

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 February 2015

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Feb-15	P-Card	Meeting	363			75	438			
Total			\$ 363	\$ -	\$ -	\$ 75	\$ 438	\$ -	\$ -	\$ -

Total for the Month \$ 438

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.

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

GORDON, DEB Cardholder's Name	VICE PRESIDENT & CHIEF Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
HEALTH OPERATIONS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$437.96
DEB.GORDON@ALBERTAHEALTHSERVICES.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
08/02/2015	379754598	AIR CAN [REDACTED] AIR CANADA	362.96	CAD	✓ 362.96	.00	.00	Travel to Calgary for Zone Leaders [REDACTED] meeting JB. ①
11/02/2015	380043371	53Q *1315863 ALBERTA LT, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	75.00	CAD	✓ 75.00	.00	.00	Taxi to airport for Zone Leaders [REDACTED] in YYC meeting JB. ②

Signature		
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>Kim Bourgoise</u> Name of Cardholder Designate	<u>EXECUTIVE ASSISTANT</u> Cardholder Designate Position/Title	<u>27 FEB 2015</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder Designate		
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>GORDON, DEB</u> Name of Cardholder	<u>VICE PRESIDENT & CHIEF HEALTH OPERATIONS OFFICER</u> Cardholder Position/Title	<u>NORTHERN ALBERTA</u>
<u>[Signature]</u> Signature of Cardholder	<u>27 FEB 2015</u> Date of Signature	
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> Name of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title	<u>March 3, 2015</u> Date of Signature
<u>[Signature]</u> Signature of Approver Designate		
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> Name of Approver	<u>VP Corp Services & CFO</u> Approver Position/Title	<u>March 5/15</u> Date of Signature
<u>[Signature]</u> Signature of Approver		
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: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Dispute letter • Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meet), 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:

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
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

*Travel to Calgary for
 Zone Leadership Meeting*

*Entrepreneurs: Dave Mader, Brandon Howard,
 Francis Belorge, Vanessa Delera,
 Kerry Pusich, Kerry Baker,
 Evan Lindvall*

Invoice Number: [REDACTED]
 Date: February 6, 2015
 Page: 1/2
 Our Reference: [REDACTED]
 Your Reference: [REDACTED]

INVOICE

For
 MS DEBORAH GORDON
 AC [REDACTED]

Wednesday, February 11, 2015

✈ Air

AIR CANADA
 From: EDMONTON INTL AB
 To: CALGARY AB
 Stops: 0 Arrival: 11Feb15
 AIR CANADA E
 AIR CANADA CONFIRMATION [REDACTED]
 TICKET NUMBER [REDACTED]
 SEAT 8D

Flight: 8133 W CLASS
 07:00 AM Equipment: D114
 07:53 AM

Mile(s) Flown: 153

✈ Air

AIR CANADA
 From: CALGARY AB
 To: EDMONTON INTL AB
 Stops: 0 Arrival: 11Feb15
 AIR CANADA E
 AIR CANADA CONFIRMATION [REDACTED]
 TICKET NUMBER [REDACTED]
 SEAT 5D

Flight: 8148 W CLASS
 01:30 PM Equipment: D8 (300 SERIES)
 02:25 PM

Mile(s) Flown: 153

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED]	288.00
Tax:	74.96
Ticket Total:	362.96

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

Invoice Number: [REDACTED]
Date: February 6, 2015
Page: 2/2
Our Reference: [REDACTED]
Your Reference: [REDACTED]

INVOICE

(L)

Total:

Grand Total:	362.96
Less Credit Card Payments:	362.96
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.

②



1315863 ALBERTA Ltd.
Corporate Transport

\$75.00

Taxi to
airport for
Zone Leadership
Meeting
[Redacted] B
in Calgary.

Custom Amount	\$75.00
Total	\$75.00

✓

Participants: Dave Mador,
Brenda Hubbard, Kerry
Baker, Francis Belonger,
Vanessa Maclean,
Kevin Wong, Gellie Pasch,
Evan Lindall,
Sean Chilton



1315863 ALBERTA Ltd. Corporate Transport
3515-113B Street
Edmonton, AB T6J1L3
780-910-1750

