

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 May 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)
May-15	P-Card	Meeting				130	130			
Total			\$ -	\$ -	\$ -	\$ 130	\$ 130	\$ -	\$ -	\$ -

Total for the Month \$ 130

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:			
<ul style="list-style-type: none"> ▪ 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	VICE PRESIDENT & CHIEF	Billing Reporting Period:	20/06/2015
Cardholder's Name	Cardholder's Position/Title		
HEALTH OPERATIONS	SEVENTH STREET PLAZA	Total Statement Amount:	\$130.30
Cardholder's Dept	Cardholder's Site/Location		
DEB.GORDON@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	XXXXXXXXXX
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/05/2015	389182998	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	67.70	CAD	✓ 67.70	3.22	.00	Taxi from Airport(YYC) to Southport - Alberta Clinical Pathways Steering Committee and meeting with EMS Rep
04/05/2015	389192999	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	62.60	CAD	✓ 62.60	2.98	.00	Taxi from Southport to Airport (YYC) - Alberta Clinical Pathways Steering Committee and meeting with EMS Rep



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 Bullock
Name of Cardholder Designate

Exec Assistant
Cardholder Designate Position/Title

KBullock
Signature of Cardholder Designate

26 MAY 2015
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]
Signature of Cardholder

VICE PRESIDENT & CHIEF HEALTH OPERATIONS
Cardholder Position/Title

27 May 15
Date of Signature

OFFICE, NORTHERN
ALBERTA

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

Exec. Assistant
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

May 27/15
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

VP Corp. Services & CFO
Approver Position/Title

[Signature]
Signature of Approver

May 28/15
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: _____

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/04/27
PICK-UP TIME: 07:51
DROP-OFF TIME: 08:23
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 1053
DRIVER: 888998
CARD TYPE: NC
CARD: [REDACTED]
EXPIRY:
AUTH:

FARE (\$) 59.70
EXTRA (\$) 0.00
SUBTTL (\$) 59.70

TIP (\$) 0.00

TOTAL (\$) 67.70 ✓

SIGNATURE: [Signature]

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2015/04/27
PICK-UP TIME: 17:18
DROP-OFF TIME: 17:56
TRIP ID: 561618
LOCATION: 073000-45024103707
CAR NUMBER: 1340
DRIVER: 788798
CARD TYPE: NC
CARD: [REDACTED]
EXPIRY:
AUTH:

FARE (\$) 55.60
EXTRA (\$) 0.00
SUBTTL (\$) 55.60

TIP (\$) 7.00

TOTAL (\$) 62.60 ✓

SIGNATURE: [Signature]

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OUR WEBSITE@WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY