

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 November 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)
Nov-15	P-Card	Meeting			122		122	188		262
Nov-15	Direct Billing	Meeting	339				339			
Total			\$ 339	\$ -	\$ 122	\$ -	\$ 461	\$ 188	\$ -	\$ 262

Total for the Month \$ 911

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 161
 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

<u>GORDON, DEB</u>	<u>VICE PRESIDENT & CHIEF</u>	Billing Reporting Period:	<u>20/11/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$571.68</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/10/2015	407917728	CANADIAN COLLEGE OF HE, ORGANIZATIONS, CHARITABLE AND	187.50	CAD	187.50	8.93		Webinar Fee for Operations leaders to attend CCHL seminar on Change (Group Rate)
30/10/2015	407917727	ACCLAIM HOTEL CALGARY, LODGING HOTELS, MOTELS, RESORTS	122.37	CAD	122.37	5.61	.00	Hotel Accomodations for AHS Foundations Fall Forum - October 30, 2015
03/11/2015	408534041	STONERIDGE MOUNTAIN RE, LODGING HOTELS, MOTELS, RESORTS	261.81	CAD	261.81	12.16		Accomodations in Canmore AB for Executive Leaders Retreat

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Kim Belton</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin Coord.</u> Cardholder Designate Position/Title</p> <p><u>14 DEC 2015</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>GORDON, DEB</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT & CHIEF HEALTH OPERATIONS OFFICER, NORTHERN ALBERTA</u> Cardholder Position/Title</p> <p><u>15-DEC-15</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Vickie Kaminski</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>President + CEO</u> Approver Position/Title</p> <p><u>Dec 17, 2015</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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: <ul style="list-style-type: none"> 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

INVOICE

Number Numéro	[REDACTED]
Page:	1
Date:	10/28/2015 12:45

Sold to:
Vendu à:

Deb Gordon, CHE
[REDACTED]

Reference Référence	Customer No. Client	Ship Via Par l'intermédiaire de	Terms Code Limites
	[REDACTED]		ON RECEIPT

Description/Comments	Amount Montant
Newfoundland and Labrador Chapter Webinar - 10/30/2015	
Deb Gordon	
Fees - \$187.50 Group Purchase	\$187.50
Total	\$187.50
Total Paid	\$187.50

Remit to /
Remis:

Canadian College of Health Leaders /
Collège canadien des leaders en santé
292, rue Somerset Street West/ouest Ottawa, ON K2P
0J6 Canada

Telephone/Téléphone : 613-235-7218 1-800-363-9056

Fax/Télécopieur : 613-235-5451
GST/TPS # 10684 4442 RT0001

*Group Rate for
Health Operations
Leaders & Managers to
attend this webinar
re: Constant Charge.*

Mode de paiement / Payment Method: Online

Montant payé / Total Paid: \$187.50

Customer no./ Client: [REDACTED]

Détails du reçu / Receipt Details:

INTERNET PURCHASE RECEIPT

Order Date: 10/28/2015

Order Number: [REDACTED]

Order Total: \$187.50

Name on card: Deb Gordon

Email Address: Deb.Gordon@albertahealthservices.ca

BILL TO:

Name: Deb Gordon

Address Line 1: [REDACTED]

Address Line 2: [REDACTED]

City: [REDACTED]

State/Province: [REDACTED]

Zip/Postal code: [REDACTED]

Country: [REDACTED]

Phone Number: [REDACTED]

MERCHANT INFO:

Merchant Name: Canadian College of Health Leaders

Address Line 1: 292 Somerset Street West

Address Line 2:

City: Ottawa

State/Province: ON

Zip/Postal code: K2P 0J6

Country: CA

Phone Number: 613-235-7218

Acclaim Hotel Calgary Airport

123 Freeport Blvd NE
 Calgary, AB T3N 0A3
 Ph: 403-291-8000 Fax: 403-532-9400
 www.acclaimhotel.ca



TAX ID: GST #:849702444RT0027

Deborah Gordon



Room	Folio	CheckIn	CheckOut	Balance
		29/10/2015	30/10/2015	0.00
Master Folio				

Date	Room	Description / Voucher	Charges	Credits	Balance
29/10/2015		Room Taxable	109.00	0.00	109.00
29/10/2015		DMF - 3.000%	3.27	0.00	112.27
29/10/2015		GST - 5.000%	5.61	0.00	117.88
29/10/2015		ATL - 4.000%	4.49	0.00	122.37
30/10/2015		Mastercard	0.00	122.37	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales	TAX		109.00
		DMF - 3%			3.27
		GST - 5%			5.61
		ATL - 4%			4.49
<p><i>One night accomodation for AHS Foundations Fall Forum in Calgary.</i></p>					

Stoneridge Resort
 30 Lincoln Park
 Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Deb Gordon

Room	Folio	CheckIn	CheckOut	Balance
		11/01/15	11/03/15	0.00
Master Folio		Meeting Room Package Executive		

Date	Room	Description / Voucher	Charges	Credits	Balance
11/02/15		Meeting Room Package Executive	76.70	0.00	76.70
11/02/15		GST	3.84	0.00	80.54
11/02/15		Room Taxable	161.46	0.00	242.00
11/02/15		Resort Fee - 3%	4.84	0.00	246.84
11/02/15		Alberta Tourism Levy - 4%	6.65	0.00	253.49
11/02/15		GST - 5%	8.32	0.00	261.81
11/03/15		Mastercard	0.00	261.81	0.00
		Balance Due			0.00
		Summary and Taxes			
		Taxable Sales	238.16		
		Resort Fee - 3%	4.84		
		Alberta Tourism Levy - 4%	6.65		
		GST - 5%	12.16		
<p><i>One night accommodation for Executive Leadership Team Retreat in Canmore AB</i></p>					
<p><i>The room package includes accommodation at base rate of \$ 161.46 per night, meals and meeting room usage along with visual/audio supplies/equipment disclosed under "Other"</i></p>					

Expenses Report Direct Bill 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.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- 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

Name : Deb Gordon	Reporting Period for the Month of : Nov-15
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Oct-2015	Direct Billing	Airline Ticket	Travel to Calgary for AHS Fall Foundations Forum	Marlin Travel	339.26
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 339.26

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

Invoice Number: [REDACTED]
Date: October 27, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS DEBORAH GORDON
AC [REDACTED]

Thursday, October 29, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 29Oct15
Flight: 8153 Q CLASS
06:00 PM Equipment: D8 (300 SERIES)
06:52 PM Mile(s) Flown: 163
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION 2F

Friday, October 30, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 30Oct15
Flight: 8172 G CLASS
05:30 PM Equipment: D8 (300 SERIES)
06:22 PM Mile(s) Flown: 163
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION [REDACTED]

Cost:
AIR CANADA WEB [REDACTED] 189.26
Tax: 150.00
Ticket Total: 339.26

*Flight to Calgary for
Arts Fall Foundation Form.
Used previous flight credit.*

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

Invoice Number: [REDACTED]
Date: October 27, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	339.26
Less Credit Card Payments:	339.26
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.