

## 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 August 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)
Aug-16	P-Card	Meetings			514	366	880			
Aug-16	Expense Claim	Meetings		207		634	841			
Aug-16	Direct Billing	Meetings	742				742			
<b>Total</b>			<b>\$ 742</b>	<b>\$ 207</b>	<b>\$ 514</b>	<b>\$ 1,000</b>	<b>\$ 2,463</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 2,463

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 164  
 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

<b>BELANGER, FRANCOIS</b> Cardholder's Name	<b>VICE PRESIDENT &amp; MEDICAL</b> Cardholder's Position/Title	Billing Reporting Period	<b>20/08/2016</b>
<b>HEALTH OPERATIONS CENTRAL &amp;</b> Cardholder's Dept	<b>SOUTHPORT</b> Cardholder's Site/Location	Total Statement Amount	<b>\$880.13</b>
<b>FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA</b> 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
01/08/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	184.13	CAD	184.13	8.77	00	Hotel - August 1st & 2nd travel to Edmonton for Joint Exec Leadership and ELT Meeting ✓
01/08/2016	[REDACTED]	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95	00	Travel to YEG Airport - August 2nd Joint Exec Leadership and ELT Meetings ✓
02/08/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	58.70	CAD	58.70	2.90	00	Parking - Aug 2nd trip to Edmonton for Joint Exec Leadership and ELT Meeting ✓
08/08/2016	[REDACTED]	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	00	Parking - August 8th Pre-Brief to Provincial AARP Strategy Meeting at ATB in Edmonton ✓
08/08/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	215.63	CAD	215.63	10.27	00	Hotel - Aug 8 & 9 AARP, JET and ELT Meetings in Edmonton ✓
12/08/2016	[REDACTED]	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00	Travel to Airport - Aug 12th Provincial AARP Strategy Committee and CIS Exec Oversight Committee Meetings in Edmonton ✓
12/08/2016	[REDACTED]	YELLOW CAB LIMOUSINES AND TAXICABS	62.00	CAD	62.00	2.95	00	Travel from Airport - August 12th Prov AARP Strategy Committee Meeting and CIS Exec Oversight Committee Meetings in Edmonton ✓
15/08/2016	[REDACTED]	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	00	Parking - August 15th Health Quality Council and CPSA Meeting Edmonton ATB ✓
15/08/2016	[REDACTED]	WESTIN (WESTIN HOTELS), WESTIN HOTELS	176.32	CAD	176.32	8.40	00	Hotel - Travel to Edmonton for Aug 15th and 16th Health Quality Council, CPSA and ELT Meetings ✓

**Transactions without Receipts or supporting documentation**

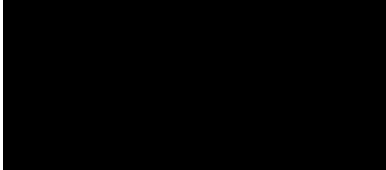
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
12/08/2016	[REDACTED]	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	29.35	CAD	29.35	1.40	00	Parking at Airport - Aug 12th Prov AARP Strategy Committee Meeting and CIS Executive Oversight Committee Meeting in ✓

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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</li> </ul>		
<u>Sara Coupland</u> Name of Cardholder Designate  <u>[Signature]</u> Signature of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title  <u>Aug 23, 2016</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>BELANGER, FRANCOIS</u> Name of Cardholder  <u>[Signature]</u> Signature of Cardholder	<u>VICE PRESIDENT &amp; MEDICAL</u> Cardholder Position/Title  <u>Aug 25, 2016</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver Designate _____  Signature of Approver Designate _____	Approver Designate Position/Title _____  Date of Signature _____	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Dr. Verna Yiu</u> Name of Approver  <u>[Signature]</u> Signature of Approver	<u>President + CEO</u> Approver Position/Title  <u>Aug 30, 2016</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <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</li> <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>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference # _____	Reviewed by _____	Date _____

1

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

Francois Belanger



Page Number : 1 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 01-AUG-16 21:07  
Folio ID : A Depart Date: 02-AUG-16 06:59  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 02-AUG-16 06:59 [REDACTED]

