

Official Administrator and Executive Expense Report

Name Dr. Francois Belanger
Title Vice President & Medical Director, Southern Alberta
Location Calgary
 Expenses submitted during the month of August 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)
Aug-14	P-Card	Various Meetings	450		164	381	995			
Aug-14	Expense	Meetings				330	330			
Total			\$ 450	\$ -	\$ 164	\$ 711	\$ 1,325	\$ -	\$ -	\$ -

Total for the Month \$ 1,325

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 145
 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


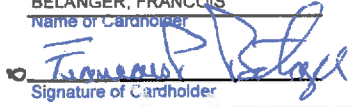


BELANGER, FRANCOIS Cardholder's Name	VICE PRESIDENT & MEDICAL Cardholder's Position/Title	Billing Reporting Period	20/08/2014
HEALTH OPERATIONS CENTRAL & Cardholder's Dept	SOUTHPORT Cardholder's Site/Location	Total Statement Amount	\$994.45
FRANCOIS.BELANGER@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card # XXXXXXXXXX		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/07/2014	358853075	PRESTIGE TRANSPORTATIO LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00	June 24 RBB workshop Taxi YEG-Ramada
21/07/2014	358853076	PRESTIGE TRANSPORTATIO LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00	July 15 Exec Leadership Team Taxi SSP-YEG
21/07/2014	358853077	PRESTIGE TRANSPORTATIO LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00	July 18 Exec Leadership Team Taxi YEG-SSP
21/07/2014	358853078	PRESTIGE TRANSPORTATIO LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	00	June 24 RBB workshop Taxi Ramada-YEG
31/07/2014	359830445	WESTJET 8350615840776, Westjet Airlines	5.25	CAD	5.25	00	00	Aug 5 Exec Leadership Team airfare Y/C-YEG seat selection
31/07/2014	359830446	WESTJET 8382100301374, Westjet Airlines	210.13	CAD	210.13	00	00	Aug 5 Exec Leadership Team airfare Y/C-YEG
31/07/2014	359830447	AHS PARKING ROCKYVIEW, GOVERNMENT SERVICES NOT	13.25	CAD	13.25	63		July 31 Workforce planning Parking at RGH
01/08/2014	360105227	AIR CAN 0142137354244, AIR CANADA	234.28	CAD	234.28	00	00	Aug 5 Exec Leadership Team airfare YEG-YVC
05/08/2014	360485760	THE CALGARY AIRPORT AU, AUTOMOBILE PARKING LOTS AND	27.00	CAD	27.00	1.30	00	Aug 5 Exec Leadership Team Parking at YVC
12/08/2014	360551436	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	1.10	00	Aug 12 Exec Leadership Team Parking in YEG
12/08/2014	360955317	THE WESTIN EDMONTON, WESTIN HOTELS	193.24	CAD	193.24	17.79	00	Aug 11 Exec Leadership Team accommodation in YEG

✓ 1
✓ 2
✓ 3
✓ 4
✓ 5
✓ 6
✓ 7
✓ 8
✓ 9
✓ 10
✓ 11



Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Diane Beauvais-Bishop</u> <small>Name of Cardholder Designate</small>	<u>Exec Adm coord</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>Aug. 22, 2014</u> <small>Date of Signature</small>	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>BELANGER, FRANCOIS</u> <small>Name of Cardholder</small>	<u>VICE PRESIDENT & MEDICAL</u> <small>Cardholder Position/Title</small>	
 <small>Signature of Cardholder</small>	<u>Aug 26, 2014</u> <small>Date of Signature</small>	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Susan Best</u> <small>Name of Approver Designate</small>	<u>Exec. Assistant</u> <small>Approver Designate Position/Title</small>	
 <small>Signature of Approver Designate</small>	<u>Aug. 28, 2014</u> <small>Date of Signature</small>	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Deborah Rhodes</u> <small>Name of Approver</small>	<u>VP Corp Services & CFO (Acting)</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>Sept. 3/14</u> <small>Date of Signature</small>	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

June 24
RBB: Desired State Workshop (AH)
Edmonton
Taxi YEG - Ramada Hotel

①

DR. BELANGER + VINER.
Jun 24/2014.
EIA > RAMADA EDM 4022

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:0550
M/C PURCHASE
Op Id:114995
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: 2014/07/21 Time: 05:03:39
Response: AUTH [REDACTED]

CUSTOMER COPY

June 24
RBB: Desired State Workshop (AH)
Edmonton
Taxi Ramada Hotel to YEG

④

Jun. 24/2014.
DR. BELANGER + VINER
+ HUBANO.
RAMADA HOTEL > EIA

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:0551
M/C PURCHASE
Op Id:114995
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: 2014/07/21 Time: 05:05:51
Response: AUTH [REDACTED]

