

Board and Executive Expense Report

Name

Francois Belanger

Title

SVP & ZMD, Calgary Zone

Location Calgary

Expenses submitted during the month of December 2012

		Purpose			Travel (
Date	Source Document		Airfare	Meals	Accommod	ation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
November to December 2012	Expense Claim	Travel for various meetings					175	175			
Total			\$ -	· \$	- \$	-	\$ 175	\$ 175	\$ -	\$ -	\$
Total for the Month	\$ 175										
Maximum meal expense claimed in the month Maximum daily hotel rate claimed 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

Non economy air travel in the month

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



TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A - Employee Details (for AHS Staff ONL)	()	Travel Period from: 2	7-Nov-12 to 21-Dec-12			
Enter employee # (old) and Employee if (* Penol	The state of the s	emple period ayetem				
 Indicate N/A in the Employee # (E-1 copts) if your 	payroll has not migrated to the Nuw E-People	payroll system				
 If you are a new conployed and your payroli is E-F 		nplu)				
	and ZMD, Calgary Lone	Employee # (E-People) Employee # (Legacy)				
Location Southport Tower Dept Medicul Affai	rs Union na	Business Phone #	Ext Out-of-Pr	ovince Fravel		
What is your former legacy region (prior to AHS consolida	tion)? Please claim	in cell and select from diapdown me	nu Calgary Health			
SECTION E Finance Coding & Total Claim						
CARITAL PROJECT CORNER THE Project N	ımber	Project Task Number				
CAPITAL PROJECT CODING ONLY → Expenditure	Organization	Expenditure Type	**************************************	1		
Total - Section B - Travel - Pg 2	Total - Section C&D - Other &	Foreign Evnenses . Pg 3				
9-1	Functiona)	Secondary/	TOTAL REIMBUR	RSEMENT		
Pg Unit Location (FC) Total	Bal Unit Location Centre (FC)	Expense Total	Total Section B	\$174.73		
2A 101 5000 71105000002 \$174.73			Total Section C&D			
28			Less Cash Advance			
20						
2D			TOTAL CLAIM	\$174.73		
\$174.73	**User to enter Coding & \$ amounts					
	NOTE: These fields do not automaticall	rfill for Section C&D				
SECTION F Authorization						
If applicable, print the name of the person (other then clament) the	prepared the claim along with phone number	to if there are any questions contact of	un be early made.			
Employee and approval signatures required as well as DOFA level (citairn Prepared by (PRINT ONLY) Martene Hamilton	resignation of authority level) and Position # of	Phone #	f.a			
I heroby certify that the expenses listed above are in accordance to a	nulicative policies and were incorrect on Alberta		Ext			
previously claimed by me or on my behalf from Alberta Health Sendo	es or other organization.	Them: (on these Mathese and have)	UL DOCT			
Employee Signature Transcant S	2	Date 21-D60-12	1 200	-		
I hereby certify that I have reviewed the expenses and they are in ac-	cordance with the applicable policies (Policy #	s CF-03, CF-04).				
Approved claim form with receipts should be authory the approver dir	extly to Accounts Paratte for processing.					
Approved By (PRINT ONLY) Dr. Astronomy	DOFA Level 2b	Position #	Priono #	Ext		
Signature VIDV	Title EVP & CIM), Quality and Medical Affairs	Dale Jec 21	12		
Approved By (PRINT ONLY)	DC:FA Level	Position #	Phone # Ext			
Signature	Title		Dale			

Health and Personal information on this form is collected by AHS under the authority of section 10(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Previous of Information and Proceeding of Privacy (FOP) Act, respectively, for the purpose of administering AHS Process to Pay program. For more information, question or concern about the currection, use or disclosure of your health and personal information please contact Mark Palks, Director Accounts Payable at 180-715-0500 or omail. Mark Palks@albertsheatthservices.cs

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 • 5000 • 71105000002

Emp # (E-People)

Emp # (Legacy)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B Travel Expenses

NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter'l).

Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	(Sele	Meal ect type from w/receipt	dropdown) w/o receipt or per dlem	Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
29-Nov-12	AHS Operational Meeting - SPTT to FMC return	AB	Meeting					-				30.00
30-Nov-12	AHS Operational Mtgo-Kahanoff Ctr, Olympic Vol Ctr,SPTT	AB	Meeting									14.00
30-Nov-12	AHS Operational hitgs - SPTT to FMC	AB	Meeting									15.00
5-Dec-12	AHS Operational Mtgs - SPTT to FMC return	AB	Meeting									30.00
6-Dec-12	AHS Operational Mtgs - SPTT to FMC	AB	Meeting									15.00
7-Dec-12	AHS Operational Mtgs - SPTT to FMC to ACH	AB	Meeting									18.00
11-Dec-12	AHS Operational Mtg - SPTT to ACH	AB	Meeting									21.00
12-Dec-12	AHS Operational Mtg - FMC to SPTT to ACH	AB	Meeting									36.00
13-Dec-12	AHS Operational Mtg - Fort Calgary to SPTT	AB	Meeting									10.00
14-Dec-12	AHS Operational Mtg - SPTT to ACH return	AB	Meeting									42.00
18-Dec-12	AHS Operational Mtg - PLC to SPTT to Cambrian Building	AB	Meeting									34.00
20-Dec-12	AHS Operational Mtg - SPTT to FMC return	AB	Meeting									30.00
21-Dec-12	AHS Operational Migs - ACH to SPTT	AB	Meeting									30.00
												21 00
												Total Kms
			SUBTO	ALS							İ	346.00

MEAL PER DIEM RATES

B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agraement \$0.505

Mileage \$ \$174.73

Travel \$ Subtotal

Enter on page 1 TOTAL TRAVEL \$ \$174.73

Note, total will auto fill into pg 1, Section E, if form completed electronically -Additional pg 2s can be found at end of form