Date	Reference	Description	Charges	Credits
01-AUG-16	[REDACTED]	Room Charge	164.00 ✓	
01-AUG-16	[REDACTED]	GST	8.45	
01-AUG-16	[REDACTED]	Destination Marketing Fee	4.92	
01-AUG-16	[REDACTED]	Tourism Levy	6.76	
02-AUG-16	[REDACTED]	Mastercard-[REDACTED]		-184.13
		** Total	184.13	-184.13
		*** 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 moving. Experience it during your next stay. Learn more at westin.com/newbalance

Continued on the next page

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

Francois Belanger

Page Number : 2 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 01-AUG-16 21:07  
Folio ID : A Depart Date: 02-AUG-16 06:59  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account: [REDACTED]

---

As a Starwood Preferred Guest you have earned at least 492 Starpoints for  
this visit [REDACTED]  
Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

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EXPENSE SUMMARY REPORT

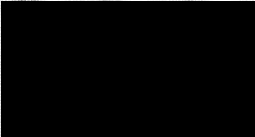
Date	Tour Levy	Other	Phone	Room	Payment	GST
Total	-----	-----	-----	-----	-----	-----
Date	Total	Food\Bev				
Total	-----	-----				

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

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/08/01  
TIME 9285 21:05:13  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
AMOUNT \$55.00  
TIP \$7.00  
TOTAL  
**\$62.00**  
-----

MasterCard



**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

**RECEIPT**  
GST NO. R122556194

3

EXIT No. A1  
IN: 08/01/16 18:11  
OUT: 08/02/16 20:37  
DURATION: 1 02: 26  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT



4

ATB PLACE  
GST:887315638RT001  
RECEIPT C1

IN: 08.08.16 09:20  
PAY: 08.08.16 10:34  
AMOUNT: \$ 10.00

----- TRANSACTION  
RECORD -----

Card #: [REDACTED]  
Card Entry:CHIP  
Account:MASTERCARD  
Trans:PURCHASE  
Amount:\$10.00  
Auth #: [REDACTED]  
Sequence # [REDACTED]  
Term ID: [REDACTED]  
Date:16/08/08  
Time:10:33:35

APPROVED

BY ENTERING A VERIFIED  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS  
AGREEMENT WITH  
CARDHOLDER

Application Label:  
MasterCard  
TVR: [REDACTED]  
AID: [REDACTED]  
TC: [REDACTED]

\*\*\* CUSTOMER  
COPY \*\*\*

-----  
Thank you for  
Visiting!

6

YELLOW CAB  
10135 31 AVENUE NW  
EDMONTON AB T6H-1C2  
700-462-3456

Term [REDACTED]  
Item #11994  
MasterCard  
[REDACTED]

[REDACTED]

APPROVED

AMOUNT CAD\$55.00  
TIP CAD\$7.00  
=====

Net. [REDACTED]  
Gross [REDACTED]  
TAX [REDACTED]  
TST: [REDACTED]

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

GST 100403070

Date: 2016/08/17 Time: 08:23:34  
Response: AUTH [REDACTED]

\*\*\*CUSTOMER COPY\*\*\*

6

ATB PLACE  
GST:887315638RT001  
RECEIPT C1

IN: 15.08.16 08:39  
PAY: 15.08.16 10:20  
AMOUNT: \$ 10.00

----- TRANSACTION  
RECORD -----

Card #: [REDACTED]  
Card Entry:CHIP/MAG  
Account:MASTERCARD  
Trans:PURCHASE  
Amount:\$10.00  
Auth #: [REDACTED]  
Sequence # [REDACTED]  
Term ID: [REDACTED]  
Date:16/08/15  
Time:10:20:00

APPROVED

\*\*\* CUSTOMER  
COPY \*\*\*

-----  
Thank you for  
Visiting!

