

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 May 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)
May-16	P-Card	Meetings			158	41	199			44
Total			\$ -	\$ -	\$ 158	\$ 41	\$ 199	\$ -	\$ -	\$ 44

Total for the Month \$ 243

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 141
 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.

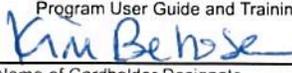
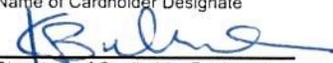
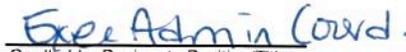
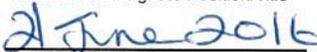
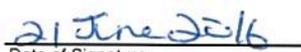
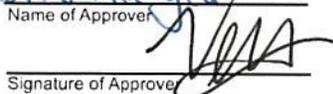
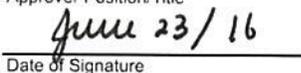
5) Remuneration, Allowances Reported in the Financial Statements

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>20/05/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$242.93</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
05/05/2016	428337260	SAFeway #8891, GROCERY STORES, SUPERMARKETS	44.03	CAD	44.03	2.10	.00	Purchase of Ice Cream for AHS ECC Volunteers during FMM Fire Response ✓
09/05/2016	428783810	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	40.60	CAD	40.60	1.93		Travel from Hotel Alma to the Calgary Airport (Trip to YYC for Exec Education ELT Luncheon) ✓
11/05/2016	428923866	J OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	158.30	CAD	158.30	7.54		Hotel stay in Calgary to attend the Executive Education ELT Guest Lunch ✓

HS

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
 Name of Cardholder Designate	 Signature of Cardholder Designate	 Cardholder Designate Position/Title  Date of Signature
Cardholder By signing this statement <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. 		
GORDON, DEB Name of Cardholder  Signature of Cardholder	VICE PRESIDENT & CHIEF HEALTH OPERATIONS OFFICER Cardholder Position/Title NORTHERN AB  Date of Signature	
Approver Designate (if Applicable) By signing this statement <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. 		
Name of Approver Designate Signature of Approver Designate	Approver Designate Position/Title Date of Signature	
Approver By signing this statement <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. 		
 Name of Approver  Signature of Approver	 Approver Position/Title  Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <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. 	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: _____



Safeway Westmount Center
 111 Ave & Great Rd Edmonton AB
 Phone: 780.451.1350
 GST# 817093735

Received by: SCO 20

Welcome to Safeway

*Ice cream
for AHS
ECC*

GROCERY

1 Bottle Flav 20ct	\$6.59	GC
1 Bottle Flav 20ct	\$6.59	GC
1 Fm Bar	\$6.99	GC
20cm Bar	\$6.99	GC
BONUS EARNED	10 Miles	
1 Ice Pops Twin	\$5.99	GC
INSTANT SAVINGS 20%	-\$1.20	GC
1 Bottle 135ML 4PK	\$4.99	GC
YOU SAVED \$2.00		
1 Yog Bar Slt'd Chnl	\$4.99	GC
YOU SAVED \$2.00		

AIR MILES Base Offer

SUBTOTAL	\$41.93
5% GST	\$2.10
TOTAL	\$44.03
Master Card	TENDER \$44.03
Cash	CHANGE \$0.00

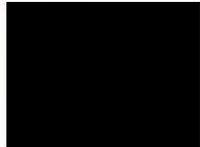
NUMBER OF ITEMS 7

*****YOUR SAVINGS*****
 Discounts & Specials \$5.20
 Your Total Savings \$5.20
 Percentage Savings 11%



ATM ID 9803
 SERIAL ID 020
 PURCHASE
 Card MasterCard
 05/2016
 AUTH # 175105
 MasterCard
 A0000000041010
 0000008000

INSERTED



TSI E800

APPROVED

SIGNATURE REQUIRED

BY USING A VERIFIED PIN, CARDHOLDER
 AGREES TO PAY ISSUER SUCH TOTAL IN
 ACCORDANCE WITH ISSUER'S AGREEMENT WITH
 CARDHOLDER

Store Tran Store Open 05/05/16
 2975 8891 120 15:51:09

Thank you for shopping at Our Store
 Come Again Soon

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

SALE

MID: 4189233
 TID: PB189233
 Batch #: 120
 05/09/16
 APPR CODE:

AMOUNT	\$35.30
TIP	\$5.30
TOTAL	\$40.60

00 - APPROVED - 001

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

THANK YOU

CUSTOMER COPY

HOTEL ALMA



169 UNIVERSITY GATE NW
 CALGARY, ALBERTA, CANADA T2N 1N4
 1.877.498.3203 T 403.220.3203 F 403.284.4184
 W HOTELALMA.CA

GORDON, DEB

Room Number: [REDACTED]
 Daily Rate: 141.00
 Room Type: SQN
 No. of Guests: 1 / 0

X, X X X

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
09-May-16	10-May-16	[REDACTED]	AHS	NEG	[REDACTED]

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
09-May-16		ROOM CHARGE		\$141.00
09-May-16		ROOM FEE	ROOM FEE	\$4.23
09-May-16		GST	GST	\$7.26
09-May-16		ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$5.81
10-May-16		MASTERCARD	MASTERCARD	(\$158.30)

*Hotel stay in Calgary
 to attend the
 Executive Education
 ET Lunch.*

CREDIT DUE: _____ (\$0.00)

SIGNATURE _____

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ANY PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
 GST R#108102864