

## Official Administrator and Executive Expense Report

**Name:** Deb Gordon  
**Title:** VP & Chief Health Operations Officer Northern Alberta  
**Location:** Edmonton  
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meeting & Training Session					-			251
Apr-15	Direct Billing	Meeting	383				383			
<b>Total</b>			<b>\$ 383</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 383</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 251</b>

**Total for the Month** \$ 634

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:	20/04/2015
HEALTH OPERATIONS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$250.62
DEB.GORDON@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	██████████

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/03/2015	884778891	COMPLIANCE GLOBAL INC, CONSULTING, MANAGEMENT, AND PUBLIC RELATIONS	195.00	USD	250.62	00		.003 months of access to recorded session for staff to participate in this webinar (7 Habits of Highly Effective EDs)

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>Kim Belov</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>[Signature]</u> Signature of Cardholder Designate	<u>28 APRIL 2015</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>GORDON, DEB</u> Name of Cardholder	<u>VICE PRESIDENT &amp; CHIEF HEALTH OPERATIONS OFFICER</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>28 APRIL 2015</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>April 30/15</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corporate Services + CFO</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>May 1, 2015</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:               <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

Payment Receipt

Compliance Global Inc  
 Address: 2754 80th Avenue,  
 New Hyde Park, NY - 11040  
 Phone: 1-844-746-4244/ +1-516-900-5515  
 Email: support@complianceglobal.us  
 Website: <https://www.complianceglobal.us>



Date: 3/24/2015

Invoice #: [REDACTED]

Product Code	Description	Quantity	Mode of Payment	Amount
[REDACTED]	<p><b>Recorded Session</b>                      (for one participant Get unlimited access to the link for six months)  <b>The Seven Habits of Highly Effective Emergency Departments</b>                      By Scott Adler</p>	1	Credit Card (Master)	\$195

USA

**NOTE:**

Login Information to the product purchased will be sent based on Product Type.

**Live Session/Corporate Live Session:** 24hrs prior to the scheduled webinar date.

**Recorded Session:** 24hrs after the completion of live webinar

**Training CD:** shipment within 48 Hours, from the date of webinar completion

**PAYMENT DETAILS**

Description	Card Holder	Card Number	Total Amount	Reference #
Online Order	Deb Gordon, AB Health Services	[REDACTED]	\$195	[REDACTED]

THANK YOU FOR YOUR BUSINESS. GOOD DAY!

## Executive Expenses Report Direct Billing Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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.

<b>Direct Bill Report</b>
---------------------------

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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  No

Name: Deb Gordon	Reporting Period for the Month of: April 2015
------------------	---

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-27	Direct Billing	Transportation	Travel to YYC: AB Clinical Pathways Steering & Meetings w/ Staff	Marlin Travel/Air Canada	\$382.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
<b>Total Paid in the Month</b>					<b>\$382.96</b>

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 TSJ 3E4

Invoice Number: [REDACTED]  
Date: April 30, 2015  
Page: 1/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

For  
MS DEBORAH GORDON  
AC [REDACTED]

Monday, April 27, 2015

✈ Air

AIR CANADA  
From: EDMONTON INTL AB  
To: CALGARY AB  
Stops: 0 Arrival: 27Apr15  
Seat(s): 03D  
AIR CANADA E

Flight: 8133 V CLASS  
07:00 AM Equipment: DH4  
07:50 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA  
From: CALGARY AB  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 27Apr15  
Seat(s): 02D  
AIR CANADA E

Flight: 8164 V CLASS  
07:30 PM Equipment: D8 (300 SERIES)  
08:21 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT

[REDACTED] 308.00  
Tax: 74.96  
Ticket Total: 382.96



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

Invoice Number: [REDACTED]  
Date: April 30, 2015  
Page: 2/2  
Our Reference: [REDACTED]  
Your Reference: [REDACTED]

## INVOICE

**Total:**

Grand Total:	382.96
Less Credit Card Payments:	382.96
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 2ECO  
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.