

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 May 2017

						Travel (*	1)						
MMM-YY	Source Document	Purpose	Airfa	are	Meals	Accommoda	ation	Other Travel		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-17	Direct Billing	Meetings		75						75			
Total			\$	75	\$ -	· \$	-	\$	-	\$ 75	\$ -	- \$ -	\$ -

Total for

the Month \$ 75

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.



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 	er you have expenses to report in t	his section for this reporting period:	
Name :	Deb Gordon	Reporting Period for the Month of: May-17	

YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
31-Jul-2017 Direct Billin		Airline Ticket	Change fee for Calgary to Edmonton airline cancellation March 22, 2017	Marlin Travel	75.00
			APPROVED: Deb Gordon VP and CHOO, Northern Alberta		
Total Paid in the	Month				\$ 75.00



Invoice

ALBERTA HEALTH SERVICES

ALBERTA HEALTH SERVICES

10030 - 107 STREET

EDMONTON AB

T5J 3E4

Trip #:

Booking Date:

Client:

Agent:

File Locator:

PASSENGERS: MS DEBORAH GORDON

REFERENCE/ DESCI	RIPTION			FARE	HST/GST	PST	OTHER	PENALTY	TOTAL	
AIR CANADA Ticke	et #			244.40	0.00	\$0.00	74.96	0.00	319.36	CAE
AIR CANADA Ticke	et #			3.90	0.00	\$0.00	0.00	75.00	78.90	CAL
AIR CANADA ONLI	INE CHANGE FEE	Confirmation #		75.00	0.00	\$0.00	0.00	0.00	<mark>75.00</mark>	CAE
		*****	Total:	323.30	0.00	0.00	74.96	75.00	473.26	CAI
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount	
		07/31/2017	AHS						75.00	CAD
		02/16/2017							319.36	CAD
		06/09/2017	AHS						78.90	CAD
							Total Pa	ayment:	473.26	CAE
					B	alance Du	e CAD Cui	rrency	0.00	CA

Total GST

0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL AHS SENIOR LEADERSHIP MEETING

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #:

Booking Date: 16 Feb 17

Client:
Agent:

File Locator:

MY ITINERARY

Passengers Citizenship Required Travel Documents

DEBORAH GORDON Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: DEBORAH GORDON Booking Date: 07/31/2017
File Locator/Ticket #:

 From:
 EDMONTON INTL
 Departing on:
 03/20/2017

 To:
 CALGARY INTL
 Returning on:
 03/21/2017

03/20/2017 6:00PM



AIR

02/16/2017 **Booking Date:** DEBORAH GORDON File Locator/Ticket #: Passengers: Flight **Airline** Terminal To Class Seat Stops AIR CANADA 08171 **EDMONTON INTL** CALGARY INTL G

03/20/2017 6:59PM

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4





AIR

Passengers: DE	BORAH GOR	DON		Booking File Loca	ator/Ticket#:		
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 03/21/2017 6:00PM		EDMONTON INTL 03/21/2017 6:52PM	G		
Passengers: DE	BORAH GOR	DON		Booking File Loca	Date: ator/Ticket#:	06/09/	2017
Airline	Flight	From	Terminal	То	Class	Seat	Stops
AIR CANADA	8164	CALGARY INTL 03/22/2017 7:30PM		EDMONTON INTL 03/22/2017 8:26PM			