

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 April 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)
Apr-16	Pcard	Meetings			205	215	420	(98)		
Apr-16	Direct Billing	Meetings	1,854				1,854			
Total			\$ 1,854	\$ -	\$ 205	\$ 215	\$ 2,274	\$ (98)	\$ -	\$ -

Total for the Month \$ 2,176

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 184
 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:

- 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> Cardholder's Name	<u>VICE PRESIDENT & CHIEF</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2016</u>
<u>HEALTH OPERATIONS</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount: <u>\$322.48</u>
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
03/04/2016	424601565	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	① 65.90	CAD	65.90	3.14		Taxi to Calgary Airport from Southport for Meetings in Calgary (UNA - Forum 19 & EMS Direct Reports Meetings) ✓
04/04/2016	424601566	SQ *1315863 ALBERTA LT, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	② 86.25	CAD	86.25	4.11	.00	Taxi to/from Edmonton Airport for meetings in Calgary (Forum 19 - UNA and EMS Direct Reports) ✓
04/04/2016	424730387	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	③ 63.25	CAD	63.25	3.01		Taxi from Calgary Airport to Southport for Meetings in Calgary (UNA - Forum 19 & EMS Direct Reports Meetings) ✓
04/04/2016	424863812	DELTA CALGARY SOUTH, DELTA HOTELS	④ 205.13	CAD	205.13		.00	Meetings in Calgary - Forum 19 (UNA) and EMS Direct Reports Meetings ✓
11/04/2016	425388168	INSTITUTE OF HEALTH EC, ORGANIZATIONS, CHARITABLE AND	⑤ 28.25	CAD	26.25	1.25	.00	Health Policy Speaker Series - Sir Paul Nurse (IHE Event) ✓
12/04/2016	425650364	NATIONAL HEALTHCARE, ORGANIZATIONS, CHARITABLE AND	⑥ -124.30	CAD	-124.30	-6.22		Partial refund for CCHL Conference - Coaching Registration Fee applied, resulting in a lower rate for registration ✓

* Amounts verified
Jh.

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 Belrose</u> Name of Cardholder Designate</p> <p><u>KBelrose</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin Coordinator</u> Cardholder Designate Position/Title</p> <p><u>22 April 2016</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 AB</u> Cardholder Position/Title</p> <p><u>10/16-APR-25</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>Dr. Verna Jijun</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Interim President & CEO</u> Approver Position/Title</p> <p><u>April 26/16</u> Date of Signature</p>	
<p>Submit approved statement with attachments to Accounts Payable:</p>		
<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>	
<p>Accounts Payable only:</p>		
Reference #: _____	Reviewed by: _____	Date: _____

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID: 4189233
TID: GC189233
Batch #: 106
04/03/16
APPR CODE:
MASTERCARD

AMOUNT \$57.30
TIP \$8.60
TOTAL \$65.90

00 - APPROVED - 001

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

THANK YOU
CUSTOMER COPY

①

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299 1111

SALE

MID: 4189233
TID: SG189233
Batch #: 063
04/04/16
APPR CODE:
MASTERCARD

AMOUNT \$55.00
TIP \$8.25
TOTAL \$63.25

00 - APPROVED - 001

MasterCard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

THANK YOU
CUSTOMER COPY

③

Taxi to/from SPT And Airport in Calgary
for meeting - UNA - Form 19
- EMS Direct Reports.

Kim Belrose

From: 1315863 ALBERTA Ltd. Corporate Transport via Square
<receipts@messaging.squareup.com>
Sent: Monday, April 04, 2016 7:05 PM
To: Deb Gordon
Subject: Receipt from 1315863 ALBERTA Ltd. Corporate Transport
Categories: Deb only



\$86.25

Custom Amount

Subtotal

Tip

Total

②

Taxi to/from
Edmonton Airport
for Meetings in
Calgary -
- UNA Forum 19
- EMS Direct Reports



135 Southland Drive S.E Calgary, Alberta, T2J 5X5
 Telephone: 403-278-5050 Fax: 403-225-5834

*UNA/EMS
 JYC*

Alberta Health Services
 Ms Deborah Gordon

Room: [REDACTED]
 Folio: [REDACTED]
 Cashier: 24
 Arrival: 04-03-16
 Departure: 04-04-16

Date	Description	Additional Information	Charges	Credits
04-03-16	Room Charge		184.00	
04-03-16	DMF		4.92	
04-03-16	Tourism Levy		6.76	
04-03-16	Rooms - GST		8.45	
04-03-16	Other - GST		1.00	
04-04-16	Master Card	[REDACTED]		205.13

