.25  
=====

EXIT No. A1  
IN: 01/04/16 06:10  
OUT: 01/05/16 19:53  
DURATION: 1 13: 43  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD

EXIT No. A4  
IN: 01/07/16 05:47  
OUT: 01/07/16 20:11  
DURATION: 0 14: 24  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD

No signature required

Seq. [redacted]  
Auth. [redacted]  
TC: 434712561A10635E  
TS: 20160104085024  
Date: 2016/01/04 Time: 08:50:17

THANK YOU FOR  
YOUR VISIT

THANK YOU FOR  
YOUR VISIT

\*\*\*CL: \*\*\*



7808 101 St.  
(7808907070)  
EDMONTON AB

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

CARD \*\*\*\*\*4870  
CARD TYPE MASTERCARD  
DATE 2016/01/11  
TIME 5260 21:01:02  
INVOICE # [redacted]  
RECEIPT NUMBER [redacted]

EXIT No. A103  
IN: 01/11/16 18:19  
OUT: 01/14/16 21:56  
DURATION: 3 03: 37  
PAID: \$ 117.40  
(GST INCLUDED)  
MASTERCARD

PURCHASE  
AMOUNT \$55.00  
TIP \$7.00  
TOTAL  
✓ \$62.00

THANK YOU FOR  
YOUR VISIT

MasterCard  
A0000000041010  
1DBD304FB8EF8AD66  
0000008000-E800  
AE54E760512CB7AE



APPROVED

AUTH# [redacted]  
THANK [redacted]

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

Francois Belanger

Page Number : [REDACTED] Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 04-JAN-16 18:06  
Folio ID : [REDACTED] Depart Date: 05-JAN-16 06:18  
No. Of Guest: [REDACTED]  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 05-JAN-16 06:18 [REDACTED]

Date	Reference	Description	Charges	Credits
04-JAN-16	[REDACTED]	Room Charge	164.00	
04-JAN-16	[REDACTED]	GST	8.45	
04-JAN-16	[REDACTED]	Destination Marketing Fee	4.92	
04-JAN-16	[REDACTED]	Tourism Levy	6.76	
05-JAN-16	[REDACTED]	Mastercard		-184.13
		** Total	184.13	-184.13
		*** Balance	-0.00	

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

Continued on the next page

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

Jan 4 : Working Session, SSP, Edm  
Jan 5 : Executive Leadership Mtgs, Edm

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

Francois Belanger

Page Number : [REDACTED] Invoice Nbr [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 11-JAN-16 21:02  
Folio ID : A Depart Date: 14-JAN-16 06:59  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 189.00  
Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 14-JAN-16 06:59 [REDACTED]

Date	Reference	Description	Charges	Credits
11-JAN-16	[REDACTED]	Room Charge	189.00	
11-JAN-16	[REDACTED]	GST	9.73	
11-JAN-16	[REDACTED]	Destination Marketing Fee	5.67	
11-JAN-16	[REDACTED]	Tourism Levy	7.79	
12-JAN-16	[REDACTED]	Room Charge	189.00	
12-JAN-16	[REDACTED]	GST	9.73	
12-JAN-16	[REDACTED]	Destination Marketing Fee	5.67	
12-JAN-16	[REDACTED]	Tourism Levy	7.79	
13-JAN-16	[REDACTED]	Room Charge	189.00	
13-JAN-16	[REDACTED]	GST	9.73	
13-JAN-16	[REDACTED]	Destination Marketing Fee	5.67	
13-JAN-16	[REDACTED]	Tourism Levy	7.79	
14-JAN-16	[REDACTED]	Mastercard		-636.57
		** Total	636.57 <i>rmh</i>	-636.57
		*** Balance	-0.00	

Continued on the next page

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews) oom so you can keep moving.  
Experience it during your next stay. Learn more at [westin.com/newbalance](http://westin.com/newbalance)

Jan 11 - 13 Executive mtgs in Edm @ seventh st. Plaza. (3 nights)

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
BELANGER, FRANCOIS	VP Quality & Chief Medical Officer (Acting)	Calgary	303.65

