

## Official Administrator and Executive Expense Report

**Name** Dr. Francois Belanger  
**Title** Vice President & Medical Director, Central & Southern Alberta, Zone Medical Director, Calgary Zone  
**Location** Calgary  
 Expenses submitted during the month of April 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-14	P-Card	Various Meetings/Conference	564			194	758			1,074
Apr-14	Expense Claim	Meetings		74	439	327	840			
<b>Total</b>			\$ 564	\$ 74	\$ 439	\$ 521	\$ 1,598	\$ -	\$ -	\$ 1,074

**Total for the Month** \$ 2,672

Maximum daily single meal expense claimed in the month \$ 21  
 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

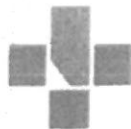
### 3) Hosting and Hospitality expenses

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.

Car allowance 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

BELANGER, FRANCOIS

Cardholder's Name

SOUTH, MEDICAL DIRECTOR &

Cardholder's Position/Title

Billing Reporting Period: 20/04/2014

OFFICE OF THE CMO

Cardholder's Dept

SOUTHPORT

Cardholder's Site/Location

Total Statement Amount: \$1,831.91

FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/03/2014	346483280	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	50.40	CAD	✓ 50.40	.00	.00	Mar 18 Parking at YYC - SLT meeting ①
20/03/2014	346483278	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	✓ 72.00	3.43	.00	Mar 17 taxi YEG to SSP - meeting with Dr. Cowell ②
20/03/2014	346483279	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	✓ 72.00	3.43	.00	March 18 taxi SSP to YEG - Exec Leadership Team meeting ③
25/03/2014	346995175	AIR CAN 0142132598460, AIR CANADA	498.91	CAD	✓ 498.91	.00	.00	April 10 and 12 - Canadian Conf on Physician Leadership, Toronto ④
25/03/2014	346995176	AIR CAN 0142132598460, AIR CANADA	65.10	CAD	✓ 65.10	.00	.00	Apr 10 and 12 Toronto Seat selection ⑤
25/03/2014	346995177	CANADIAN MEDICAL ASSOC, ORGANIZATIONS, MEMBERSHIP	1,073.50	CAD	✓ 1,073.50	51.12		Apr 10 Canadian Conf on Physician Leadership Registration ⑥

**Signatures**

**Cardholder Designate (If Applicable)**

By signing this statement

- 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.

Diane Beauvais-Bishop  
Name of Cardholder Designate

Exec. Adm. Coord.  
Cardholder Designate Position/Title

Diane Beauvais-Bishop  
Signature of Cardholder Designate

Apr. 23, 2014  
Date of Signature

**Cardholder**

By signing this statement

- 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.
- 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.

BELANGER, FRANCOIS  
Name of Cardholder

SOUTH, MEDICAL DIRECTOR &  
Cardholder Position/Title

Francois Belanger  
Signature of Cardholder

Apr 24, 2014  
Date of Signature

**Approver Designate (If Applicable)**

By signing this statement

- 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.
- 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.

Susan Best  
Name of Approver Designate

Exec. Assistant  
Approver Designate Position/Title

Susan Best  
Signature of Approver Designate

Apr. 25, 2014  
Date of Signature

**Approver**

By signing this statement

- 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.
- 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.

Deborah Rhodes  
Name of Approver

VP Corp. Serv. & CFO (Acting)  
Approver Position/Title

Deborah Rhodes  
Signature of Approver

April 26/14  
Date of Signature

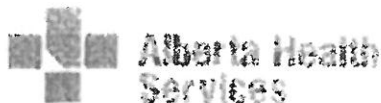
**Submit approved statement with attachments to Accounts Payable:**

**Attach:**

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
  - Copies of pre-approvals for travel
  - Personal cheque payable to "Alberta Health Services"
  - Return, refund and/or credit receipts
  - Dismissal letter

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor, North Tower, 10030-107 Street  
Edmonton, AB T5J 3E4



