

## 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 October 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)
Oct-16	P-Card	Meetings			205		205			
<b>Total</b>			\$ -	\$ -	\$ 205	\$ -	\$ 205	\$ -	\$ -	\$ -

**Total for the Month**      \$        205

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

GORDON, DEB Cardholder's Name	VICE PRESIDENT & CHIEF Cardholder's Position/Title	Billing Reporting Period:	20/10/2016
HEALTH OPERATIONS Cardholder's Dept	SEVENTH STREET PLAZA Cardholder's Site/Location	Total Statement Amount:	\$205.13
DEB.GORDON@AHS.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/09/2016	[REDACTED]	DELTA CALGARY SOUTH, DELTA HOTELS	205.13	CAD	205.13	9.45	.00	Hotel accommodation in Calgary x 1 night Sept. 28 2016 to attend AHS Board meeting in Calgary on Sept. 29 2016.

**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

Admin coordinator  
Cardholder Designate Position/Title

  
Signature of Cardholder Designate

Oct. 20, 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
VICE PRESIDENT & CHIEF

Name of Cardholder

Cardholder Position/Title

  
Signature of Cardholder

Oct. 20, 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 Hiu  
Name of Approver

President + CEO  
Approver Position/Title

  
Signature of Approver

Oct 26, 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: \_\_\_\_\_




**DELTA**  
CALGARY SOUTH

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

Ms Deborah Gordon

Room:   
Folio:   
Cashier:   
Arrival: 09-28-16  
Departure: 09-29-16

Date	Description	Additional Information	Charges	Credits
09-28-16	Room Charge		184.00 ✓	
09-28-16	DMF		4.92	
09-28-16	Tourism Levy		6.76	
09-28-16	Rooms - GST		9.45	
09-29-16	Master Card			205.13

GST Summary	
Registration No: 895126332	
Room	9.45
F&B	0.00
Other	11.68
<b>Total</b>	<b>21.13</b>

Total	205.13	205.13 ✓
Balance Due	0.00	CDN

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.