

AHS Board and Executive Expense Report

Name Deb Gordon
Title VP & Chief Health Operations Officer Northern Alberta
Location Edmonton
 Expenses submitted during the month of July 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-16	Pcard	Meetings					-		491	
Jul-16	Direct Billing	Meetings	821				821			
Total			\$ 821	\$ -	\$ -	\$ -	\$ 821	\$ -	\$ 491	\$ -

Total for the Month \$ 1,312

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

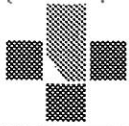
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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

GORDON, DEB Cardholder's Name	VICE PRESIDENT & CHIEF Cardholder's Position/Title	Billing Reporting Period:	20/07/2016
HEALTH OPERATIONS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$490.75
DEB.GORDON@AHS.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
14/07/2016	[REDACTED]	BRIDGES CATERING, EATING PLACES, RESTAURANTS	490.75	CAD	490.75	23.37		Catering for Edmonton Coordinating Council Meeting (split with Medical Director Office)

①

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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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.

GORDON, DEB

Name of Cardholder

VICE PRESIDENT & CHIEF

Cardholder Position/Title



Signature of Cardholder

2016 - JUL - 29

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.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

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.

Dr. Verna Ylin

Name of Approver

President + CEO

Approver Position/Title



Signature of Approver

Aug 5, 2016

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
- 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: _____

Bridges Catering

9203 111 Avenue
 Edmonton, Alberta T5G 0A2
 Canada
 Tel: (780) 425-0173
 Fax: (780) 421-4714

INVOICE

Invoice No.: [REDACTED]
 Date: 06/27/2016
 Page: 1
 Re: Order No. [REDACTED]

Bill To:

Alberta Health Services -----
 7th Street Plaza, North Tower
 10030 107 Street NW
 Edmonton, Alberta T5J 3E4
 Canada

Deliver To:

Alberta Health Services -----
 7th Street Plaza
 10030 107 Street NW
 Main Floor Boardroom A/C
 Kim Belrose [REDACTED]

Business No.: 890805997

Quantity	Description	Tax	Unit Price	Amount
1	Reception Food	E	874.00	874.00
1	Lemonade (Per Gallon)	E	45.00	45.00
1	Rentals - Chafing Dish - Large	E	12.50	12.50
1	Delivery Charge	E	50.00	50.00
E - GST EXEMPT				
GST 5% Exempt				
<p><i>Called in July 14, 2016</i></p> <p><i>@ 8:30am</i></p> <p><i>\$490.75 each</i></p> <p><i>Deb Gordon</i></p> <p><i>David Mador</i></p>				
<p>Terms: Net 30. Due 07/27/2016.</p> <p>Comment: Thank you for choosing Bridges Catering.</p>			Total Amount	981.50



Working Session Pre-Approval Request

In accordance with the Travel, Hospitality & Working Session Expenses Policy #1122 this form must be pre-approved for working sessions greater than \$500.00, in accordance with the Delegation of Authority for Financial Commitments "Financial Authorization" Matrix.

Select healthy food and drink choices for working sessions to align with the Healthy Eating Environment policy (#1138). Refer to Healthy Meetings and Events Resources for planning

Details of Working Session Request

Describe the purpose of the working session

As many of the EZ staff and team members worked tirelessly to support the emergency response and recovery efforts in Fort McMurray, Deb Gordon and David Mador hosted a special (catered) ECC meeting to say Thank you for all efforts over the last week and going forward.

Name of Event	Date of Request (dd-mmm-yyyy)
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Edmonton Coordinating Council	27-Jun-2016
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Event Lead (Name, Position, Department)

Deb Gordon, VP and Chief Health Operations (NAAlberta) and David Mador, VP and Medical Director (NAAlberta)

Location of Venue	Event Date(s)	Number of Attendees
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Conference Room A/C - Seventh Street Plaza (main floor)	27-Jun-16	90
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Guest Speaker(s)/Facilitators	Title/Role	Organization
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Proposed Budget	Venue cost	\$0.00	
	Meals	\$874.00	
	Non- Alcoholic Beverages	\$45.00	
	Other	\$62.50	Specify catering rental
	GST (if applicable)	\$0.00	
	Total Planned Event Budget	\$981.50	<i>/SPLIT COSTS \$490.75 EACH</i>

Finance Code / Accounting Distribution

Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre Eg. 00000000000
<i>DAVID MADOR - PCARD DEB GORDON - PCARD</i>		

Authorization

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Name	Position / Title	DOA Level
	<i>DEB RHODES</i>		<i>VP CFO, Finance</i>
	Signature		Date (dd-mmm-yyyy)
<i>Deborah Rhodes</i>		<i>14-07-2016</i>	

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Deb Gordon	Reporting Period for the Month of : July
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Jul-2016	Direct Billing	Airline Ticket	Flights to High Prairie for Site Tours and Staff Meetings with CEO	Marlin Travel	821.27
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 821.27



MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: TIFFANY ASKE Tel: 780-425-8611

To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

Invoice Number: [REDACTED]
Date: July 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

MS DEBORAH GORDON
 AC [REDACTED]

Monday, September 19, 2016

 **Air**

OTHER TRAVEL	Flight: 102	ECONOMY CLASS
From: EDMONTON INTL AB	07:40 AM	
To: PEACE RIVER	08:40 AM	
Stops: 0 Arrival: 19Sep16		
NORTHERN AIR CONFIRMATION [REDACTED]		

 **Air**

OTHER TRAVEL	Flight: 105	ECONOMY CLASS
From: PEACE RIVER	05:00 PM	
To: EDMONTON INTL AB	06:00 PM	
Stops: 0 Arrival: 19Sep16		
NORTHERN AIR CONFIRMATION [REDACTED]		

Cost:

NORTHERN AIR [REDACTED]	[REDACTED]	821.27
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Total:

Grand Total:	821.27
Less Credit Card Payments:	821.27
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

Exceeded \$600 limit for return flight within Alberta.
 Rational: Northern Air is the only carrier to Peace River
 and has limited morning flights on specific days of the
 week only.