CUSTOMER COPY

July 15
Executive Leadership meeting
Edmonton
Taxi SSP - YEG

②

DR. BELANGER &
BRENDA HUBAND
July 15/ 2014
SSP > AP
PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:0552
M/C PURCHASE
Op Id:114995
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: 2014/07/21 Time: 05:09:58
Response: AUTH [REDACTED]

CUSTOMER COPY

July 15
Executive Leadership meeting
Edmonton
Taxi YEG - SSP

③

DR. BELANGER
July 15/ 2014
AP > SSP

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:0552
M/C PURCHASE
Op Id:114995
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: 2014/07/21 Time: 05:09:09
Response: AUTH [REDACTED]

CUSTOMER COPY

5+6

Aug 5 Executive Leadership Team Mtg
YYC to YEG Airfare and Seat Selection Fee



Flights Vacations Deals Travel Info My WestJet Rewards

Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is [REDACTED]

Guest details

Mr Francois Belanger Flight Calgary (YYC)-Edmonton (YEG)
WestJet FF [REDACTED]
Ticket number [REDACTED]
Seat YJC-YEG 9B

Air itinerary details

Calgary (YYC) Tue Aug 5 2014, 7:45 AM Dehavilland Dash 8-400 Turboprop
Edmonton (YEG) Tue Aug 5 2014, 8:34 AM
WS 3270 Operated by WESTJET ENCORE
Fare type: Econo Non-stop

Pricing breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
Adult	\$151.00	\$12.00	\$47.13	\$210.13	x 1	\$210.13 CAD

- YYC-YEG: Econo fare type benefits
- One complimentary checked bag *
- Fully refundable if cancelled within 24 hours of booking **
- Advanced seat selection - \$5-34.50 *
- \$75-86.25 itinerary change fee + applicable fare difference
- \$75-86.25 name change fee
- \$75-86.25 cancellation fee, balance credited toward future WestJet flight purchases -
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- Non-refundable to original form of payment

Total airfare: **\$210.13 CAD**

6 ✓

Seats

Regular seat WS 327U YJC-YEG Seat 9B Mr Francois Belanger \$5.00 CAD + \$0.25 CAD tax

Total seats: **\$5.25 CAD**

5 ✓



\$210.13 CAD
\$5.25 CAD

July 31
Workforce planning meeting
Parking at Rockyview Hospital

7

Alberta Health
Services
RGH Lot 1

RECEIPT

ENTRY DATE/TIME:

31/07/14 07:38

PAY DATE/TIME:

31/07/14 11:10

PARK-DUR.: HRS:MIN

0:03:32

ALLOWED EXIT TO:

01.00.14 07:53

PAID: \$ 13.25

MASTER CARD

* Parking Rates *

* Are GST Exempt *

* Please Exit *

* Site Within *

* 15 Minutes *

* After Payment *

* Is Made *

* No In/Out *

* Privileges *

* Managed by *

* Alberta *

* HealthServices *

* Have Questions *

* Or Concerns? *

* Call Us *

* 403-943-3725 *

⑧

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.

Aug 5 Executive Leadership Team Mtg
YEG to YYC Airfare :

Booking Information

AIR CANADA 

Booking Reference: [REDACTED]

Customer Care


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

Air Canada
1-888-247-2262 

Main Contact:

Mr Francois Belanger
francois.belanger@albertahealthservices.ca

Flight Arrivals and Departures

1-888-422-7533 

Mobile: [REDACTED]

Home: [REDACTED]

Work: [REDACTED]

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8151 ¹	Edmonton, Edmonton Int'l (YEG) Tue 05-Aug 2014 16:00	Calgary (YYC) Tue 05-Aug 2014 16:49	0	Ohr49	DH4	Flex, V	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mr Francois Belanger : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED]

Meal Preference: **None**

Payment Card: [REDACTED]

Special Needs: **None**

Seat Selection: AC8151 2C

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	174.00
Surcharges	12.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	11.16
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	234.28
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$234.28 ✓

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: \$234.28

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

- Air Canada: \$234.28 (Airfare - per ticket)

Ticket number: [REDACTED]

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Flex

Changes:

- Prior to day of departure - Change fee per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. Changes can be made up to 2 hours prior to departure.

9

August 5
Executive Leadership meeting (Edmonton)
Parking at YYC

The Calgary Airport Authority
GST No R122556194

ReceiptClearing.Header

Transaction Id [REDACTED]

Ticket Nr [REDACTED]

Transaction Type: Clear
Date/Time: 8/5/2014 5:26 PM

[REDACTED]

Amount: \$27.30

Status: *Clearing Successful*

Approved - Thank you!

