

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 September 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)
Sep-16	P-Card	Meetings			854	161	1,015			
Sep-16	Direct Billing	Meetings	1,069				1,069			
Total			\$ 1,069	\$ -	\$ 854	\$ 161	\$ 2,084	\$ -	\$ -	\$ -

Total for the Month \$ 2,084

Maximum daily single meal expense claimed in the month \$ -
Maximum daily base hotel rate claimed in the month \$ 253
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>	<u>VICE PRESIDENT & CHIEF</u>	Billing Reporting Period:	<u>20/09/2016</u>
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	<u>\$1,014.87</u>
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@AHS.CA</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
① 05/09/2016	[REDACTED]	SQ *CITY UNION GOSQ CO, LIMOUSINES AND TAXICABS	28.25	USD	37.53	.00	.00	Taxi cab while in Salt Lake City ✓
② 08/09/2016	[REDACTED]	LITTLE AMERICA HOTEL, LODGING HOTELS, MOTELS, RESORTS	638.46	USD	853.89	.00	.00	Hotel in Salt Lake City, Utah for Healthcare Analytics Conference ✓
③ 09/09/2016	[REDACTED]	SQ *CORPORATE CAR SERV, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	75.00	CAD	75.00	3.57	.00	Car service while attending Healthcare Analytics Conference in Salt Lake City, Utah ✓
④ 10/09/2016	[REDACTED]	CITY CAB COMPANY, LIMOUSINES AND TAXICABS	28.75	USD	38.45	.00	.00	Taxi to airport in Salt Lake City, Utah for Healthcare Analytics Conference ✓

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
⑤ 13/09/2016	[REDACTED]	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	parking at ATB Tower for meeting with Alberta Health <i>receipt enclosed</i>

*Note:

Vendor overcharged P-card by \$0.50 (transaction should have been \$28.25 USD not \$28.75 USD).
Spoke c Finance - they advised to leave as is - not significant amount.

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

Excc Admin Coordinator
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Oct 13, 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]
Signature of Cardholder

Oct 13, 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

- 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.

Dr. Verna Jiy
Name of Approver

President & CEO
Approver Position/Title

[Signature]
Signature of Approver

Oct 15/16
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 #: _____

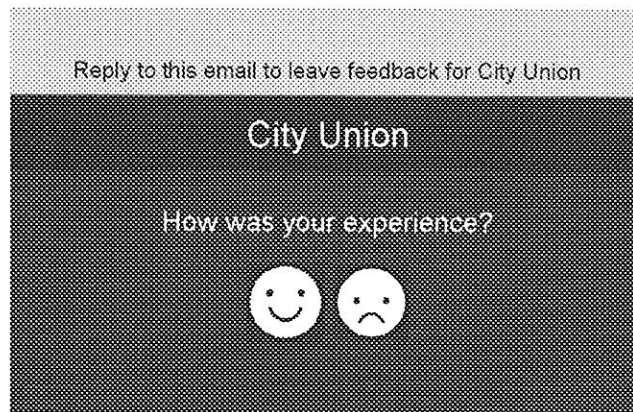
Reviewed by: _____

Date: _____

From: Deb Gordon
Sent: Monday, September 05, 2016 10:19 PM
To: Deborah Giroux; Pamela Wynn
Cc: Deb Guerette
Subject: FW: Receipt from City Union

Hi there,
Here is the receipt for the taxi fare for Kathryn and I from the airport in Salt Lake City to the hotel today.
I used my p-card for this.
Thanks
Deb

From: City Union via Square [<mailto:receipts@messaging.squareup.com>]
Sent: Monday, September 05, 2016 4:43 PM
To: Deb Gordon
Subject: Receipt from City Union



\$28.25 USD

= \$37.53 CAD

Custom Amount	\$25.00
Subtotal	\$25.00
Tip	\$3.25
Total	\$28.25

Deb Gordon

MasterCard [REDACTED] (Swipe) 9/5/2016, 4:43 PM
Auth code [REDACTED]

Square Just Got More Rewarding
Your favorite businesses may send you news and rewards via Square. [Learn more and update preferences.](#)

© 2016 Square, Inc. All rights reserved.
1455 Market Street, Suite 600, San Francisco, CA 94103

