

## 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 Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-15	P-Card	Meetings			148		148			
<b>Total</b>			\$ -	\$ -	\$ 148	\$ -	\$ 148	\$ -	\$ -	\$ -

**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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
GORDON, DEB	VICE PRESIDENT & CHIEF	Billing Reporting Period:	20/09/2015
Cardholder's Name	Cardholder's Position/Title		
HEALTH OPERATIONS	SEVENTH STREET PLAZA	Total Statement Amount:	\$148.25
Cardholder's Dept	Cardholder's Site/Location		
DEB.GORDON@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/08/2015	400541599	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

**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

Exec Assistant  
Cardholder Designate Position/Title

  
Signature of Cardholder Designate

26 OCT 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

VICE PRESIDENT & CHIEF HEALTH OPERATIONS OFFICER, NORTHERN AB  
Cardholder Position/Title

  
Signature of Cardholder

27 OCT 2015  
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.

 \_\_\_\_\_  
Name of Approver Designate

 \_\_\_\_\_  
Approver Designate Position/Title

 \_\_\_\_\_  
Signature of Approver Designate

 \_\_\_\_\_  
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.

Vickie Kaminski  
Name of Approver

President & CEO  
Approver Position/Title

  
Signature of Approver

Nov 4/15  
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: \_\_\_\_\_



Deborah Ms Gordon

Room No. : [REDACTED]  
Arrival : 08-20-15  
Departure : 08-21-15  
Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
Cashier No. : [REDACTED]  
Custom Ref. : [REDACTED]  
DB Requirement: :

Company Name:  
Group Name:

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
		<b>Total Charges</b>	148.25
		<b>Total Credits</b>	148.25
		<b>Balance</b>	<b>\$0.00</b>

Guest Signature: \_\_\_\_\_

Merchant ID [REDACTED]  
Transaction ID [REDACTED]  
Approval Code [REDACTED]  
Approval Amount 148.25

Credit Card # [REDACTED]  
Credit Card Expiry [REDACTED]  
Capture Method Swiped  
Transaction Amount 148.25

Site Tours & Meetings in  
Grande Prairie & Area  
= CEO.