5

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

Francois Belanger



Page Number : 1 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 08-AUG-16 18:19  
Folio ID : A Depart Date: 09-AUG-16 12:00  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account: [REDACTED]

Information Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 09-AUG-16 06:51 [REDACTED]

Date	Reference	Description	Charges	Credits
08-AUG-16	[REDACTED]	Room Charge	164.00	
08-AUG-16	[REDACTED]	GST	8.45	
08-AUG-16	[REDACTED]	Destination Marketing Fee	4.92	
08-AUG-16	[REDACTED]	Tourism Levy	6.76	
08-AUG-16	[REDACTED]	Parking Self	30.00	
08-AUG-16	[REDACTED]	GST	1.50	
09-AUG-16	[REDACTED]	Mastercard	-215.63	
		** Total	215.63	-215.63
		*** Balance	-0.00	

Continued on the next page



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

Francois Belanger

Page Number : 2 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 08-AUG-16 18:19  
Folio ID : A Depart Date: 09-AUG-16 12:00  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account: [REDACTED]

---

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at [westin.com/store](http://westin.com/store)

---

As a Starwood Preferred Guest you have earned at least 492 Starpoints for this visit [REDACTED].  
Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

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EXPENSE SUMMARY REPORT

Date	Tour Levy	Other	Phone	Room	Payment	GST
-----						
Total						

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Continued on the next page

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

Francois Belanger

Page Number : 3 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 08-AUG-16 18:19  
Folio ID : A Depart Date: 09-AUG-16 12:00  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account: [REDACTED]

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EXPENSE SUMMARY REPORT (Continued)

Date	Total	Food\Bev
Total	-----	-----

6

**Sara Coupland**

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**From:** Infinity Transportation Inc <infinitytransportationinc@hotmail.com>  
**Sent:** Friday, August 12, 2016 11:12 PM  
**To:** Sara Coupland  
**Subject:** Receipt Aug 12/ Dr Belanger

via CloudMagic Email

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd\_receipt@moneris.com>  
Date: Fri, Aug 12, 2016 at 11:10 PM  
Subject: Fwd: Transaction Receipt - Do Not Reply  
To: <infinitytransportationinc@hotmail.com>

# INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Francois Belanger
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Aug 12 2016 11:10PM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)

-----  
\$72.00  
-----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

9

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

Francois Belanger

Page Number : 1 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 15-AUG-16 17:48  
Folio ID : B Depart Date: 16-AUG-16 07:32  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 129.00  
Club Account: [REDACTED]

Copy Tax Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 16-AUG-16 07:33 [REDACTED]

Date	Reference	Description	Charges	Credits
15-AUG-16	[REDACTED]	Parking Self	30.00	
15-AUG-16	[REDACTED]	GST	1.50	
15-AUG-16	[REDACTED]	Room Charge	129.00	
15-AUG-16	[REDACTED]	GST	6.64	
15-AUG-16	[REDACTED]	Destination Marketing Fee	3.87	
15-AUG-16	[REDACTED]	Tourism Levy	5.31	
16-AUG-16	[REDACTED]	Mastercard [REDACTED]		-176.32
		** Total	176.32	-176.32
		*** 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](http://westin.com/store)

Continued on the next page

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

Francois Belanger

Page Number : 2 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 15-AUG-16 17:48  
Folio ID : B Depart Date: 16-AUG-16 07:32  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 129.00  
Club Account: [REDACTED]

---

As a Starwood Preferred Guest you have earned at least 387 Starpoints for  
this visit [REDACTED]  
Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

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EXPENSE SUMMARY REPORT

Date	Tour Levy	Other	Phone	Room	Payment	GST
Total	-----	-----	-----	-----	-----	-----

Date	Total	Food\Bev
Total	-----	-----



10

August 23, 2016

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

August 12, 2016

Parking Services, The Calgary Airport                      \$ 29.35  
Parking while attending the August 12<sup>th</sup> Provincial AARP Strategy Committee Meeting and CIS  
Executive Oversight Committee Meeting in Edmonton

A handwritten signature in black ink, appearing to read "Francois P. Belanger", written over a horizontal line.

Francois P. Belanger, MD, FRCPC  
Acting Vice President and Chief Medical Officer  
Alberta Health Services

A handwritten signature in black ink, appearing to read "Verna Yiu", written over a horizontal line.

