

AHS Board and Executive Expense Report

Name Deb Gordon
Title VP & Chief Health Operations Officer Northern Alberta
Location Edmonton

Expenses submitted during the month of February 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-16	P-Card	Meetings					-	884		
Feb-16	Direct Billing	Meetings	1,215				1,215			
Total			\$ 1,215	\$ -	\$ -	\$ -	\$ 1,215	\$ 884	\$ -	\$ -

Total for the Month \$ 2,099

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.



5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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 			
<u>GORDON, DEB</u>	<u>VICE PRESIDENT & CHIEF</u>	Billing Reporting Period:	<u>20/02/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$883.66</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #	<u>[REDACTED]</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	
06/02/2016	418340650	NATIONAL HEALTHCARE, ORGANIZATIONS, CHARITABLE AND	883.66	CAD	883.66	42.08		CCHL National Health Leaders Conference Registration	



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>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ 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>GORDON, DEB _____ Name of Cardholder</p>	<p>VICE PRESIDENT & CHIEF HEALTH OPERATIONS OFFICER, NORTHEN AB _____ Cardholder Position/Title</p>	
<p> _____ Signature of Cardholder</p>	<p>2016-03-29 _____ 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>_____ Approver Designate Position/Title</p>	
<p>_____ Signature of Approver Designate</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>Dr. Verpa/ Yiu _____ Name of Approver</p>	<p>Interim President & CEO. _____ Approver Position/Title</p>	
<p> _____ Signature of Approver</p>	<p>Mar 3/16 _____ 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: _____

Deb Gordon

From: Canadian College of Health Leaders - NHLC <info@cchl-ccls.ca>
Sent: Saturday, February 06, 2016 1:46 PM
To: Deb Gordon
Subject: Purchase Receipt

INTERNET PURCHASE RECEIPT

Order Date: 2016-02-06 12:45:38 PM
Order Number: [REDACTED]
Bank Auth Number: [REDACTED]
Order Total: 883.66 CAD

Name on Card: Deborah Gordon
Card Type: MC
Email Address: deb.gordon@ahs.ca

BILL TO:

Name: Deb Gordon
Address Line 1: [REDACTED]
City: [REDACTED]
State/Province: AB
Zip/Postal Code: [REDACTED]
Country: CA
Phone Number: [REDACTED]

SHIP TO:

Name:
Address Line 1:
Address Line 2:
City:
State/Province:
Zip/Postal Code:
Country:
Phone Number:
Shipping Method:

MERCHANT INFO:

Online Address:
Merchant Name: Canadian College of Health Leaders - National Health Leaders Con
Address: 292 Somerset St W
City: Ottawa
Province: ON
Postal Code: K2P 0J6
Country: CA
Phone Number: (613)235-7218

PRODUCT INFO:

Please indicate your primary sector: / Veuillez indiquer votre milieu de tr... CCLS/ACS
 Regional Health Authority / Régies régionales de la santé

Please choose the category that best describes your role: / Veuillez choisi... Executive Leader / Leader faisant partie de la haute direction

Are you a member of the Canadian College of Health Leaders? / Êtes-vous mem... Yes / Oui

Are you a member of HealthCareCAN? / Êtes-vous membre de SoinsSantéCAN ? No / Non

Do you plan to attend the Monday Awards Luncheon? (included with registrati... Yes / Oui

Do you plan to attend the Tuesday Awards Luncheon? (included with registrat... Yes / Oui

Registration Type / Type d'inscription

Deb Gordon, Super Early Bird *member* / Très hâtive *membre* \$690.00

Optional Event / Événement optionelle

Dinner Cruise on the Ottawa River / Dîner croisière sur la rivière des Outaouais 1 @ \$92.00 \$92.00

Subtotal: \$782.00

HST / TVH #106844442 (on \$782.00) \$101.66

Total Order (Canadian dollars) \$883.66

Amount Paid: (Online / MC) \$883.66

Total Owing: (Canadian dollars) \$0.00

This email was sent for 2016 NHIC / CNLS 2016 using Conference Manager, an online conference registration, abstract submission, exhibit reservation, and membership management system.
www.confmanager.com

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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 : Feb-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Feb-2016	Direct Billing	Airline Ticket	Travel to Fort McMurray for site tours with CEO (Mar 2016) (Trip was cancelled flight credit was issued)	Marlin Travel	426.32
9-Feb-2016	Direct Billing	Airline Ticket	Travel to Ottawa for CCHL National leaders conference (June 2016)	Marlin Travel	789.14
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 1,215.46

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

February 3, 2016

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INVOICE

For

MS DEBORAH GORDON

AC

Tuesday, March 1, 2016

 Air

AIR CANADA

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 Arrival: 01Mar16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 3C

Flight: 8388 G CLASS

06:10 PM Equipment: DH4

07:15 PM

Mile(s) Flown: 240

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

Invoice Number: [REDACTED]
Date: February 8, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, March 2, 2016

 Air

AIR CANADA
From: FT MCMURRAY Flight: 8391 G CLASS
To: EDMONTON INTL AB 07:10 PM Equipment: DH4
Stops: 0 Arrival: 02Mar16 08:14 PM Mile(s) Flown: 240
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 3D

Cost:

AIR CANADA [REDACTED]	[REDACTED]	351.36
	Tax:	74.96
	Ticket Total:	426.32

Total:

Grand Total:	426.32
Less Credit Card Payments:	426.32
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.

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: February 9, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS DEBORAH GORDON
AC [REDACTED]

Saturday, June 4, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: OTTAWA ON
Stops: 0 Arrival: 04Jun16
Flight: 104 G CLASS
07:05 AM Equipment: E90
12:53 PM
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 17D

Mile(s) Flown: 1771

Tuesday, June 7, 2016

 Air

AIR CANADA
From: OTTAWA ON
To: EDMONTON INTL AB
Stops: 0 Arrival: 07Jun16
Flight: 143 G CLASS
08:45 PM Equipment: E90
11:07 PM
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 17D

Mile(s) Flown: 1771

Cost:
AIR CANADA WEB [REDACTED] [REDACTED] 721.18
Tax: 67.96
Ticket Total: 789.14

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

Invoice Number: [REDACTED]
Date: February 9, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	789.14
Less Credit Card Payments:	789.14
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.
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