

AHS Board and Executive Expense Report

Name Dr. Francois Belanger
Title VP, Quality & Chief Medical Officer
Location Calgary
 Expenses approved during the month of June 2020

Travel (1)										
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jun-20	P-Card	Meetings			432	245	677			
	Expense Claim	Meetings					-			
	Direct Billing	Meetings					-			
Total			\$ -	\$ -	\$ 432	\$ 245	\$ 677	\$ -	\$ -	\$ -

**Total for
the Month** \$ 677

Maximum daily single meal expense claimed in the month

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.

AHS Executive Expenses Report P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
BELANGER, FRANCOIS	VP Quality & Chief Medical Officer	Calgary	\$ 677.49								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/4/2020	Travel to Edmonton to attend SLT Strategic Planning Meeting	AB - Local	Parking - Lot or Parkade	\$ 58.70				1			
2/6/2020	Parking for AMA Board Dinner - Delta Hotel Calgary	AB - Local	Parking - Lot or Parkade	\$ 10.50				1			
2/10/2020	Travel to Lethbridge for South Zone Medical Director Search and Selection Interviews	AB - Other Zones	Accommodations	\$ 133.56				1			
2/10/2020	Parking at Chinook Hospital for South Zone Medical Director Search & Selection Interviews	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50				1			
2/19/2020	Travel to Leduc for PRIHS Stage 2 Application Review Committee Meeting	AB - Other Zones	Taxi	\$ 21.60	EIA	Hotel		1			
2/20/2020	Parking at YYC Airport - Travel to Leduc for PRIHS Stage 2 Review Application Committee	AB - Local	Parking - Lot or Parkade	\$ 29.35				1			
2/20/2020	Accommodations for Application Review Committee - PRIHS Stage 2	AB - Other Zones	Accommodations	\$ 109.20				1			
2/23/2020	Travel to from YYC TO YEG tp attend Joint AH/AHS Exec meeting, and ASI Meeting with	AB - Other Zones	Accommodations	\$ 189.73				1			
2/24/2020	Travel from YYC to YEG to attend the Joint AH/AHS Exec Meeting and ASI meeting wtih AH	AB - Other Zones	Taxi	\$ 66.00	SSP	YEG		1			
2/24/2020	Travel from YYC to YEG to attend the Joint AH/AHS Exec Meeting and ASI Meeting with AH	AB - Local	Parking - Lot or Parkade	\$ 50.35				1			
Approver(s) for the claim	Approval Status	Approval Date									
PUBLIC DISCLOSURE1, AHS	Approve	23-Jun-20									

THANK YOU

THANK YOU

THANK YOU

INDIGO
LOT 048

PARKING PERMIT

Meter: [REDACTED]
Trans: [REDACTED]
Paid: \$10.50
Purchase Time:
6:07PM FEB 06, 2020

License Plate:
[REDACTED]

Base Price: \$10.00
GST: \$0.50
Total Price: \$10.50
Card:*****[REDACTED]
Auth: [REDACTED]

Expires:

FEB06 2020
10:07PM

THANK YOU

GST 120996095RT0004

PARKING RECEIPT

PARKING RECEIPT

PARKING RECEIPT

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
EXIT No. [REDACTED] A4
IN: 02/03/20 08:30
OUT: 02/04/20 19:02
DURATION: 1 10: 32
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD
XXXXXXXXXXXX [REDACTED]
AUTH. CODE
REF.

THANK YOU FOR

YYC CALGARY AIRPORT AUTHORITY  FlyYYC  FlyYYC

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: [REDACTED] C56
PAID: \$ 29.35
IN: 02/19/20 21:20
OUT: 02/20/20 19:21
DURATION: 0 22: 01
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

YYC CALGARY AIRPORT AUTHORITY  FlyYYC  FlyYYC

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
EXIT No. [REDACTED] A103
IN: 02/23/20 18:28
OUT: 02/24/20 20:18
DURATION: 1 01: 50
PAID: \$ 50.35
(GST INCLUDED)
MASTERCARD
XXXXXXXXXXXX [REDACTED]
AUTH. CODE
REF.

THANK YOU FOR

YYC CALGARY AIRPORT AUTHORITY  FlyYYC  FlyYYC



526 Mayor Magrath Drive South
Lethbridge, AB T1J 3M2
Phone: (403) 327-5701 FAX: (403) 327-5075

BELANGER, FRANCOIS P DR



Receipt

Invoice date 2/10/2020
Our reference [Redacted]
GST Number GST # 848475554RP0001

Guest **BELANGER, FRANCOIS P DR** Arrival **2/9/2020** Departure **2/10/2020** Room [Redacted]

Date	Description	Ref.	Quantity	Unit Price	Total (CAD)
2/9/2020	Room Charge		1	120.00	120.00
2/9/2020	GST Taxes		1	6.36	6.36
2/9/2020	Levy Taxes		1	4.80	4.80
2/9/2020	Marketing Fee		1	2.40	2.40

Total invoice 133.56
Total Paid -133.56
Total Due 0.00

2/10/2020 MC **** [Redacted] Auth: [Redacted]

Total GST 6.36

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X _____

For reservations: www.coasthotels.com or 1-800-663-1144

Missing Receipt Attestation

This form can only be used for missing receipts under \$200 as per the:
<https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf>

