

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 September 2015

				Travel (1)						
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Trave	Development	Working Sessions Professional Hosting and Development Hospitality (2) (3)	Other (4)
Sep-15	P-Card	Meetings			148		1	48		
Total			\$	- \$	- \$ 148	\$.	- \$ 1	48 \$	- \$ -	\$ -

Total for

the Month \$ 148

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 134 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 detaile	d recelpts and supporting documents in the s	ame order as it appears on this stat	tement
Cardholder AND Approver's	signatures required where indicated below		
GORDON, DEB	VICE PRESIDENT & CHIEF		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/09/2015
HEALTH OPERATIONS	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$148.25
DEB.GORDON@ALBERTAHEAL	THSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	# :

Statement o	f Transaction	offis a control of the control of th	1 4 5 B		30.3		to all the second second
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freigh Description
21/08/2015		HOLLOWAY INN & SUITES, LODGING HOTELS, MOTELS, RESORTS	148,25	CAD	148.25	7.06	One night accomodations in Grande Prairie for Site Visits and Tour with CEO

RUN DATE: 10/26/2015



Signatures	hat were the second	
Cardholder Designate (if Applicable)		
	ciled this statement in BMO Online to the best of my ability ated the transaction(s) to the proper cost centre.	in accordance to AHS Corporate Policies.
Name of Cardholder Designate	Cardholder Designate Position/Title	-
Signature of Cardholder Designate	26 DCT 2015 Date of Signature	-
Cardholder		-
By signing this statement	avel, Hospitality and Working Session Expense Policy (112 such policy.	2)" of Alberta Health Services and confirm
	for valid business purposes for Alberta Health Services an alth Services or any other Organization. A personal cheque	
 I attest that expenses submitted in this claim had provided. 	ive been incurred by using a cost effective method, otherwi	
GORDON, DEB	VICE PRESIDENT & CHIEF+LEAT	TH OPERATIONS
	27 N(T20)5	NORTHERN AD
Signature of Cardholder	Date of Signature	
Approver Designate (If Applicable)		
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I attest the expenses enclosed in this claim are	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization, A persor	
charged has been obtained.	ve been incurred by using a cost effective method, otherwi	
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Name of Approver Designate	A COLUMN TO LATE CONTRACT	-
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Approver Designate Position/Title Date of Signature	
Signature of Approver Designate Approver		-
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RUN DATE: 10/26/2015



Deborah Ms Gordon

Company Name:

Group Name:

Room No.

Arrival Departure : 08-20-15 : 08-21-15

Folio No.

Conf. No. Cashier No.

Custom Ref.

DB Requirement: :

Date	Description		Charges	Credits
08-20-15	Room - Sustainability		\$134.00	\$
08-20-15	Sustainability Levy		\$2.01	\$
08-20-15	GST		\$6.80	\$
08-20-15	Hotel Tax		\$5.44	\$
08-21-15_	Mastercard		\$	\$148.25
5				
				3
		Total Charges	148.25	
		Total Credits		148.25

Guest Signature:

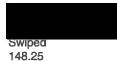
Merchant ID Transaction ID Approval Code



Approval Amount 148.25

Credit Card # **Credit Card Expiry Capture Method Transaction Amount**

Balance



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\$0.00

Site Tours a Meetings in Grande Prairie a Area TOTO.

Phone: 780-831-2999 | Fax: 780-513-1146