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/22/2015	Airdrie Health Foundation Meeting		Mileage	42.30	Southport	Airdrie	Return trip - Calgary to Airdrie	1			90
1/4/2016	Meetings in Edmonton - ELT, budget, Challenge panel pre-meeting		Mileage	12.63	Southport Tower	Calgary Internation		1			25
1/4/2016	Meetings in Edmonton - Budget, ELT		Meals Per Diem	29.95			Breakfast & Dinner	1			
1/5/2016	Return from meetings in Edmonton		Mileage	12.63	Calgary	Southport		1			25
1/7/2016	Meetings in Edmonton - Quality & Safety, budget		Mileage	25.25	Southport Tower	Calgary Internation	Southport Tower to Calgary International Airport and return	1			50
1/11/2016	Travel to Edmonton for mtgs - Negotiations, ELT, Quality & Safety, Challenge Panel		Mileage	12.63	Southport Tower	Calgary International Airport		1			25
1/11/2016	Meetings in Edmonton - ELT, Negotiations,		Meals Per Diem	69.10			11-Jan-2016- B/Fast/ Lunch/Dinner 12-Jan-2016- Breakfast & Dinner 13-Jan-2016- Brekafast & Dinner 14-Jan-2016-Breakfast	4			
1/14/2016	Return from meetings in Edmonton		Mileage	12.63	Calgary	Southport		1			25
1/15/2016	ERAS Symposium		Mileage	7.58	Foothills	Southport		1			15
1/18/2016	Travel to Edmonton for Executive Education Graduation		Mileage	12.63	Southport Tower	Calgary Internation		1			25
1/18/2016	Return from Edmonton and travel to FMC for patient meeting		Mileage	11.11	Calgary International	Foothills Medical		1			22
1/19/2016	Travel to Edmonton for ELT and CEO meetings		Mileage	12.63	Southport Tower	Calgary Internation		1			25
1/19/2016	Meetings in Edmonton - ELT, CEO, SCN, AARP Funding		Meals Per Diem	29.95			Breakfast & Dinner	2			
1/20/2016	Meetings in Edmonton - ELT, CEO, AARP Funding		Mileage	12.63	Calgary Airport	Southport Tower		1			25
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		26-Feb-16							



## Expense Report Direct Bill Summary

### Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid	
<b>Name :</b> Francois Belanger			<b>Reporting Period for the Month of :</b> 1/20/2016 Period January 11-20, 2016			
1	06-Jan-16	Direct Billing	Airline Ticket	Change fee (Calgary-Edmonton) - Jan 13, AC flt 8153 from Calgary to Edmonton changed to Jan 14 WestJet flt 3288	Marlin Travel	\$50.00
2	08-Jan-16	Direct Billing	Airline Ticket	Return AC/WJ flights (Calgary-Edmonton) for Physician Negotiations and AH mtgs - Jan 12, ELT mtg - Jan 13, Quality and Safety Executive Committee and Challenge Panel - Jan 14	Marlin Travel	\$382.00
3	13-Jan-16	Direct Billing	Airline Ticket	Return Air Canada Flight (Calgary-Edmonton) for Executive Education Program Grad and CMOH interview - Jan 18	Marlin Travel	\$363.08
4	13-Jan-16	Direct Billing	Airline Ticket	Return Air Canada flight (Calgary-Edmonton) for ELT and budget mtgs - Jan 19; AARP mtg - Jan 20	Marlin Travel	\$344.48
5	20-Jan-16	Direct Billing	Airline Ticket	Return Air Canada flight (Calgary-Edmonton) for Patient First, ERM Executive Committee, Orientation, AARP mtgs - Jan 25; ELT - Jan 26	Marlin Travel	\$351.04

Total Paid in the Month

\$1,490.60

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: January 6, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**

FRANCOIS P BELANGER  
AC [REDACTED]  
WS [REDACTED]

Wednesday, January 13, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB      Flight: 8153      W CLASS  
To: CALGARY AB              06:40 PM      Equipment: DH4  
Stops: 0      Arrival: 13Jan16      07:34 PM      Mile(s) Flown: 163  
Seat(s): 05D  
AIR CANADA E

**Cost:**

TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 50.00

**Total:**

Grand Total: 50.00  
Less Credit Card Payments: 50.00  
Credit / Balance Due To This Invoice: 0.00  
Total Balance Due: 0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

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

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

Invoice Number: [REDACTED]  
Date: January 8, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For**

FRANCOIS P BELANGER

AC [REDACTED]  
WS [REDACTED]

**Monday, January 11, 2016**

**Air**

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 11Jan16  
AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 9C

**Flight:** 8170 V CLASS  
07:20 PM **Equipment:** DH4  
08:12 PM

**Mile(s) Flown:** 163

**Thursday, January 14, 2016**

**Air**

WESTJET AIRLINES  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 14Jan16  
WESTJET ENCO  
WESTJET CONFIRMATION [REDACTED]