Dr. Verna Yiu  
Chief Executive Officer  
Alberta Health Services

President

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
BELANGER, FRANCOIS	VP Quality & Chief Medical Officer (Acting)	Calgary	840.56								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/1/2016	Travel to YYC International Airport for Joint Exec Leadership and ELT meetings in Edmonton		Mileage-Local-Home Zone	13.63				1			29
8/2/2016	Travel from YYC International Airport for Joint Exec Leadership and ELT meetings in Edmonton		Mileage-Local-Home Zone	13.63				1			29
8/2/2016	Travel to Edmonton for Joint Exec Leadership and ELT meetings	AB - Other Zones	Meals Per Diem	34.50			Meals Per Diem BFast = 10.50 Dinner = 24.00				
8/8/2016	Travel to Edmonton for Jt AH/AHS Exec and ELT Meetings	AB - Other Zones	Meals Per Diem	69.00			Meals Per Diem BFast (2*10.50) = 21.00 Dinner (2*24.00) = 48.00				
8/8/2016	Travel to Edmonton for Jt AH/AHS Exec and ELT Meetings		Mileage-Local-Home Zone	144.76				1			308
8/9/2016	Travel from Edmonton for Jt AH/AHS Exec and ELT Meetings		Mileage-Local-Home Zone	144.76				1			308

8/12/2016	Travel to YYC International Airport for Provincial AARP Strategy Committee and AHS CIS Executive Oversight Committee		Mileage-Local-Home Zone	13.63				1			29
8/12/2016	Travel from YYC International Airport for Provincial AARP Strategy Committee and AHS CIS Executive Oversight Committee		Mileage-Local-Home Zone	13.63				1			29
8/12/2016	Travel to Edmonton for Provincial AARP Strategy Committee and AHS CIS Executive Oversight	AB - Other Zones	Meals Per Diem	34.50			Meals Per Diem BFast = 10.50 Dinner = 24.00	1			
8/15/2016	Travel to Edmonton for Health Quality Council, CPSA and ELT meetings		Mileage-Local-Home Zone	144.76				1			308
8/15/2016	Travel to Edmonton for Health Quality Council, CPSA and ELT meetings	AB - Other Zones	Meals Per Diem	69.00			Meals Per Diem BFast (2*10.50) = 21.00 Dinner (2*24.00) = 48.00	2			
8/16/2016	Travel from Edmonton for Health Quality Council, CPSA and ELT meetings		Mileage-Local-Home Zone	144.76				1			308

Approver(s) for the claim	Approval Status	Approval
YIU, VERNA	Approve	30-Aug-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

Name :		Reporting Period for the Month of :			
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
Francois Belanger		Aug-16			
01-Aug-16	Direct Billing	Airline Ticket	Travel to Edmonton and return for August 2nd Joint Executive Leadership Meeting and ELT Meeting	Marlin Travel	\$344.48
12-Aug-16	Diret Billing	Airline Ticket	Travel to Edmonton and return for August 12th Provincial AARP Strategy Committee and AHS CIS Executive Oversight Committee Meetings	Marlin Travel	\$397.26
			**Note - There was a cancellation of the A/C Flights booked for August 14/15 as Dr. Belanger drove to Edmonton on these dates instead of flying		
<b>Total Paid in the Month</b>					<b>\$741.74</b>

**Inv**

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
**GST Reg#:** 885101915  
**Branch:** N61107  
**Agent:** CASANDRA WAGNER Tel: 780-425-8611

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

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

## INVOICE

**For**

FRANCOIS P BELANGER  
AC [REDACTED]