Date of Expense	10-Feb-20		
Vendor Name	AHS Parking		
Vendor Address			
Expense Amount	\$8.50		
Expense Details: (IE: Purchase of supplies; Taxi; etc)			
Parking at Chinook Hospital for South Zone Medical Director Search & Selection Interviews			
Circumstances as to why the receipt is missing:			
Receipt lost			
Coding for the Expense (BU,Site,Functional Centre, Account Code):			
101.0000.71110101105.62312000			
<ul style="list-style-type: none"> • I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by 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. 			
Claimant name	Employee number		
Francois Belanger	[REDACTED]		
Signature	Date		
[REDACTED]	17-Jun-20		
<ul style="list-style-type: none"> • I attest that I have read and understand the Travel, Hospitality and Working Session Expense Policy (1122), along with other AHS governing policies and confirm expenses being claimed are in accordance with all AHS policies. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. 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. 			
Approver's name	Employee number		
Position/Title	DOAA		
Signature	Date		

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

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD *****
CARD TYPE MASTERCARD
DATE 2020/02/19
TIME 7430 23:33:44
INVOICE #
RECEIPT NUMBER

CARD *****
CARD TYPE MASTERCARD
DATE 2020/02/24
TIME 1714 17:51:43
INVOICE #
RECEIPT NUMBER

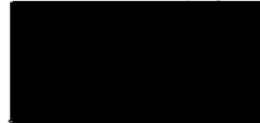
PURCHASE
AMOUNT \$18.00
TIP \$4.00
TOTAL

PURCHASE
TOTAL
\$66.00

\$22.00

MasterCard

MasterCard



APPROVED

APPROVED

AUTH#
THANK YOU

AUTH#
THANK YOU

CARDHOLDER COPY

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

IMPORTANT - RETAIN THE
COPY FOR YOUR RECORD.

GST#831577572

\$21.60 charged to
AHS for
compliance to
gratuity amount.



ROYAL HOTEL

TM.
TRADEMARK
COLLECTION BY WYNDHAM

Royal Hotel Edmonton Airport
8450 Sparrow Dr
Leduc, AB T9E7G4
info.rha@royalhotelgroup.ca
www.royalhoteledmontonairport.ca
GST # 879535953RT0004

06/16/20

Francois P Dr Belanger Canada	Folio No. :	██████████	Room No. :	██████████
	A/R Number :		Arrival :	02/19/20
	Group Code :		Departure :	02/20/20
	Company :	Alberta Health Services	Conf. No. :	██████████
	Wyndham Rewards :		Rate Code :	LD12
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
02/19/20	Room Charge	105.00	
02/19/20	Provincial Tourism Levy - 4%	4.20	
02/20/20	Mastercard		109.20
	XXXXXXXXXXXX██████████		
	Total	109.20	109.20
	Balance	0.00	

Guest Signature: _____

Please contact the Manager about any issues with your stay. Trademark Hotel Collection or affiliates may contact you about goods and services unless you call 800-843-2400 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Trademark Hotel Collection website about privacy.

**Thank you for staying with us.
It was our pleasure to serve you.**

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]
 Folio ID : A
 Arrive Date : 23-FEB-20 21:34
 Depart Date : 24-FEB-20 12:01
 No. Of Guest : 1
 Room Number : [REDACTED]
 Marriott Bonvoy Number : [REDACTED]

Information Invoice

Tax ID : 815461330RT0001
 The Westin Edm YEGWI FEB-24-2020 03:40 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
23-FEB-20	[REDACTED]	Room Chrg - Special Corp	169.00	
23-FEB-20	[REDACTED]	GST	8.70	
23-FEB-20	[REDACTED]	DMF	5.07	
23-FEB-20	[REDACTED]	Tour Levy	6.96	
FEB-24-2020	MC	Mastercard		-189.73

Approve EMV Receipt for MC - [REDACTED] PIN Verified

[REDACTED]

** Total 189.73 -189.73
 *** Balance 0.00

Continued on the next page



Accounts Payable Payment Adjustment / Mixed Invoice Form

Note: This form is used any time there is an absence of an actual invoice or credit memo from the vendor

Note: Form not required for GRNI adjustments OR \$0 Mix Invoice types or \$0 Cancelled invoices

Refer to AP-Q 3.228-G Invoice Correction - Adjustment Resolution Grid

Invoice#	OIE2405221	PO#		Date	Jun 29-20
Vendor Name	Belanger, Francois	Vendor#	71304		
Remit Site		Voucher#			

Type of Entry (Pick One) <input type="checkbox"/> Standard - For ANY Payment to the Vendor <input checked="" type="checkbox"/> Debit Memo - For ANY Reduction to the Vendor <input type="checkbox"/> Mixed - and correction DOES NOT equal \$0	Reason for Adjustment (Pick Applicable) <input type="checkbox"/> Wrong Vendor <input type="checkbox"/> Mixed-PO Corrections <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> Mixed-PO vs NON-PO <input type="checkbox"/> Invoice # Error <input type="checkbox"/> Mixed-Keying Error on Coding <input checked="" type="checkbox"/> \$ Amount Error	<input type="checkbox"/> Other, Please Specify <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Explanation (Max 625 Characters):
 Line 7 - Taxi was over on the tip amount, adjustment required to correct amount eligible to claim. Receipt amount is \$22.00, fare charge is \$18.00 with tip of \$4.00. Over by \$0.40 and should have been marked as a personal expense. This will be recovered from a future cash expense.

Remember: Description keyed in the invoice **header** prints on the vendor's cheque or EFT remittance advice, so the information provided should only be to help the vendor determine what the payment or debit is for. If more information is required for AHS purposes, please limit that information to the **line** description.

Accounting Distribution (eg. 101.0000.0000000000.00000000.00.0000)	Amount DR (CR)
101.0000.711101011105.62312000.00.0000	\$ (0.40)
Adjustment Total	\$ (0.40)

AP Vendor Refund Hold (Put on Hold until Cheque received from Vendor)

Reviewer Notes (Max 625 Characters):

Prepared by	Angela Murphy	Signature		Date	29-Jun-2020
Reviewed by		Signature		Date	<i>[Signature]</i>

(Preparer and Reviewer cannot be the same person)

