

## AHS Board and Executive Expense Report

**Name:** Dr Francois Belanger  
**Title:** VP Quality & Chief Medical Officer  
**Location:** Calgary  
 Expenses approved during the month of July 2023

### 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)
Jul-23	P-Card Expense Claim Direct Bill	Meetings Meetings Meetings				242	- 242 -		255	
<b>Total</b>			\$ -	\$ -	\$ -	\$ 242	\$ 242	\$ -	\$ 255	\$ -

**Total for  
the Month** \$ 497

Maximum daily single meal expense claimed in the month \$ -  
 Maximum daily base hotel rate claimed in the month \$ -  
 Non economy air travel in the month \$ -

### 1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

### 2) Professional Development

Includes conference, seminar and course registration fees and material

### 3) Hosting and Hospitality expenses

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

### 4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

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

## AHS Executive Expenses Report Expenses

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
BELANGER, FRANCOIS	VP Quality & Chief Medical Officer	Calgary	\$ 242.37								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/14/2023	Attendance at the Alberta Health Services in person Senior Leadership Meeting on June 14, 2023 at the Calgary Marriott Hotel	AB - Local	Parking - Lot or Parkade	\$ 30.45				1			
6/22/2023	In person attendance at the Emergency Physician Town Hall Meeting located at the University of Calgary on June 22, 2023	AB - Local	Parking - Lot or Parkade	\$ 9.00				1			
6/22/2023	Travel from Calgary Southport Tower to the Calgary Cancer Centre and return for the naming announcement		Mileage-Local-Home Zone	\$ 15.15	Calgary Southport Tower - 10301 Southport Lane SW	Calgary Cancer Centre - SB 29 St NW @, 16 Av NW		1			30
6/22/2023	Travel from Southport Tower to the University of Calgary and return to attend the in person Emergency Physician Town Hall Meeting		Mileage-Local-Home Zone	\$ 18.18	Southport Tower Calgary - 103601 Southport Lane SW	University of Calgary - 2500 University Drive NW		1			36
6/26/2023	Travel from Calgary to Red Deer and return to attend in person meeting with Surgeon and Department Leads		Mileage-Other	\$ 160.59	Calgary Southport Tower - 10301 Southport Lane SW	Red Deer Regional Hospital - 3942 50a Ave		1			318
6/28/2023	In Person attendance at Calgary Cancer Centre Announcement located at the Calgary Cancer Centre in Calgary June 28, 2023	AB - Local	Parking - Lot or Parkade	\$ 9.00				1			
Approver(s) for the claim	Approval Status	Approval Date									
CHIES, MAURO	Approve	12-Jul-23									

RECEIPT  
Foothills  
Medical Centre  
Lot 6 - North Level 1

License Plate Number



Expiration Date/Time

11:54 AM  
JUN 28, 2023

Purchase Date/Time: 09:54am Jun 28, 2023  
Total Due: \$9.00 Rate: \$9.00 - 2 Hours  
Total Paid: \$9.00 Pmt Type: CC (Swipe)  
Ticket #: [Redacted]  
S/N #: [Redacted]  
Setting: [Redacted]  
Mach Name: CA-FMC-0601



www.ahs.ca  
Do Not Place On Dash!

Calgary Cancer Centre  
Announcement  
June 28, 2023

RECEIPT  
Foothills  
Medical Centre  
Lot 6 - North Level 1

License Plate Number



Expiration Date/Time

12:39 PM  
JUN 22, 2023

Purchase Date/Time: 10:39am Jun 22, 2023  
Total Due: \$9.00 Rate: \$9.00 - 2 Hours  
Total Paid: \$9.00 Pmt Type: CC (Swipe)  
Ticket #: [Redacted]  
S/N #: [Redacted]  
Setting: [Redacted]  
Mach Name: CA-FMC-0601



www.ahs.ca  
Do Not Place On Dash!

Emergency physician  
Townhall  
University of Calgary  
June 22, 2023.

Calgary Airport  
Tel. 403-735-1500  
TAX RECEIPT  
GST No: R122556194  
EXIT No.

AS  
IN: 06/14/23 08:14  
OUT: 06/14/23 15:03  
DUR: 0 06: 49  
PAID: \$ 38.45  
(GST INCLUDED)

June 14  
2023 15:03

TRANSACTION  
RECORD  
CREDIT



Amount \$CAD 38.45



Senior Leaders  
Meeting  
In Person  
Calgary Airport  
Mammoth  
June 14, 2023

## 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.
- Refer to Quick Reference Guide for: [Providing a Standard Business Reason\(s\)](#)
- 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

<b>Name :</b> Dr Francois Belanger	<b>Reporting Period for the Month of :</b> Jul-23
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Invoice Date DD-MMM-YYYY	Payment Method	Category	Business Reason	Name of Vendor	Amount Paid
26-Jun-23	Direct Billing	Working Session	Meeting with Red Deer Regional Hospital Surgeon Department Leads to discuss staffing and workload at site June 26, 2023.	OPA! of Greece	\$254.80
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
<b>Total Paid in the Month</b>					\$ 254.80

# OPA! of Greece - 041

505-6730 Taylor Dr  
Red Deer, AB T4P 1K4  
Phone (403) 352-7867

6/26/2023 3:42:00 PM  
Order Id: [REDACTED]  
Employee: Manager

-----  
[REDACTED]  
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1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75
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1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75
1 Greek Feast Under 20	\$14.75

Sub Total \$236.00

GST \$11.80

Order Total \$247.80

Standalone Debit/Credit \$247.80

AUTHORIZED AMOUNT \$247.80

Change Due ~~\$0.00~~ DELIVERY CHARGE 4.00

--> Order Closed <-- 254.80

Share your Opa! experience with us for a chance to win free Opa! for a year!  
Visit [www.opaexperience.ca](http://www.opaexperience.ca) to complete a short survey.

Thank You!

GST # - 860 422 195 RT0001

OPA:41-TAYLOR PLAZA  
#505 - 6730 TAYLOR DRIVE  
RED DEER, AB T4P1K4  
4033527867

## SALE

Manager: [REDACTED]  
MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch #: [REDACTED] RRN: [REDACTED]  
06/26/23 15:44:52  
APPR CODE: [REDACTED]  
MASTERCARD Manual CP  
[REDACTED]

AMOUNT \$254.80

APPROVED

I AGREE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

THANK YOU! / MERCI!

CUSTOMER COPY

Name

Francois Belanger

Sheryl Hergott

Michael Mulholland

Aaron Pink

Cinzia Gaudelli

Emmi Driedger

Gabriel Marcil

Glen Vajcner

Jennifer Schendel

Keith Wolstenholme, Dr.

Kody Johnson

Krishna Maragh, Dr.

Miloslav Bozdech

Ravin J Bastiampillai

Sandeep Dhaliwal

Stephanus VanZyl

Karim Mohamed