**Monday, August 1, 2016**

 **Air**

AIR CANADA

**From:** CALGARY AB

**To:** EDMONTON INTL AB

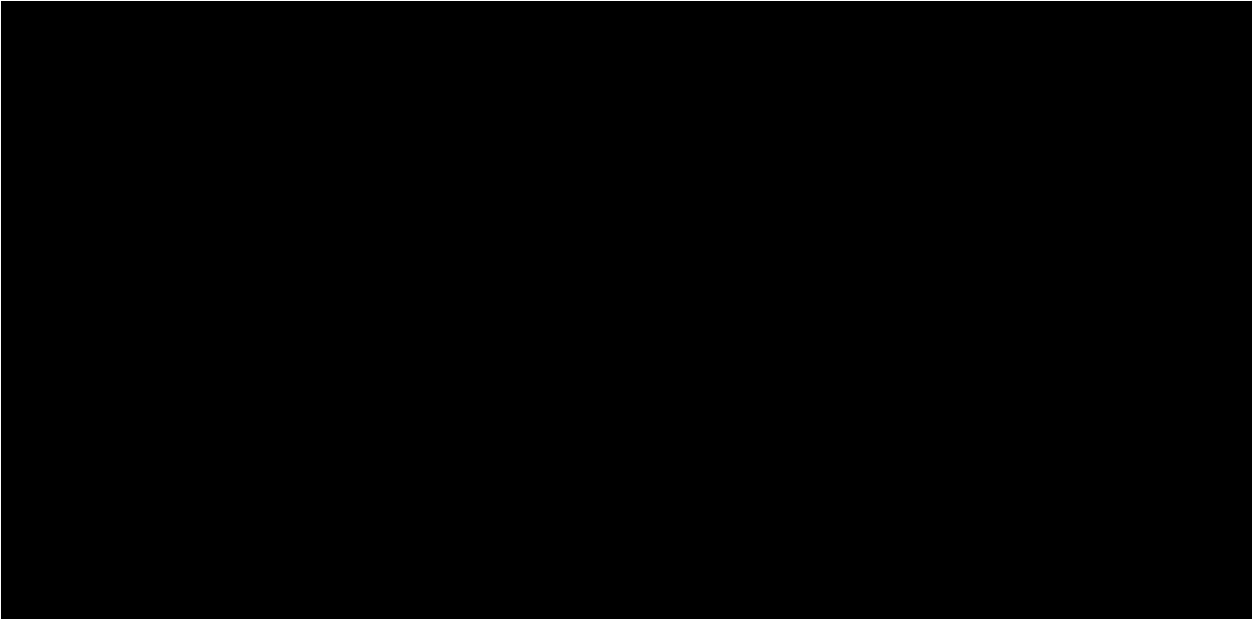
**Stops:** 0 **Arrival:** 01Aug16

AIR CANADA E

SEAT 1D - BELANGER/FRANCOIS DR

**Flight:** 8164 **G CLASS**  
07:30 PM **Equipment:** D8 (300 SERIES)  
08:23 PM

**Mile(s) Flown:** 163



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

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

## INVOICE

Tuesday, August 2, 2016

✈ Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 02Aug16

AIR CANADA E

SEAT 1C - BELANGER/FRANCOIS DR

Flight: 8155 G CLASS  
07:30 PM Equipment: DH4  
08:21 PM

Mile(s) Flown: 163

**Cost:**

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

**Total:**

<b>Grand Total:</b>	344.48
Less Credit Card Payments:	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..  
...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: N61107  
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: August 10, 2016  
Page: 1/2  
Our Reference: [REDACTED]

## INVOICE

**For**  
DR FRANCOIS BELANGER  
AC [REDACTED]

Friday, August 12, 2016

 Air

AIR CANADA  
**From:** CALGARY AB  
**To:** EDMONTON INTL AB  
**Stops:** 0 **Arrival:** 12Aug16

**Flight:** 8130 V CLASS  
07:00 AM **Equipment:** D8 (300 SERIES)  
07:53 AM

**Mile(s) Flown:** 163

AIR CANADA E  
SEAT 2C - BELANGER/FRANCOIS DR  
TICKET NUMBER [REDACTED]

 Air

AIR CANADA  
**From:** EDMONTON INTL AB  
**To:** CALGARY AB  
**Stops:** 0 **Arrival:** 12Aug16

**Flight:** 8153 V CLASS  
06:00 PM **Equipment:** D8 (300 SERIES)  
06:55 PM

**Mile(s) Flown:** 163

AIR CANADA E  
SEAT 2C - BELANGER/FRANCOIS DR  
TICKET NUMBER [REDACTED]

**Cost:**

AIR CANADA WEB	[REDACTED]	[REDACTED]	322.30
		<b>Tax:</b>	74.96
		<b>Ticket Total:</b>	<b>397.26</b>

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

Invoice Number: [REDACTED]  
Date: August 10, 2016  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

**Total:**

<b>Grand Total:</b>	397.26
<b>Less Credit Card Payments:</b>	397.26
<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.  
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