GST Summary	
Registration No:	895126332
Room	8.45
F&B	0.00
Other	12.68
Total	21.13

Total	205.13	205.13
Balance Due	0.00	CDN

(4)
 Meetings in
 Calgary - SPT
 - Form 19 (UNA)
 - EMS Direct Reports.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Attendee Information

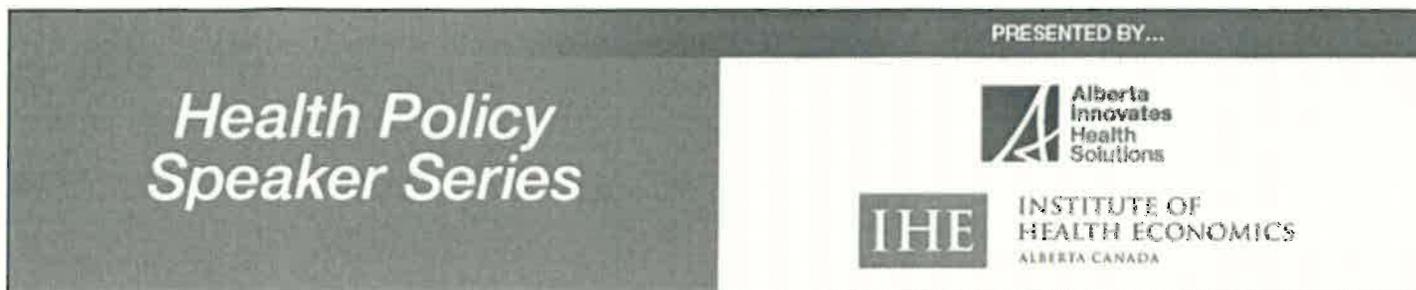
Reference Number [REDACTED]
 Email Address deb.gordon@ahs.ca
 cc email kim.belrose@ahs.ca
 First Name Deb
 Last Name Gordon
 Job Title VP & Chief Health Operations Officer, Northern Alberta
 Company Alberta Health Services



Province/State AB
 Postal/Zip Code T5J 3E4
 Work Phone [REDACTED]

Selection	Tax rate	Net	Sales Tax	Gross
Attendee Category General Registration	5.00%	\$CAD25.00	\$CAD1.25	\$CAD26.25
		\$CAD25.00	\$CAD1.25	\$CAD26.25

Date	Transaction Type	
April 11, 2016	Transaction Amount	\$CAD26.25
April 11, 2016	Online Credit Card Payment [REDACTED]	\$CAD-26.25
	Balance	\$CAD0.00



Receipt

Reference Number [REDACTED]
Date Registered April 11, 2016
Statement Date April 11, 2016

Event Health Policy Speaker Series (HPSS) - May 5th, Sir Paul Nurse
Event Details The Matrix Hotel (Quartz Ballroom)
 10135 100 Street NW
 Edmonton AB T5J 3N8
Event Date May 5, 2016

The following individuals are registered

Name	Category	Total
Deb Gordon	General Registration	\$CAD25.00
	Sales Tax	\$CAD1.25
	Total	\$CAD26.25

Billed To

Billing Company Alberta Health Services
Name Deb Gordon
Address Line 1
City Edmonton
State/Province AB
Billing Zip/Postal Code T5J 3E4
Country Canada
Email Address deb.gordon@ahs.ca

Date	Transaction Type	
April 11, 2016	Transaction Amount	\$CAD26.25
April 11, 2016	Online Credit Card Payment [REDACTED]	\$CAD-26.25
	Balance	\$CAD0.00

Cancellation Policy

Kim Belrose

From: 2016 NHLC / CNLS 2016 <system-mail@confmanager.com>
Sent: Thursday, April 07, 2016 6:52 AM
To: Deb Gordon
Subject: Updated registration for 2016 NHLC / CNLS 2016

(6)

Categories: Deb only

Registration Date: 06 Feb 2016
Invoice: [REDACTED] (Receipt)
RE: Updated registration for 2016 NHLC / CNLS 2016
To: Deb A Gordon
Vice President and Chief Health Operations Officer, Northern AB
Alberta Health Services

Seventh Street Plaza 10030-107 Street,
Edmonton ,Alberta,Canada,T5J 3E4
deb.gordon@ahs.ca
[REDACTED]

Coaches fee
applied to
original registration
fee paid.
\$124.30 refund.

2016 NHLC / CNLS 2016
06 Jun 2016 - 07 Jun 2016

Le texte français suit.