The Calgary Airport Authority
GST No R122556194

Transaction Id [REDACTED]

Transaction Date: 05/08/2014 17:26

Ticket-Nr [REDACTED]

Transient Parker	\$ 27.30
Total:	\$ 27.30
Discounts	\$ 0.00
Balance Due:	\$ 27.30
GST	\$ 1.30
Credit Card	\$ 27.30
Change:	\$ 0.00



Aug 12 Exec Leadership Mtg
Parking in YEG

10

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
AUG 12, 2014

Purchase Date/Time: 07:40am Aug 12, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket # [REDACTED]
SN #: [REDACTED]
Setting: [REDACTED]
Mach Name: Meter 1

Rate: \$23 - Early Bird
Payment Type: Card

[REDACTED]
OST #667315638R10001

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time: 06:00pm Aug 12, 2014
Purchase Date/Time: 07:40am Aug 12, 2014
Total Parking: \$21.90
Total gst: \$1.10
Total Due: \$23.00
Total Paid: \$23.00
Ticket # [REDACTED]
Setting: Lot 256
Mach Name: Meter 1

Rate: \$23 - Early Bird
Payment Type: Card

[REDACTED]

Auth # [REDACTED]

Aug 11 Exec Leadership Mtg
Accommodation

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Francois Belanger
Alberta Health Services

Page Number : [REDACTED] Invoice Nbr: [REDACTED]
Guest Number: [REDACTED] Arrive Date: 11-AUG-14 18:07
Folio ID : [REDACTED] Depart Date: 12-AUG-14 08:00
No. Of Guest:
Room Number :
Room Rate : 145.00
Club Account: [REDACTED]

Email: MARLENE.HAMILTON@ALBERTA
EALTHSERVICES.CA

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 12-AUG-14 07:28 [REDACTED]

Date	Reference	Description	Charges	Credits
11-AUG-14	[REDACTED]	Room Charge	145.00	
11-AUG-14	[REDACTED]	GST	7.47	
11-AUG-14	[REDACTED]	DMF	4.35	
11-AUG-14	[REDACTED]	Tourism Levy	5.97	
11-AUG-14	[REDACTED]	Parking Self	29.00	
11-AUG-14	[REDACTED]	GST	1.45	
12-AUG-14	MC	Mastercard		-193.24
12-AUG-14	MC	Mastercard	0.00	
		** Total	193.24	-193.24
		*** Balance	0.00	

Continued on the next page

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• 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)

Expense Date From: 29-Jul-14 **To:** 15-Aug-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Francois Belanger **Position (Title):** VP, Medical Director Central & Southern Zone, Calgary ZA
Location: Calgary, Southport **Dept:** Medical Affairs **DOFA Level:** [REDACTED] (if applicable) **Union:** N/A **Business Phone #:** [REDACTED] **Ext:** _____
Employee # (E-People): [REDACTED]

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → **Project Number** _____ **Project Task Number** _____
Expenditure Organization _____ **Expenditure Type** _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D
2A	101	0005	7110500002	\$329.77						\$329.77	
2B											
2C											
2D											
				\$329.77	**User to enter Coding & \$ Amounts					TOTAL CLAIM \$329.77	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D						

SECTION F: AUTHORIZATION

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 included 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.
 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. [Travel, Hospitality and Working Session Expenses Policy - Document# 1122](#)

I, by signing this form, attest that I am compliant to all the above statements.
Employee Signature: Fransois Belanger **Date:** Aug 26 2014

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 included 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.
 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.

Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes **DOFA Level:** [REDACTED] **Position #:** [REDACTED] **Phone:** [REDACTED] **Ext:** [REDACTED]

I, by signing this form, attest that I am compliant to all the above statements.
Signature: Deborah Rhodes **Title:** VP Corp Services + CFO (Acting) **Date:** Sept-3/14

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 included 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.
 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.

Approved By (PRINT ONLY): _____ **DOFA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____
Signature: _____ **Title:** _____ **Date:** _____

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 Procedure to Pay program

DB

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0005 71105000002 Emp # (E-People) XXXXXXXXXX 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 dropdown (column Prov) where expenses were incurred (Out of N. America = Int'l)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America

Date dd-mmm-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?	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										
				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								
				Meal Type with value	Allowance	Meal Type	with receipt	Airfare	Hotel	Taxi				
29-Jul-14	Meeting with Minister re Calgary Cancer Centre, SPYT-McDermott Centre (return)	AB	Meeting	Yes										22.00
31-Jul-14	Workforce Planning meeting, SPYT-RGH (return)	AB	Meeting	Yes										10.00
11-Aug-14	AACHT and Executive Leadership Team meetings, Calgary - Edmonton (return Aug 13)	AB	Meeting	Yes										616.00
14-Aug-14	Workforce Planning meeting, RGH - SPYT	AB	Meeting	Yes										5.00
SUBTOTALS													Total Kms	653.00

<p>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</p> <p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Mileage details to the left)	\$0.505
	Mileage \$	\$329.77
	Travel \$ Subtotal	
Auto fills on page 1 - TOTAL TRAVEL \$		\$329.77

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)

02 2/14