

Board and Executive Expense Report

Name Dr. Kamalesh Gangopadhyay
Title AHS Board Member

Location
Expenses submitted during the month of October 2012

Travel (1)											
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)	
October 2012	Expense Claim	Various meetings			218	195	413				
Total			\$ -	\$ -	\$ 218	\$ 195	\$ 413	\$ -	\$ -	\$ -	
Total for the Month			\$		413						

Maximum meal expense claimed in the month \$ -
Maximum daily hotel rate claimed in the month \$ 99
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.


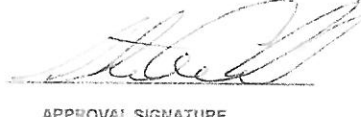
Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

**ALBERTA HEALTH SERVICES
BOARD MEMBER REMUNERATION AND EXPENSE CLAIM**

Name: Kamalesh Gangopadhyay	(For Board Office Use Only) A/P Vendor ID#:
Phone # [REDACTED]	Travel Period Month: October, 2012

DATE (DD/MM/YY)	DESCRIPTION (include purpose of trip, mode of travel, starting point, details of expenditure)	MEALS				ACCOM- MODATION	TRANSPORTA- TION (FLIGHT, CAR RENTAL, FUEL, PARKING, ETC.)	OTHER (ITEMIZE)	MILEAGE (KM)
		B	L	D	AMOUNT				
13/10/2012	Province wide Health council meeting Edmonton (HOME - EDW - HOME)								140.8
15/10/2012	Meeting in Royal Glenora club Edmonton with Mayor & Minister & Doctors (Home Edm - Home)								137.8
17/10/2012	G & S Committee Meeting (Tele)								
30/10/2012	Strategy Session Red Deer (Home - Red Deer - Home)				217.80 ✓				108.1
31/10/2012	Committee of the Whole Meeting								
TOTAL KMS									386.7
APPLICABLE MILEAGE RATE @									50.5¢
SUB-TOTAL <i>(carry forward to continuation sheet, where applicable)</i>					217.80 ✓				195.28

FOR ACCOUNTS PAYABLE EXPENSE CODING		
Description	Coding	Amount
MEAL (A)	101.0005.71110300004.45000000	
TRAVEL EXPENSE (B+C+E)	101.0005.71110300004.62212000	413.08
OTHER (D)	101.0005.71110300004.41090000	
GRAND TOTAL		413.08

 CLAIMANT SIGNATURE	 APPROVAL SIGNATURE	meals	breakfast \$9.20 lunch \$11.60 dinner \$20.75
07/11/2012 DATE SUBMITTED	Nov 19 12 DATE APPROVED	Lodging per night	\$20.15
I hereby acknowledge that I have read the "Public Service Subsistence, Travel and Moving Expenses Regulation" and hereby confirm that the expenses claimed are in compliance with such regulation		Per diem 24-hour	\$7.35

Honoraria over

210

Date 11/01/12
Time 06:21
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RED DEER LODGE
4311 49 AVE
RED DEER, ALBERTA T4N 5Y7
1-800-661-1657
(403) 346-8841

Acct# [REDACTED]
Room# 580
Rate Code
Group ALBE
Room Type TNK
Room Rate 99.0

GANGOPADHYAY, KAMALESH

Arrive OCT 30 12 16:49
Depart NOV 01 12

ALBERTA HEALTH SERVICES
10101 SOUTH PORT RD SW
CALGARY AB T2W3N2

Payment MC [REDACTED] Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 30	ROOM CHARGE			99.00	
OCT 30	G.S.T.			4.95	
OCT 30	TOURISM LEVY			3.96	
OCT 30	DESTINATION MARK FEE			.99	
OCT 31	ROOM CHARGE			99.00	
OCT 31	G.S.T.			4.95	
OCT 31	TOURISM LEVY			3.96	
OCT 31	DESTINATION MARK FEE			.99	
=====G.S.T.=subtotal:				9.90	
TOURIS subtotal:				7.92	
				Balance Due:	217.80

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full.
Privacy Policy: you may opt-out of having certain personal information collected.
G.S.T. #865650352 Direct Bill Signature: _____