Payment Policy:

Registration must be submitted online and paid in full to qualify for the early registration rates. If payment is not received by the deadline date, attendees will be invoiced at the next deadline rate. Registrations received without full payment are considered incomplete.

Super Early Bird closes on February 12, 2016 and is applicable to the first 150 registrants on a first-come first-served basis.

Early Bird closes on April 22, 2016.

Cancellation Policy:

Conference cancellation requests must be submitted in writing to 'NHLC Secretariat' at info@nhlc-cnls.ca and received no later than April 22, 2016. Registration fees will be refunded minus a \$250 administrative fee. There will be no refunds for cancellation requests received after April 22, 2016. Tickets for optional events are non-refundable.

No-shows occur when individuals register but do not attend the conference. No-shows are not eligible for a refund.

The NHLC Planning Committee reserves the right to make changes in programs and speakers, or to cancel the conference if registration targets are not met or when conditions beyond its control prevail. If the conference is not held for any reason, the NHLC Secretariat's liability is limited to the refund of the registration fee only.

Substitution Policy:

If you are unable to attend the NHLC, you are welcome to send a colleague in your place. There is no fee to make this change up to April 22, 2016 provided you email 'NHLC Secretariat' at info@nhlc-cnls.ca. Substitution

How did you hear about the conference?: / Comment avez-vous entendu parler ... CCHL or CHA
 Newsletter /
 Bulletin du
 CCLS/ACS

Please indicate your primary sector: / Veuillez indiquer votre milieu de tr... 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, Coaches Corner Rate *Member* \$580.00

Optional Event / Événement optionelle

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

Subtotal: \$672.00

HST / TVH #106844442 (on \$672.00) \$87.36

Total Order (Canadian dollars) \$759.36

Amount Paid: (Online / MC) \$883.66

Total Owing: (Canadian dollars) \$-124.30

This email was sent for 2016 NHLCC / 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 :	Reporting Period for the Month of : Mar-April 2016
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Mar-2016	Direct Billing	Airline Ticket	April 4, 2016 - Travel to Calgary for Presentation at the UNA Forum 19	Marlin Travel	437.48
24-Mar-2016	Direct Billing	Airline Ticket	April 7, 2016 - Travel to Grande Prairie for Tour with CEO - Trip was cancelled and a flight credit for \$326.6 was issued.	Marlin Travel	326.96
24-Mar-2016	Direct Billing	Airline Ticket	September 2016 - Travel to Salt Lake City for 2016 Helathcare Analytics Summit	Marlin Travel	755.00
21-Apr-2016	Direct Billing	Airline Ticket	May 9/10, 2016 - Travel to Calgary for Executive Education ELT Guest Luncheon	Marlin Travel	335.18
Total Paid in the Month					\$ 1,854.62

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: CASANDRA WAGNER Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS DEBORAH GORDON
[REDACTED]

*Travel to Calgary to
present @ UNA Forum 19th.*

Monday, April 4, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Apr16
AIR CANADA E
SEAT [REDACTED] GORDON/DEBORAH MS

Flight: 8131 G CLASS
06:20 AM Equipment: DH4
07:10 AM

Mile(s) Flown: 163

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 04Apr16
AIR CANADA E
SEAT [REDACTED] GORDON/DEBORAH MS

Flight: 8172 U CLASS
05:30 PM Equipment: DH4
06:20 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

[REDACTED] 362.52
Tax: 74.96
Ticket Total: 437.48

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	437.48
Less Credit Card Payments:	437.48
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: N61107
Agent: CASANDRA WAGNER Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 1/3
Our Reference: [REDACTED]

INVOICE

For

MS DEBORAH ANN GORDON
[REDACTED]

Monday, September 5, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 05Sep16
AIR CANADA E
SEAT [REDACTED] - GORDON/DEBORAH ANN MS

Flight: 8139 G CLASS
10:15 AM Equipment: DH4
11:06 AM

Travel to Salt
Lake City in
September 2016
to attend the
Healthcare Analytics
Summit 2016
Mile(s) Flown: 163

 Air

DELTA AIRLINES
From: CALGARY AB
To: SALT LAKE CITY UT
Stops: 0 Arrival: 05Sep16
Seat(s): 09B
SKYWEST [REDACTED]

Flight: 4459 U CLASS
02:00 PM Equipment: CR9
04:09 PM

Mile(s) Flown: 720

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:		
AIR CANADA WEB	[REDACTED]	241.00
		Tax: 64.96
		Ticket Total: 305.96
Total:		
	Grand Total:	326.96
	Less Credit Card Payments:	326.96
	Total GST/HST:	1.00
	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: N61107
Agent: CASANDRA WAGNER Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS DEBORAH GORDON

