

## 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 June 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)
Jun-16	P-Card	Meetings			521	243	764			
Jun-16	Expense Claim	Meetings			162					
Jun-16	Direct Billing	Meetings	525				525			
<b>Total</b>			\$ 525	\$ -	\$ 684	\$ 243	\$ 1,452	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,452

Maximum daily single meal expense claimed in the month      \$      -  
 Maximum daily base hotel rate claimed in the month              \$      224  
 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 &amp; CHIEF</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2016</u>
<u>HEALTH OPERATIONS</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$764.06</u>
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/06/2016	431672632	CAPITAL TAXI 5044 TAXI, LIMOUSINES AND TAXICABS	38.59	CAD	38.59	1.93	.00	Taxi - Ottawa Airport to Hotel - CCHL National Health Leaders Conference ✓
07/06/2016	432061346	ATS GROUP, LIMOUSINES AND TAXICABS	162.15	CAD	162.15	7.72	.00	Taxi - Home to Edm Airport (return trip) - CCHL National Health Leaders Conference ✓
07/06/2016	432061347	BLUE LINE 1244 TAXITAB, LIMOUSINES AND TAXICABS	41.90	CAD	41.90	2.10	.00	Taxi - Hotel to Ottawa Airport - CCHL National Health Leaders Conference ✓
08/06/2016	432061348	WESTIN (WESTIN HOTELS), WESTIN HOTELS	521.42	CAD	521.42	.00	.00	Hotel stay in Ottawa for the CCHL National Health Leaders Conference ✓

Signatures		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p><u>Kim Belrose</u> Name of Cardholder Designate</p> <p><u>KBulme</u> Signature of Cardholder Designate</p>	<p><u>Exec Admin Coord.</u> Cardholder Designate Position/Title</p> <p><u>21 June 2016</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>GORDON, DEB</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>VICE PRESIDENT &amp; CHIEF HEALTH OPERATIONS OFFICER, NORTHERN AB</u> Cardholder Position/Title</p> <p><u>21 JUNE 2016</u> Date of Signature</p>	
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Dr. Veronique</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>President + CEO</u> Approver Position/Title</p> <p><u>June 23/16</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> <li>• Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

CAPITAL TAXI  
(613) 744 - 3333

Merchant ID: 4325881A  
Driver ID: 54261  
Record Num.: 0002

Sale

Application Label: [REDACTED]  
AID: A0000000041010  
MASTERCARD Entry Method: Chip  
Amount: \$ 33.75  
Tip: \$ 4.84  
Total: CAD\$ 38.59  
2016/06/04 18:08:23

[REDACTED]

DESCRIPTION: \_\_\_\_\_

CUSTOMER SERVICE 1-800-443-2812  
INQUIRY@TAXITAB.COM  
TAXITAB

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

CAPITAL TAXI  
(613) 744 - 3333

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2016/06/07  
TIME 5330 23:24:02  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$141.00  
TIP \$21.15  
TOTAL

\$162.15

[REDACTED]

(19,000\$ hand over)

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 89368 2658 RT0001

BLUE LINE TAXI  
(613) 231-1111

TERMINAL ID: [REDACTED]  
MERCHANT ID: [REDACTED]  
VEHICLE ID: [REDACTED]  
DRIVER ID: [REDACTED]

TRIP NUMBER: [REDACTED]  
PASSENGERS: [REDACTED]  
06-07-2016  
START: 17:35 END: 17:35

FARE AMOUNT: \$ 35.13

SURCHARGE AMOUNT: \$ 1.50  
TIP AMOUNT: \$ 5.27

TOTAL: \$ 41.90

MASTER CARD SALE: [REDACTED]

APPROVAL NUMBER: [REDACTED]

\*\*\*PASSENGER COPY\*\*\*

CUSTOMER SERVICE 1-800-443-2812  
INQUIRY@TAXITAB.COM  
TAXITAB





The Westin Ottawa  
 11 Colonel By Drive  
 Ottawa, ON K1N 9H4  
 Canada  
 Tel: 613-560-7000 Fax: 613-234-5396



Deborah Gordon

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 05-JUN-16 09:57  
 Depart Date : 07-JUN-16 07:27  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 811719848RT0001  
 The Westin Ottawa 08-JUN-16 03:40 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
05-JUN-16	[REDACTED]	Room	224.00	
05-JUN-16	[REDACTED]	Tax-HST Rooms	29.12	
05-JUN-16	[REDACTED]	Destination Marketing Program	6.72	
05-JUN-16	[REDACTED]	Dest Marketing Program HST	0.87	
06-JUN-16	[REDACTED]	Room	224.00	
06-JUN-16	[REDACTED]	Tax-HST Rooms	29.12	
06-JUN-16	[REDACTED]	Destination Marketing Program	6.72	
06-JUN-16	[REDACTED]	Dest Marketing Program HST	0.87	
07-JUN-16	[REDACTED]	[REDACTED]		-521.42
		** Total	521.42	-521.42
		*** Balance	0.00	

Continued on the next page

*Hotel stay in  
 Ottawa for the  
 CCHL - National  
 Health Leaders  
 Conference.*

The Westin Ottawa  
11 Colonel By Drive  
Ottawa, ON K1N 9H4  
Canada  
Tel: 613-560-7000 Fax: 613-234-5396



Deborah Gordon  
[Redacted]

