

## Board and Executive Expense Report

**Name**      Francois Belanger  
**Title**        SVP & ZMD, Calgary Zone  
**Location**   Calgary  
 Expenses submitted during the month of December 2012

Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
November to December 2012	Expense Claim	Travel for various meetings				175	175			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 175	\$ 175	\$ -	\$ -	\$ -

**Total for the Month**    \$            175

Maximum meal expense claimed in the month                    \$            -  
 Maximum daily 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



**TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM**

**SECTION A - Employee Details (for AHS Staff ONLY)** Travel Period from: 27-Nov-12 to 21-Dec-12

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name: Francois Belanger Position (Title): EVP and ZMO, Calgary Zone Employee # (E-People): [Redacted] Employee # (Legacy): [Redacted]  
 Location: Southport Tower Dept: Medical Affairs Union no: [Redacted] Business Phone #: [Redacted] Ext: [Redacted] Out-of-Province Travel: [Redacted]

What is your former legacy region (prior to AHS consolidation)? Please click in cell and select from dropdown menu → Calgary Health

**SECTION E Finance Coding & Total Claim**

CAPITAL PROJECT CODING ONLY → Project Number: [Redacted] Project Task Number: [Redacted]  
 Expenditure Organization: [Redacted] Expenditure Type: [Redacted]

Total - Section B - Travel - Pg 2				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	5000	71105000002	\$174.73
2B				
2C				
2D				
				\$174.73

Total - Section C&D - Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

TOTAL REIMBURSEMENT	
Total Section B	\$174.73
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$174.73</b>

\*\*User to enter Coding & \$ amounts  
 NOTE: These fields do not automatically fill for Section C&D

**SECTION F Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Marlene Hamilton Phone #: [Redacted] Ext: [Redacted]

I hereby certify that the expenses listed above are in accordance to applicable policies and was incurred on Alberta Health Services business and have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: [Signature] Date: 21-Dec-12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Dr. [Signature] DOFA Level: 2b Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: [Signature] Title: EVP & CMO, Quality and Medical Affairs Date: Dec 21/12

Approved By (PRINT ONLY) [Redacted] DOFA Level: [Redacted] Position #: [Redacted] Phone #: [Redacted] Ext: [Redacted]

Signature: [Redacted] Title: [Redacted] Date: [Redacted]

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