Thursday, April 7, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: GRANDE PRAIRIE
Stops: 0 Arrival: 07Apr16
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION [REDACTED]

Flight: 8363 L CLASS
08:45 AM Equipment: D8 (300 SERIES)
09:56 AM

Mile(s) Flown: 247

*Travel to Grande Prairie
for tour - CEO.
Trip ultimately cancelled
and a flight credit was
issued.*

Friday, April 8, 2016

 Air

AIR CANADA
From: GRANDE PRAIRIE
To: EDMONTON INTL AB
Stops: 0 Arrival: 08Apr16
AIR CANADA E
BOOKING REFERENCE [REDACTED]
TICKET NUMBER [REDACTED]
SEAT SELECTION [REDACTED]

Flight: 8366 K CLASS
04:45 PM Equipment: D8 (300 SERIES)
05:53 PM

Mile(s) Flown: 247

Cost:

AIR CANADA WEB	[REDACTED]	20.00
		GST: 1.00
		Ticket Total: 21.00

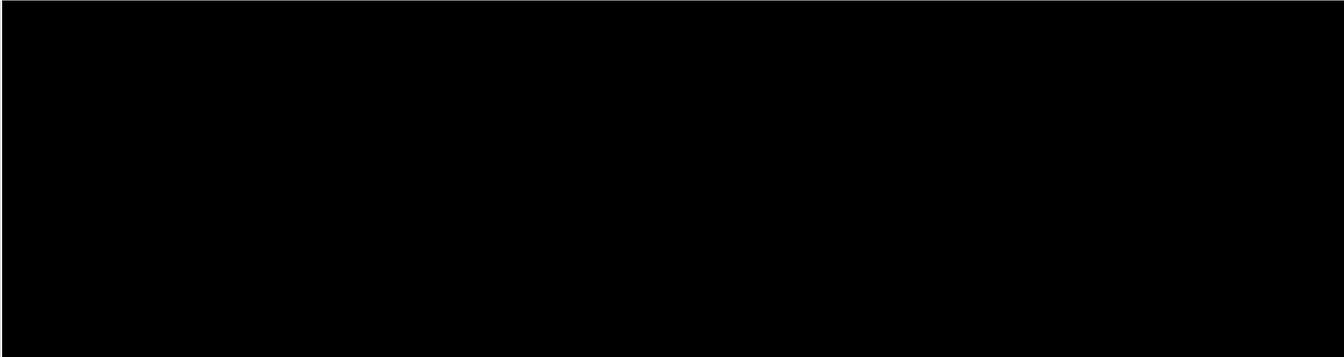
To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 2/3
Our Reference: [REDACTED]

INVOICE

Monday, September 5, 2016

 **Hotel**



Thursday, September 8, 2016

 **Air**

DELTA AIRLINES
From: SALT LAKE CITY UT
To: MINNEAPOLS/STPAUL
Stops: 0 Arrival: 08Sep16
Seat(s): [REDACTED]

Flight: 1439 X FARE
03:05 PM Equipment: A320
06:35 PM

Mile(s) Flown: 990

 **Air**

DELTA AIRLINES
From: MINNEAPOLS/STPAUL
To: EDMONTON INTL AB
Stops: 0 Arrival: 08Sep16
Seat(s): [REDACTED]
ENDEAVOR AIR

Flight: 3817 G CLASS
07:30 PM Equipment: CR9
09:34 PM

DINNER

Mile(s) Flown: 1087

Cost:

TKT- [REDACTED] E-TKT	[REDACTED]	454.00
	Tax:	124.11
	Ticket Total:	578.11
AIR CANADA WEB [REDACTED]	[REDACTED]	139.41
	Tax:	37.48
	Ticket Total:	176.89

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

Invoice Number: [REDACTED]
Date: March 24, 2016
Page: 3/3
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	755.00
Less Credit Card Payments:	755.00
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: N61107
Agent: MEA MOORE Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: April 21, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MS DEBORAH GORDON
[REDACTED]

Travel to Calgary to attend Exec Educators EAT Luncheon.

Monday, May 9, 2016

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 09May16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8155 G CLASS
07:30 PM Equipment: DH4
08:20 PM

Mile(s) Flown: 163

Tuesday, May 10, 2016

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 10May16
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT [REDACTED]

Flight: 8150 G CLASS
03:25 PM Equipment: DH4
04:15 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB	[REDACTED]	[REDACTED]	260.22
		Tax:	74.96
		Ticket Total:	335.18

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

Invoice Number: [REDACTED]
Date: April 21, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	335.18
Less Credit Card Payments:	335.18
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

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