## Travel Approval Form (Out-of Province Only) / Request for Advance

<b>A. TRAVEL PARTICULARS</b>			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	
Destination: Toronto ON			
Name: Dr. Francois Belanger		Employee # [REDACTED]	
Report To: Brenda Huband			
Department: CMO		Office Location: Calgary, SPTT	
Business Phone #: [REDACTED]			
What former entity payroll systems is the employee currently being paid from? (Please check one from below).			
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp./BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0900	71110000012	62314000
Dates: From (day/month) 10/04 (year) 2014 to (day/month) 12/04 (year) 2014			
Purpose of Trip: 2014 Canadian Conference on Physician Leadership			
Employee Signature: <i>[Signature]</i>			Date: <i>[Date]</i>
<b>APPROVALS:</b> (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval - Travel Policy Appendix A)			
Approved By: (please print) <i>Brenda Huband</i>		Title: <i>Interim President CFCU</i>	Phone: [REDACTED]
Signature: <i>[Signature]</i>		Date: [REDACTED]	
Approved By: (please print)		Title:	Phone:
Signature:		Date:	

<b>B. ESTIMATE OF EXPENSES</b> <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 2 Nights at \$240	\$420.00
2. Meals	Per diem	53.00
3. Registration:		1,073.00
4. Airfare or Other Travel Costs		550.00
5. Other Expenses (please specify)	Taxi	120.00
<b>Total Estimated Travel Costs</b>		<b>\$2,216.00</b>

<b>C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE</b> (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.

March 18  
Parking at YYC  
Executive Leadership Team meeting

①

The Calgary Airport Authority  
GST No R122556194

'ReceiptClearing.Header'

Transaction-Id [REDACTED]

Ticket-Nr [REDACTED]

Transaction Type Clear

Date/Time 3/18/2014 7:03 PM

[REDACTED]  
Amount \$50.40 ✓

Status: 'Clearing Successful'

Approved Thank you!

March 17  
Taxi YEG to SSP  
Meeting with Dr. Cowell

②

DR. BELANGER.  
March 17/2014  
EIA > SSP

PRESTIGE TRANSPORTATION  
10135 51 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id: 4502412509440  
Item #: 0245  
M/C PURCHASE  
Op Id: [REDACTED]  
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00 ✓

Ref. #: [REDACTED]  
Auth. #: [REDACTED]  
Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2014/03/20 Time: 22:20:20  
Response: AUTH [REDACTED]

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

March 18  
Taxi SSP to YEG  
Senior Leadership Team meeting

③

DR. BELANGER.  
March 18/2014  
SSP > EIA

PRESTIGE TRANSPORTATION  
10135 51 Avenue NW  
Edmonton AB T6H-1C2  
780-463-5000

Term Id: 4502412509440  
Item #: 0246  
M/C PURCHASE  
Op Id: [REDACTED]  
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00 ✓

Ref. #: [REDACTED]  
Auth. #: [REDACTED]  
Book on line at  
EDMPRESTIGE.COM  
Thank you for being our guest  
GST 862184769

Date: 2014/03/20 Time: 22:31:16  
Response: AUTH [REDACTED]

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



④+⑤

**Diane Beauvais-Bishop**

April 10 and 12  
2014 Canadian Conference on Physician Leadership  
Toronto (Airfare and seat selection)

**From:** Air Canada [confirmation@aircanada.ca]  
**Sent:** March 25, 2014 2:39 PM  
**To:** Diane Beauvais-Bishop  
**Subject:** Air Canada - 10-Apr: Calgary - Toronto (booking ref: [REDACTED]) seat selected

\*\*\*\*\* PLEASE DO NOT REPLY TO THIS E-MAIL \*\*\*\*\*



## Itinerary/Receipt

**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check-in kiosk.



**Hotels in Toronto**

From (per night)	From (per night)	From (per night)	Why book your hotel stay at aircanada.com?
<b>\$100</b> CAD	<b>\$101</b> CAD	<b>\$98</b> CAD	<ul style="list-style-type: none"><li>Lowest price guaranteed</li><li>Great choice of hotels</li><li>Aeroplan Mile offer exclusive to aircanada.com</li></ul>
 <b>BOND PLACE HOTEL</b>	 <b>Best Western Plus Toronto Airport Hotel</b>	 <b>BEST WESTERN PLUS Travel Hotel Toronto Airport</b>	 Hotels provided by WWTNS.



**Need a car in Toronto?** Great rates and additional Aeroplan Miles.



## Booking Information

**Booking Reference:** [REDACTED]

**Electronic Ticketing confirmed. This is your official itinerary/receipt.**

**Main Contact:**

Mr Francois Belanger  
francois.belanger@albertahealthservices.ca

Mobile

Home

Work

Online Services

**Manage** my booking online (view/change my booking; select seats\*).

**Select Seats**

**Maple Leaf Lounge | Meal Vouchers | On My Way**

**Alert me** of flight status changes directly to my mobile phone or email

**Customer Care**

**Air Canada**

1-888-247-2262

**Flight Arrivals and Departures**

1-888-422-7533

**Flight Arrivals & Departures** - check online if my flight is on time.  
**Check-in online** and print my boarding pass.