[Square Privacy Policy](#)
[Not your receipt?](#)

①

LITTLE AMERICA

Hotel

SALT LAKE CITY

09-08-16

Ms Debra Gordon

Canada

Room No. : [REDACTED]
 Arrival : 09-05-16
 Departure : 09-08-16
 Page No. : 1 of 1
 Folio No. : [REDACTED]
 Conf. No. : [REDACTED]
 Cashier No. : [REDACTED]
 User ID : [REDACTED]
 Invoice No. :

INVOICE

Membership No. : [REDACTED]
 A/R Number : [REDACTED]
 Group Code : [REDACTED]
 Company Name : [REDACTED]

Date	Description	Additional Information	Charges	Credits
09-05-16	Room Charge		189.00 ✓	
09-05-16	Taxes Room Tax		10.87	
09-05-16	Taxes State Sales Tax		12.95	
09-06-16	Room Charge		189.00 ✓	
09-06-16	Taxes Room Tax		10.87	
09-06-16	Taxes State Sales Tax		12.95	
09-07-16	Room Charge		189.00 ✓	
09-07-16	Taxes Room Tax		10.87	
09-07-16	Taxes State Sales Tax		12.95	
09-08-16	Mastercard Payment			638.46
Total			638.46	638.46
Balance				0.00

638.46 u
\$853.89 ci

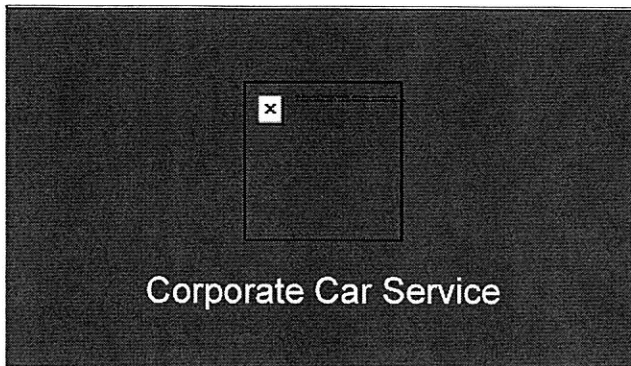
I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges.

Guest Signature: _____

②

Deb Gordon

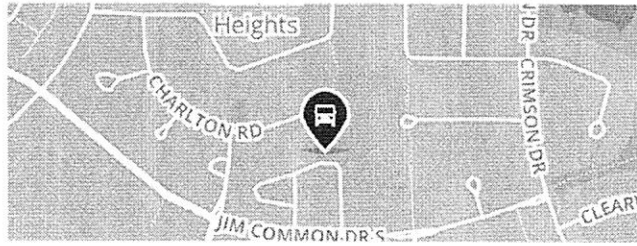
From: Corporate Car Service via Square <receipts@messaging.squareup.com>
Sent: Thursday, September 08, 2016 10:56 PM
To: Deb Gordon
Subject: Receipt from Corporate Car Service



\$75.00

Custom Amount	\$75.00
Total	\$75.00

3
p. 1(2)



Corporate Car Service

Last Location

780-910-3141

MasterCard (Swipe)



DEB. GORDON

9/8/2016,

10:55

PM

Auth

code:

GST/HST: 884894528

© 2016 Square, Inc. All rights reserved.
1455 Market Street, Suite 600, San Francisco, CA 94103 USA

[Square Privacy Policy](#)

Map data and copy, [OpenStreetMap](#) contributors

[Not your receipt?](#)



City Cab Company
Inc

422

DATE SEP 08, 2016
TIME 13:14
START 13:02
END 13:14
ORDER ID [REDACTED]
DRIVER [REDACTED]
CAR 24

LAYOUT 25.00
SUBTOTAL 25.00

MC [REDACTED]

AUTH: [REDACTED]
TRANS. ID: [REDACTED]

TIP 3.25

TOTAL 28.25

SIGNATURE CAD

[Signature]

CUSTOMER'S COPY

30.04.2015

= \$38.45
CAD.