**Flight:** 3288 M CLASS  
08:45 PM **Equipment:** DH4  
09:45 PM

**Mile(s) Flown:** 163

**Cost:**

TKT- [REDACTED] KT	[REDACTED]	128.04
	<b>Tax:</b>	49.48
	<b>Ticket Total:</b>	177.52



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

Invoice Number: [REDACTED]  
Date: January 8, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>	
AIR CANADA WEB [REDACTED]	167.00
	Tax: 37.48
	<b>Ticket Total: 204.48</b>
AIR CANADA WEB [REDACTED]	[REDACTED]
<b>Total:</b>	
	<b>Grand Total: 382.00</b>
	Less Credit Card Payments: 382.00
	<b>Credit / Balance Due To This Invoice: 0.00</b>
	<b>Total Balance Due: 0.00</b>

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 13, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

## For

FRANCOIS P BELANGER  
AC [REDACTED]

Monday, January 18, 2016

### ✈ Air

AIR CANADA **Flight:** 8130 W CLASS  
**From:** CALGARY AB 07:30 AM **Equipment:** DH4  
**To:** EDMONTON INTL AB 08:22 AM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 18Jan16  
AIR CANADA E  
SEAT 13C - BELANGER/FRANCOIS DR  
TICKET NUMBER [REDACTED]

### ✈ Air

AIR CANADA **Flight:** 8147 W CLASS  
**From:** EDMONTON INTL AB 01:50 PM **Equipment:** DH4  
**To:** CALGARY AB 02:44 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 18Jan16  
AIR CANADA E  
SEAT 3C - BELANGER/FRANCOIS DR  
TICKET NUMBER [REDACTED]

## Cost:

AIR CANADA WEB [REDACTED] 288.12  
**Tax:** 74.96  
**Ticket Total:** 363.08

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

Invoice Number: [REDACTED]  
Date: January 13, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	363.08
<b>Less Credit Card Payments:</b>	363.08
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....  
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR  
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.  
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

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

Branch: [REDACTED]  
Agent: [REDACTED]

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

Invoice Number: [REDACTED]  
Date: January 13, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

**For** [REDACTED]

FRANCOIS P BELANGER  
AC [REDACTED]

Tuesday, January 19, 2016

 Air

AIR CANADA Flight: 8130 W CLASS  
From: CALGARY AB 07:30 AM Equipment: DH4  
To: EDMONTON INTL AB 08:22 AM Mile(s) Flown: 163  
Stops: 0 Arrival: 19Jan16  
AIR CANADA E  
SEAT 10C - BELANGER/FRANCOIS DR  
TICKET NUM [REDACTED]

Wednesday, January 20, 2016

 Air

AIR CANADA Flight: 8153 W CLASS  
From: EDMONTON INTL AB 06:40 PM Equipment: DH4  
To: CALGARY AB 07:34 PM Mile(s) Flown: 163  
Stops: 0 Arrival: 20Jan16  
AIR CANADA E  
SEAT 3D - BELANGER/FRANCOIS DR  
TICKET NUMBER [REDACTED]

**Cost:** [REDACTED]

AIR CANADA WH [REDACTED]	[REDACTED]	269.52
	Tax:	74.96
	<b>Ticket Total:</b>	<b>344.48</b>



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

Invoice Number: [REDACTED]  
Date: January 13, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

**Total:**

<b>Grand Total:</b>	344.48
<b>Less Credit Card Payments:</b>	344.48
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
ACCEPTED:.....DECLINED:.....  
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..  
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GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL  
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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: January 20, 2016  
Page: 1/2  
Our Reference: [REDACTED]

# INVOICE

For [REDACTED]

DR FRANCOIS BELANGER

AC [REDACTED]

Sunday, January 24, 2016

 Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 24Jan16

Flight: 8160 V CLASS  
08:40 PM Equipment: DH4  
09:32 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 4D



Tuesday, January 26, 2016

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

Invoice Number: [REDACTED]  
Date: January 20, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

Tuesday, January 26, 2016

 Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 26Jan16

Flight: 8153 W CLASS  
06:40 PM Equipment: DH4  
07:34 PM

Mile(s) Flown: 163

AIR CANADA E  
AIR CANADA CONFIRMATION [REDACTED]  
TICKET NUMBER [REDACTED]  
SEAT 4D

**Cost:**

AIR CANADA WE [REDACTED]	[REDACTED]	276.08
	Tax:	74.96
	<b>Ticket Total:</b>	<b>351.04</b>

**Total:**

	<b>Grand Total:</b>	351.04
	Less Credit Card Payments:	351.04
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE  
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