<sup>\*</sup> Can my booking be changed online?

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC110	Calgary (YYC) Thu 10-Apr 2014 10:15	Toronto, Pearson Int'l (YYZ) Thu 10-Apr 2014 15:59 - Terminal 1	0	3hr44	320	Tango, A	<input checked="" type="checkbox"/>
AC121	Toronto, Pearson Int'l (YYZ) Sat 12-Apr 2014 14:00 - Terminal 1	Calgary (YYC) Sat 12-Apr 2014 16:11	0	4hr11	320	Tango, L	<input checked="" type="checkbox"/>

☒ **F: Food for purchase on board** All Onboard Café purchases made on board Air Canada flights are payable only with Visa, MasterCard and American Express credit cards.

## Passenger Information

**1: Mr Francois Belanger - Adult (16+), Ticket Number** [REDACTED]  
 Air Canada - [REDACTED] Meal Preference: **None**  
 Aeroplan: [REDACTED]  
 Payment Card: [REDACTED] Special Needs: **None**  
 Seat Selection: **AC110 14C Paid, AC121 14C Paid**

## Purchase Summary

### Fare Summary

Passenger Type	Adult
<b>Air Transportation Charges</b>	
Departing Flight - <u>Tango</u>	169.00
Return Flight - <u>Tango</u>	189.00
<u>Surcharges</u>	46.00

### Taxes, Fees and Charges

Canada Airport Improvement Fee	55.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	22.41
Canada Harmonized Sales Tax (GST/HST #10009-2287 RT0001)	3.25
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	498.91 ✓ (4)

### Options

Departing Flight - <u>Tango</u>	
<input checked="" type="checkbox"/> Advance Seat Selection	31.00 (3)
Return Flight - <u>Tango</u>	
<input checked="" type="checkbox"/> Advance Seat Selection	31.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	3.10
Total airfare, taxes and options (per passenger)	564.01 ✓ \$65.10



Number of passengers	1
Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$564.01</b>

#### Payment Information

**Credit/Debit Card:** [REDACTED] Amount paid: **\$564.01**

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$498.91 (Airfare - per ticket)

Air Canada: \$65.10 (Advance Seat Selection - per ticket)

Ticket number(s): [REDACTED]

#### enRoute City Guide

## Toronto

It's sprawling, it's noisy, it's the commercial capital of Canada, but if you get a little cozy with Toronto, you soon realize that, at its core, it's just a big softy...



[Read the complete guide](#)



What do you think of our new City Guide feature?

#### Fare Rules

**Departing Flight** Calgary (YYC) To Toronto (YYZ) - **Tango**

**Return Flight** Toronto (YYZ) To Calgary (YYC) - **Tango**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes at check-in or at the airport** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger.
- **Same-day standby** is available **only** to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.

- **Paid Advance Seat Selection** is available on Air Canada and Air Canada Express (operated by Jazz), subject to availability.

**Diane Beauvais-Bishop**


April 10 and 12

2014 Canadian Conference on Physician Leadership  
Registration

**Subject:** FW: CCPL Registration Confirmation

**From:** Haddouche, Kamel  
**Sent:** April-22-14 2:23 PM  
**To:** CCPLregistrations  
**Subject:** RE: CCPL Registration Confirmation

Hi,

25/03/2014 18:04:00 Francois Belanger  MasterCard

Kamel

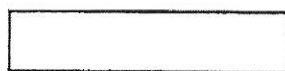
**De :** CCPLregistrations  
**Envoyé :** April-22-14 2:15 PM  
**À :** Haddouche, Kamel  
**Objet :** FW: CCPL Registration Confirmation

Hi Kamel:

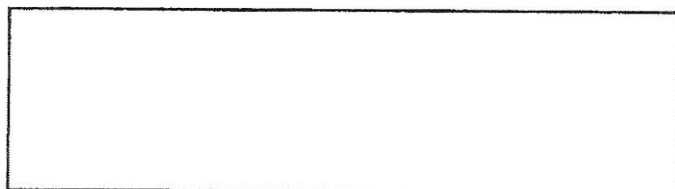
Do you have access to the last four digits so that the physician can confirm the card number

