

Official Administrator and Executive Expense Report
Name: Deb Gordon

Title: VP & Chief Health Operations Officer Northern Alberta And VP Collaborative Practice, Nursing and Health Professions (Acting)

Location: Edmonton

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	Meeting	936	2	143	66	1,147			
Total			\$ 936	\$ 2	\$ 143	\$ 66	\$ 1,147	\$ -	\$ -	\$ -

Total for the Month \$ 1,147

 Maximum daily single meal expense claimed in the month \$ 2
 Maximum daily base hotel rate claimed in the month \$ 125
 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

<u>GORDON, DEB</u>	<u>VICE PRESIDENT & CHIEF</u>	Billing Reporting Period:	<u>20/08/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$1,146.48</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freigh	Description
29/07/2014	359643132	CMTN AIR 634216350711, AIR CARRIERS, AIRLINES	936.00	CAD	936.00	41.79		Flight to High Level for site tours with CEO in High Level, La Crete and Ft Vermillion ①
08/08/2014	360633720	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	144.48	CAD	144.48	6.88		Hotel in High Level for Site tours with CEO at La Crete, Ft Vermillion & High Level ②
08/08/2014	360746865	ATS GROUP, LIMOUSINES AND TAXICABS	66.00	CAD	66.00	3.14		Taxi to SSP from airport with CEO ③

① only carrier that flies to High Level ∴ higher fare
ORhodes

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.

Kim Belrose

Name of Cardholder Designate



Signature of Cardholder Designate

Executive Assistant, VP & CFO
 Northern AB

Cardholder Designate Position/Title

22 Aug 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.

GORDON, DEB

Name of Cardholder



Signature of Cardholder

VICE PRESIDENT & CHIEF Health Operations Officer,
 Northern AB

Cardholder Position/Title

22 AUG 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



Signature of Approver Designate

Exec Assistant

Approver Designate Position/Title

Aug. 27 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



Signature of Approver

VP Corp Services & CFO (Acting)

Approver Position/Title

Sept. 3/14

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
 - 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: _____

①

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: July 29, 2014
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For MS DEBORAH GORDON

Thursday, August 7, 2014

Air

CENTRAL MOUNTAIN AIR
From: EDMONTON INTL AB
To: HIGH LEVEL
Stops: 0
CENTRAL MOUNTAIN AIR RESERVATION CODE
TICKET NUMBER [REDACTED]

Flight: 775 ECONOMY CLASS
03:10 PM Equipment: BEH
04:50 PM
Mile(s) Flown: 393

Hotel

Check In: 07Aug2014 12:00 AM
Check Out: 08Aug2014 12:00 AM
HIGH LEVEL
BEST WESTERN PLUS MIRAGE HOTEL
9616 HIGHWAY 58, HIGH LEVEL
AB, T0H 1Z0
CA
Tel: [REDACTED]
Fax: [REDACTED]
Confirmation: [REDACTED]

Rooms 1
1 Nights(s)
DELUXE ONE QUEEN BED
Rate: 124.99 CAD per Night
Guaranteed for late arrival

Friday, August 8, 2014

*Flight to High Level
for site tours in
High Level, Ft. Vermillion +
La Crete = CEO*

To: ALBERTA HEALTH SERVICES
[REDACTED]

Invoice Number: [REDACTED]
Date: July 29, 2014
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Friday, August 8, 2014

 Air

CENTRAL MOUNTAIN AIR
From: HIGH LEVEL
To: EDMONTON INTL AB
Stops: 0
TICKET NUMBER [REDACTED]

Flight: 772
05:15 PM
06:45 PM

ECONOMY CLASS
Equipment: BEH
Mile(s) Flown: 393

Cost:			
CENTRAL MOUNTAIN AIR	[REDACTED]	[REDACTED]	906.00
		Tax:	30.00
		Ticket Total:	936.00
Total:			
		Grand Total:	936.00 ✓
		Less Credit Card Payments:	936.00
		Credit / Balance Due To This Invoice:	0.00
		Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

BEST WESTERN PLUS

MIRAGE HOTEL & RESORT
9616 Highway 58
High Level, AB T0H 1Z0



(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM

WWW.BESTWESTERNHIGHLEVEL.COM

2

C/O 08/08/2014 07:04 AM MG

Registered To:
GORDON, DEBORAH MS

Room # [REDACTED]
Conf # [REDACTED]
Arrival 08/07/14
Departure 08/08/14

Room Type [REDACTED]
Guests [REDACTED]

Payment Acct [REDACTED]

Posting	Oper	AcctCo	Description	From	Reference	Amount
08/07/14	CB	MS	MISC. CHARGE		BOTTLED WATER NO BILL	\$2.25
08/07/14	MG	RC	ROOM CHRG REVENUE			\$124.99
08/07/14	MG	9	TOURISUM LEVY			\$5.00
08/07/14	MG	91	GST			\$6.25
08/07/14	MG	93	Tourism Improvement Fee			\$3.75
08/07/14	MG	ES	Eco-Stay Sur-Charge			\$2.00
08/07/14	MG	9	TOURISUM LEVY			\$0.08
08/07/14	MG	91	GST			\$0.10
08/07/14	MG	93	Tourism Improvement Fee			\$0.06
08/08/14	MG	MC	PAYMENT MC			\$144.48-

Balance Due \$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH UNREGISTERED PERSON OR PET IN THE ROOM HAS A PENALTY OF \$250.00

SMOKING IN NON-SMOKING ROOMS IS STRICTLY PROHIBITED, VIOLATORS WILL BE CHARGED \$250.00

G.S.T.# RT881518518

EACH BEST WESTERN BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Hotel in High level
for Site Tours &
CEO @ High level,
LaCroix & Fort
Vermillion.

Signature

ATS GROUP
4608 101 ST NW
EDMONTON, AB
T6E-5G9

3

Term ID: [REDACTED]

Purchase

[REDACTED]

MASTERCARD

Entry Method: C

Invoice # [REDACTED]

Total: \$

66.00

2014/08/08

19:35:49

Seq #:

Appr Code:

Resp Code: [REDACTED]

[REDACTED]

MasterCard
A000000041010
3B 00 EF 24 73 0F 97 88
00 00 00 00 00
E8 00
FC 5C 68 BE 98 0E 8D 3A

*Mike
and*

APPROVED

Thank You

*Deb
from
support
to
TSSP*

Customer Copy

- IMPORTANT -
retain this copy for your records

GST 893602658 RT0001

amp to High level (C)