

## 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 August 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)
Aug-16	P-Card	Meetings				30	30			
Aug-16	Direct Billing	Meetings	1,195				1,195			
<b>Total</b>			\$ 1,195	\$ -	\$ -	\$ 30	\$ 1,225	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,225

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.

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>GORDON, DEB</u>	<u>VICE PRESIDENT &amp; CHIEF</u>	Billing Reporting Period	<u>20/08/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount	<u>\$29 50</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@AHS.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
25/07/2016	██████	EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	4 50	CAD	4 50	21		Parking
29/07/2016	██████	EDMONTON INTERNATION. AUTOMOBILE PARKING LOTS AND GARAGES	25 00	CAD	25 00	1 19		Parking

**Signatures**
**Cardholder Designate (if Applicable)**

By signing this statement

- 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.

Pamela Wynn  
Name of Cardholder Designate

Exec. Admin Coordinator  
Cardholder Designate Position/Title

  
Signature of Cardholder Designate

Aug 29, 2016  
Date of Signature

**Cardholder**

By signing this statement

- 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

VICE PRESIDENT & CHIEF  
Cardholder Position/Title

  
Signature of Cardholder

Aug 30, 2016  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- 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

 \_\_\_\_\_  
Approver Designate Position/Title

 \_\_\_\_\_  
Signature of Approver Designate

 \_\_\_\_\_  
Date of Signature

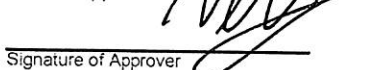
**Approver**

By signing this statement

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- 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.

Dr. Verna Wynn  
Name of Approver

President + CEO  
Approver Position/Title

  
Signature of Approver

Aug 31, 2016  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**
**Attach:**

- 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:
  - 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: \_\_\_\_\_

RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR R

# CITY OF EDMONTON

Terminal: 7000f Zone: 7000

Plate: [REDACTED]

City Hall - P5 West Elevator Lobby

Valid through:

**MONDAY 25 JUL 16**

**2:58 PM**

Amount Paid: \$4.50 (GST incl.)

Start Time: 7/25/2016 1:51 PM

Trn: [REDACTED]

*Parking @  
City of Edm  
for mtg @  
Auth No: [REDACTED] mayx  
Receipt No: [REDACTED] a  
[REDACTED] CEO*

RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR R

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax Code CA5%

P3 South E 29/07/16 00:08  
Receipt [REDACTED]

Short-term parking tkt

HL - No: [REDACTED]  
28/07/16 14:34  
29/07/16 00:08  
Period 1d0h0'  
(Tax) \$25.00

Total ----- \$25.00

Payment Received  
MC [REDACTED] \$25.00

Merch: [REDACTED]  
Auth: [REDACTED]  
Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

ONECARD 1-71

*Parking at  
Edmonton Airport*

*Meeting with  
AHS Board in  
Calgary (July 28, 2016)*

## 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> Deb Gordon	<b>Reporting Period for the Month of :</b> Jul-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Jul-2016	Direct Billing	Airline Ticket	Edmonton to Peace River (round trip) on Sept. 19, 2016 for meeting in Peace River, followed by meeting in High Prairie.	Marlin Travel	821.27
22-Jul-2016	Direct Billing	Airline Ticket	Edmonton to Calgary (round trip) for meeting with AHS Board in Calgary on July 28, 2016.	Marlin Travel	373.81
<b>Total Paid in the Month</b>					<b>\$ 1,195.08</b>



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

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

Invoice Number: [REDACTED]  
 Date: July 11, 2016  
 Page: 1/2  
 Our Reference: [REDACTED]

# INVOICE

**For:**  
 MS DEBORAH GORDON  
 AC [REDACTED]

Monday, September 19, 2016

✈ Air

OTHER TRAVEL	Flight: 102	ECONOMY CLASS
From: EDMONTON INTL AB	07:40 AM	
To: PEACE RIVER	08:40 AM	
Stops: 0 Arrival: 19Sep16		
NORTHERN AIR CONFIRMATION [REDACTED]		

✈ Air

OTHER TRAVEL	Flight: 105	ECONOMY CLASS
From: PEACE RIVER	05:00 PM	
To: EDMONTON INTL AB	06:00 PM	
Stops: 0 Arrival: 19Sep16		
NORTHERN AIR CONFIRMATION [REDACTED]		

**Cost:**

NORTHERN AIR [REDACTED]	[REDACTED]	821.27
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**Total:**

Grand Total:	821.27
Less Credit Card Payments:	821.27
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

\*\*\*Exceeded \$600.00 limit for  
 return flight within Alberta  
 Rationale: Northern Air is the  
 only carrier to Peace River and  
 has limited morning flights on  
 specific days of the week only.

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

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

**Invoice Number:** [REDACTED]  
**Date:** July 22, 2016  
**Page:** 1/2  
**Our Reference:** [REDACTED]

# INVOICE

**For:**  
 MS DEBORAH GORDON  
 AC [REDACTED]

Thursday, July 28, 2016

**Air**

AIR CANADA **Flight:** 8151 W CLASS  
**From:** EDMONTON INTL AB 03:40 PM **Equipment:** D8 (300 SERIES)  
**To:** CALGARY AB 04:35 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 28Jul16  
 AIR CANADA E  
 GORDON/DEBORA MS - SEAT 6D  
 AIR CANADA TICKET NUMBER - [REDACTED]

**Air**

WESTJET AIRLINES **Flight:** 3215 M CLASS  
**From:** CALGARY AB 09:25 PM **Equipment:** DH4  
**To:** EDMONTON INTL AB 10:15 PM **Mile(s) Flown:** 163  
**Stops:** 0 **Arrival:** 28Jul16  
 WESTJET ENCO

**Cost:**

TKT [REDACTED]	[REDACTED]	132.89
	<b>Tax:</b>	49.48
	<b>Ticket Total:</b>	<b>182.37</b>
AIR CANADA WEB [REDACTED]	[REDACTED]	148.71
	<b>Tax:</b>	37.48
	<b>Ticket Total:</b>	<b>186.19</b>
WESTJET WEB [REDACTED]	[REDACTED]	5.25

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

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

## INVOICE

**Total:**

<b>Grand Total:</b>	373.81
<b>Less Credit Card Payments:</b>	373.81
<b>Credit / Balance Due To This Invoice:</b>	0.00
<b>Total Balance Due:</b>	0.00

FOR YOUR RECORDS.

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.