Thanks  
Carol

**From:** CCPL Registration [<mailto:CCPLregistrations@cma.ca>]  
**Sent:** March-25-14 6:11 PM  
**To:** [francois.belanger@albertahealthservices.ca](mailto:francois.belanger@albertahealthservices.ca)  
**Subject:** CCPL Registration Confirmation



Canadian Conference on Physician Leadership



Canadian Conference on Physician Leadership

April 9 - 12, 2014  
Fairmont Royal York Hotel  
Toronto, Ontario

## Registration Confirmation

Thank you for your participation, we look forward to seeing you at the Canadian Conference on Physician Leadership.

Order date :

2014/03/25

Order reference :

**Dr. Francois Belanger**

CMO

VP and Medical Director

Home fax:

Home telephone:

[francois.belanger@albertahealthservices.ca](mailto:francois.belanger@albertahealthservices.ca)

Food allergies or food observances:  
none

## Conference Workshop Preferences

Session 1 : H. A journey to engagement: how to attract, retain and motivate a winning team

Session 2 : G. Physician performance review: an essential element of physician engagement

Session 3 : H. Leadership positions that require more than an MD: when was the last time you were interviewed for a job?

## Official Receipt

Please keep this copy for your records

Item			Total
2-day CCPL Conference (April 11-12)	1	\$950.00	\$950.00
Subtotal			\$950.00
(CMA no.: 12176 5705 RT0001) HST (13.0%)			\$123.50
Grand total			\$1,073.50 ✓

For further information or questions please contact

### Conference Cancellation Policy

Registration fees, less a \$150 administrative charge (or \$250 if it includes a preconference

## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>																			
<ul style="list-style-type: none"> <li>Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>						<b>Expense Date From:</b> 1-Apr-14 <b>To:</b> 25-Apr-14 <b>Travel Period from:</b> _____ <b>To:</b> _____ (if applicable) <b>Out-of-Province Travel</b>													
<b>Name:</b> Francois Belanger		<b>Position (Title):</b> VP, Medical Director Central & Southern Zone, Calgary ZA		<b>Location:</b> Calgary, Southport		<b>Dept:</b> Medical Affairs		<b>DOFA Level:</b> _____ (if applicable)											
<b>Employee # (E-People):</b> _____		<b>Union:</b> _____		<b>Business Phone:</b> _____		<b>Ext:</b> _____													
<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>																			
<b>CAPITAL PROJECT CODING ONLY →</b>																			
<b>Project Number</b> _____		<b>Project Task Number</b> _____		<b>Expenditure Organization</b> _____		<b>Expenditure Type</b> _____													
<b>Total - Section B: Travel - Pg 2</b>					<b>Total - Section C&amp;D: Other &amp; Foreign Expenses - Pg 3</b>														
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense										
2A	101	0005	71105000002	\$839.49															
2B																			
2C																			
2D																			
				<b>\$839.49</b>	<b>**User to enter Coding &amp; \$ Amounts</b>														
<b>NOTE:</b> This section auto fills from page 2A, 2B, 2C & 2D					<b>NOTE:</b> These fields do not automatically fill for Section C & D														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;"><b>TOTAL REIMBURSEMENT</b></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Total Section B</td> <td style="padding: 5px; text-align: right;">\$839.49</td> </tr> <tr> <td style="padding: 5px;">Total Section C&amp;D</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Less Cash Advance</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>TOTAL CLAIM</b></td> <td style="padding: 5px; text-align: right;"><b>\$839.49</b></td> </tr> </tbody> </table>										<b>TOTAL REIMBURSEMENT</b>		Total Section B	\$839.49	Total Section C&D		Less Cash Advance		<b>TOTAL CLAIM</b>	<b>\$839.49</b>
<b>TOTAL REIMBURSEMENT</b>																			
Total Section B	\$839.49																		
Total Section C&D																			
Less Cash Advance																			
<b>TOTAL CLAIM</b>	<b>\$839.49</b>																		
<b>SECTION F: AUTHORIZATION</b>																			
<p>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.</p> <p>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.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p> <p>I, by signing this form, attest that I am compliant to all the above statements.</p> <p><b>Employee Signature:</b> <u>Francois Belanger</u> <b>Date:</b> <u>April 24, 2014</u></p> <p>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.</p> <p>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.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p> <p><b>Approved By (PRINT ONLY):</b> <u>Deborah Rhodes</u> <b>DOFA Level:</b> _____ <b>Position:</b> _____ <b>Phone #:</b> _____</p> <p>I, by signing this form, attest that I am compliant to all the above statements.</p> <p><b>Signature:</b> <u>Deborah Rhodes</u> <b>Title:</b> <u>Acting CFO</u> <b>Date:</b> <u>April 26/14</u></p> <p>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.</p> <p>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.</p> <p>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</p> <p><b>Approved By (PRINT ONLY):</b> _____ <b>DOFA Level:</b> _____ <b>Position #:</b> _____ <b>Phone #:</b> _____ <b>Ext:</b> _____</p> <p>I, by signing this form, attest that I am compliant to all the above statements.</p> <p><b>Signature:</b> _____ <b>Title:</b> _____ <b>Date:</b> _____</p>																			