(4)



Impark

Sept 13 2016



Lot 101

RECEIVED from

the sum of

Ken

DOLLARS \$

10 ⁰⁰/₁₀₀

Account #

Violation #

100

Daily

CASH

CHEQUE

CC

DEBIT

INTERAC

OTHER

THANK YOU

IMPERIAL PARKING CANADA CORPORATION

G.S.T. # 88731 8638 RT0001

copy

Per

AL

Visit our web site at www.impark.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 : Sep-16
--------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Sep-2016	Direct Billing	Airline Ticket	Air fare from Edmonton to Calgary and return on Sept 16, 2016 for tours of EMS sites in Calgary Zone. (Note: \$387.76 return flight was cancelled and credited back to account; drove home with colleague instead.)	Marlin Travel	807.13
26-Sep-2016	Direct Billing	Airline Ticket	Air fare from Edmonton to Calgary on Sept 28 to speak at Sept 29 AHS Board Meeting in Calgary. Hotel accommodation x 1 night in Calgary on Sept 28. Return flight from Calgary to Edmonton on Sept 29, 2016. (Note: airline credit from Sept 16, 2016 flight was used for this trip.)	Marlin Travel	262.00
 Deb Gordon, VP & Chief Health Operations Officer, Northern Alberta Date: <u>Oct. 31, 2016</u>					
Total Paid in the Month					\$ 1,069.13



Trip Statement

ALBERTA HEALTH SERVICES "SUITE 800, NORTH TOWER" 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 13 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: CASANDRA WAGNER File Locator: [REDACTED]
---	--

PASSENGERS: MS DEBORAH GORDON

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	325.15	19.97	\$0.00	74.25	0.00	419.37 CAD
AIR CANADA Ticket # [REDACTED]	312.80	0.00	\$0.00	74.96	0.00	387.76 CAD
Total:	637.95	19.97	0.00	149.21	0.00	807.13 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/12/2016	[REDACTED]	[REDACTED]	419.37 CAD
	[REDACTED]	09/12/2016	[REDACTED]	[REDACTED]	387.76 CAD
		Total Payment:			807.13 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101

* Note:
 \$387.76 return
 flight was credited
 back to account.
 D.Gordon cancelled
 Return flight and
 drove home with
 colleague instead.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 13 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
DEBORAH GORDON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: DEBORAH GORDON Booking Date: 12 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL 16 Sep 16 7:10AM		CALGARY INTL 16 Sep 16 8:05AM	V		

Passengers: DEBORAH GORDON Booking Date: 12 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL 16 Sep 16 7:10AM		CALGARY INTL 16 Sep 16 8:05AM	V		

Passengers: DEBORAH GORDON Booking Date: 12 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08152	CALGARY INTL 16 Sep 16 4:45PM		EDMONTON INTL 16 Sep 16 5:39PM	V		

Passengers: DEBORAH GORDON Booking Date: 12 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08152	CALGARY INTL 16 Sep 16 4:45PM		EDMONTON INTL 16 Sep 16 5:39PM	V		



Trip Statement

ALBERTA HEALTH SERVICES MARLIN TRAVEL GOVT CENTER 9929 - 108TH STREET EDMONTON AB T5K1G8	Trip #: [REDACTED] Booking Date: 26 Sep 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: CASANDRA WAGNER File Locator: [REDACTED]
--	---

PASSENGERS: MS DEBORAH GORDON

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	262.00	0.00	\$0.00	0.00	0.00	262.00 CAD
Total:	262.00	0.00	0.00	0.00	0.00	262.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/26/2016			0.00 CAD
		09/26/2016		[REDACTED]	262.00 CAD
Total Payment:					262.00 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL AHS BOARD MEETING IN CALGARY

CREDIT FILE USED FOR THIS RESERVATION.

- 544.76 NEW TICKET
- (357.76) CREDIT APPLIED
- 75.00 CHANGE FEE
-
- 262.00 COLLECTED**

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
MARLIN TRAVEL GOVT CENTER
9929 - 108TH STREET
EDMONTON AB
T5K1G8

Trip #: [REDACTED]
Booking Date: 26 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
DEBORAH GORDON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: DEBORAH GORDON
Booking Date: 23 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08155	EDMONTON INTL 28 Sep 16 7:30PM		CALGARY INTL 28 Sep 16 8:26PM	G		



Passengers: DEBORAH GORDON
Booking Date: 23 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08225	CALGARY INTL 29 Sep 16 6:20PM		EDMONTON INTL 29 Sep 16 7:10PM	H		