Page Number : 2 Invoice Nbr : [Redacted]  
Guest Number : [Redacted]  
Folio ID : A  
Arrive Date : 05-JUN-16 09:57  
Depart Date : 07-JUN-16 07:27  
No. Of Guest : 1  
Room Number : [Redacted]  
Club Account : [Redacted]

Amount (CAD)

0.00  
0.00  
0.00  
0.00  
0.00

FUEL YOUR BODY - It's easy to maintain a healthy lifestyle on the road. Our extensive SuperFoodsRx(TM) menu features nutrient-rich, delicious dishes that fuel your body and give you the focused energy you need. Discover dishes to supercharge your day at [westin.com/eatwell](http://westin.com/eatwell)

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
GORDON, DEBORAH A	VP & Chief Health Operations Officer Northern Alberta	Edmonton	162.46

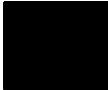
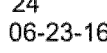
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/24/2016	Hotel in Calgary for Legal Counsel Interviews	AB - Local	Accommodations	162.46				1			


Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	8-Jul-16



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

Alberta Health Services  
Ms Deborah Gordon  
Canada

Room:   
Folio:   
Cashier: 24  
Arrival: 06-23-16  
Departure: 06-24-16

Date	Description	Additional Information	Charges	Credits
06-23-16	Room Charge		146.00	
06-23-16	DMF		3.78	
06-23-16	Tourism Levy		5.19	
06-23-16	Rooms - GST		7.49	
06-24-16	Visa			162.46
<b>GST Summary</b>			<b>Total</b>	<b>162.46</b>
Registration No: 895126332			<b>Balance Due</b>	<b>0.00 CDN</b>
Room	7.49			
F&B	0.00			
Other	8.97			
<b>Total</b>	<b>16.46</b>			

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.



## 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**

<b>Name :</b>	<b>Reporting Period for the Month of :</b> Jun-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-Jun-2016	Direct Billing	Airline Ticket	June 23 - Air Travel to Fort McMurray for meetings with staff and tour of Hospital and fire damaged areas	Marlin Travel	450.10
22-Jun-2016	Direct Billing	Airline Ticket	June 23 - Change to Fort McMurray return flight - changed to Calgary to attend the General Counsel Interviews (part of Search Panel) as the Interviews were booked in Calgary. Drove home with colleague	Marlin Travel	75.00
<b>Total Paid in the Month</b>					<b>\$ 525.10</b>

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

GST Reg

Branch:

Agent:

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

June 23 - Air Travel to Fort McMurray for meetings with staff and tour of Hospital and fire damaged areas.

Invoice Number:

Date:

Page:

Our Reference:

June 15, 2016

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## INVOICE

### For

MS DEBORAH GORDON

AC

Thursday, June 23, 2016

### Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 Arrival: 23Jun16

WESTJET ENCO

Flight: 3165 M CLASS

07:35 AM Equipment: DH4

08:40 AM

Mile(s) Flown: 240

### Air

WESTJET AIRLINES

From: FT MCMURRAY

To: EDMONTON INTL AB

Stops: 0 Arrival: 23Jun16

WESTJET ENCO

Flight: 3246 M CLASS

01:45 PM Equipment: DH4

02:50 PM

Mile(s) Flown: 240

### Cost:

TKT- E-TKT 351.14

Tax: 98.96

Ticket Total: 450.10

### Total:

Grand Total: 450.10

Less Credit Card Payments: 450.10

Credit / Balance Due To This Invoice: 0.00

Total Balance Due: 0.00

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

**Invoice Number:** [REDACTED]  
**Date:** June 15, 2016  
**Page:** 2/2  
**Our Reference:** [REDACTED]

# INVOICE

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](http://WWW.MARLINTRAVEL.CA).

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

Branch:

Agent:

To: ALBE

SUITE 800, NORTH TOWER  
10030-107 ST  
EDMONTON AB  
CA T5J 3E4

June 23 - Change to Fort McMurray return flight - changed to Calgary to attend the General Counsel Interviews (part of Search Panel) as the Interviews were booked in Calgary. Drove home with colleague.

Invoice Number:

Date:

Page:

Our Reference:

June 22, 2016

1/2

## INVOICE

### For

MS DEBORAH GORDON

AC

Thursday, June 23, 2016

### Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 Arrival: 23Jun16

WESTJET ENCO

TICKET NUMBER

Flight: 3165 M CLASS

07:35 AM Equipment: DH4

08:40 AM

Mile(s) Flown: 240

### Air

WESTJET AIRLINES

From: FT MCMURRAY

To: EDMONTON INTL AB

Stops: 0 Arrival: 23Jun16

WESTJET ENCO

Flight: 3246 M CLASS

01:45 PM Equipment: DH4

02:50 PM

Mile(s) Flown: 240

### Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 23Jun16

WESTJET ENCO

Flight: 3397 M CLASS

03:20 PM Equipment: DH4

04:16 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]  
Date: June 22, 2016  
Page: 2/2  
Our Reference: [REDACTED]

# INVOICE

<b>Cost:</b>			
TKT-	[REDACTED]	E-TKT EXCHANGED	[REDACTED]
			75.00

<b>Total:</b>			
		<b>Grand Total:</b>	75.00
		<b>Less Credit Card Payments:</b>	75.00
		<b>Credit / Balance Due To This Invoice:</b>	0.00
		<b>Total Balance Due:</b>	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  
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1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
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