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

## EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0005

71106000002

Emp # (E-People)

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 Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from drop-down (column Prov) where expenses were incurred (Out of N.America = Intert)  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Completion of the "Cost Effective Method Used" Column is REQUIRED.  
If you select "No" in this column,  
Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
3-Apr-14	Department of Surgery Annual Retreat - Calgary to Banff return	AB	Meeting	Yes											270.00
4-Apr-14	AARP - SPTT to U of C return	AB	Meeting	Yes											30.00
10-Apr-14	Presentation at ZIMAC (Fort Calgary) to YYC to attend Canadian Conference on Physician Leadership in Toronto	AB	Meeting	Yes	LD-\$32.35	\$32.35	✓								18.00
12-Apr-14	Canadian Conference on Physician Leadership (Toronto)	ON	Conf	Yes	BL-\$20.80	\$20.80	✓		\$438.50 ✓	\$60.00 ✓	\$66.15 ✓	✓			
11-Apr-14	Canadian Conference on Physician Leadership (Toronto)	ON	Conf	Yes	D-\$20.75	\$20.75	✓								
15-Apr-14	Executive Leadership Team meeting (Edmonton) - Parking at YYC	AB	Meeting	Yes								\$25.20 ✓			
21-Apr-14	Calgary Zone Leadership meeting - SPTT to FMC	AB	Meeting	Yes											15.00
24-Apr-14	Calgary Zone Obstetric Services - SPTT to FMC	AB	Meeting	Yes											15.00
SUBTOTALS						\$73.90				\$438.50	\$60.00	\$91.35			Total Kms 348.00

## MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

Rates applicable \$0.605 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement  
(see Mileage details to the left)

\$0.505

Mileage \$ \$175.74

Travel \$ Subtotal \$863.75

Auto fills on page 1 - TOTAL TRAVEL \$ \$839.49

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

## Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)



## Travel Approval Form (Out-of Province Only) / Request for Advance

<b>A. TRAVEL PARTICULARS</b>			
Out-of-Province: <input checked="" type="checkbox"/>		Advance Request: <input type="checkbox"/>	Destination: Toronto ON
Name: Dr. Francois Belanger		Employee #: 01067960	Report To: Brenda Huband
Department: CMO		Office Location: Calgary, SPTT	Business Phone #: [REDACTED]
What former entity payroll systems is the employee currently being paid from? (Please ✓ one from below).			
<input type="checkbox"/> AADAC	<input checked="" type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central	
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights	
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health	
<input type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country	
Finance Code/Accounting Distribution (if applicable):			
Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0000	71110000012	02514000
Dates: From (day/month) 10/04 (year) 2014 to (day/month) 12/04 (year) 2014			
Purpose of Trip: 2014 Canadian Conference on Physician Leadership			
Employee Signature: [Signature]			Date: [Signature]
APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval - Travel Policy Appendix A)			
Approved By: (please print) Brenda Huband		Title: Interim President, CEO	Phone: [REDACTED]
Signature: [Signature]		Date: 2014 April 02	
Approved By: (please print)		Title:	Phone #
Signature:		Date:	

<b>B. ESTIMATE OF EXPENSES</b> <input checked="" type="checkbox"/> Canadian Dollars <input type="checkbox"/> US Dollars		
Category	Description	Amount
1. Accommodation Charge	# 2 Nights at \$210	\$420.00
2. Meals	Per diem	53.00
3. Registration		1073.00
4. Airfare or Other Travel Costs		530.00
5. Other Expenses (please specify)	Taxi	120.00
<b>Total Estimated Travel Costs</b>		<b>\$2,216.00</b>

<b>C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE</b> (only if amount required is \$500 or above)	
Advance Amount (\$) Requested:	Date Required:

- > If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.
- > All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services Travel Policy.





100 Front Street W  
Toronto, ON, Canada M5J 1E3  
T (416) 368-2511 F (416) 368-2884  
G.S.T. Registration # 832522213

Canadian Medical Association  
Dr. Francois Belanger

April 10 and 12  
2014 Canadian Conference on Physician Leadership

Room :  
Folio # :  
Cashier # :  
Page # : 1 of 1

Group Name Cma - Ccpl

Invoice No.

Arrival : 04-10-14

Departure : 04-12-14

Fairmont President's Club

Date	Description	Additional Information	Charges	Credits
04-10-14	Room Charge		189.00	
04-10-14	HST - Rooms		24.57	
04-10-14	DMP Fee*		5.03	
04-10-14	HST-DMP Fee*		0.65	
04-11-14	Room Charge		189.00	
04-11-14	HST - Rooms		24.57	
04-11-14	DMP Fee*		5.03	
04-11-14	HST-DMP Fee*		0.65	
04-12-14	American Express			438.50
Total			438.50	438.50
Balance Due			0.00	

GST Summary

Room : 0.00  
F&B : 0.00  
Other : 0.00  
Total : 0.00

HST Summary

Room : 49.14  
F&B : 0.00  
Other : 1.30  
Total : 50.44

Thank you for choosing Fairmont Hotels & Resorts.

To provide feedback about your stay please contact Tim Morrison Hotel Manager, at TimMorrisonHM@Fairmont.com.  
We also invite you to share memories of your experience on our community forum - visit [www.everyonesanoriginal.com](http://www.everyonesanoriginal.com).

For information or reservations, visit us at  
[www.fairmont.com](http://www.fairmont.com) or call Fairmont Hotels & Resorts from :  
United States or Canada 1 800 411 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the  
incurred charges, company or individual, fail to pay for any part of my bill. (Amount of liability charges: Overdue  
balance subject to a charge at the rate of 1.5% per month after one month. (\$1.00 per annum.)  
I have accepted delivery of Tim's Globe and Mail. Had I not, I would have been eligible for a \$1.00 (Mon-Fri)  
and \$2.00 (Sat) credit to my account. (All participating hotels.)

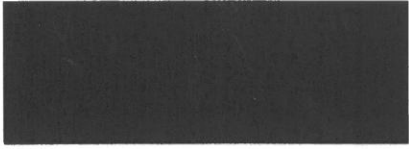
\* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts

April 10 and 12  
2014 Canadian Conference on Physician Leadership

①

The Calgary Airport Authority  
GST No R122556194

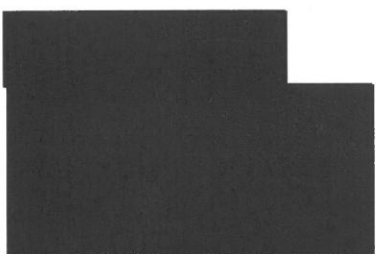


Transient Parker \$ 66.15  
Total: \$ 66.15  
Discounts \$ 0.00  
Balance Due: \$ 66.15  
GST \$ 3.15  
Credit Card \$ 63.15  
Change \$ 0.00



The Calgary Airport Authority  
GST No R122556194

'Receipt Clearing Header'



Approved - Thank you!



INDEPENDENT CAB OWNERS'  
CO-OPERATIVE INCORPORATED  
TORONTO, ONTARIO

Date:

april 12/14

From:

To:



FARE:

TIP:

TOTAL:

60	-

HST INCLUDED

Driver:


Flat rates available for Airport, Out of Town,  
Business Trips, Sightseeing, Etc: Ask Driver for details.

RECEIPT

April 15  
Executive Leadership Team meeting  
Parking at YYC

RECEIPT  
GST NO. R122556194

EXIT No. A4  
IN: 24/15/14 24:46  
OUT: 24/15/14 19:20  
DURATION: 0 14: 34  
PAID: \$ 25.00 ✓  
GST INCLUDED



Calgary International Airport Parking