

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 November 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)
Nov-16	P-Card	Meetings				17	17			
Total			\$ -	\$ -	\$ -	\$ 17	\$ 17	\$ -	\$ -	\$ -

Total for the Month \$ 17

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.

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 			
GORDON, DEB	VICE PRESIDENT & CHIEF	Billing Reporting Period:	20/11/2016
Cardholder's Name	Cardholder's Position/Title		
HEALTH OPERATIONS	SEVENTH STREET PLAZA	Total Statement Amount:	\$17.00
Cardholder's Dept	Cardholder's Site/Location		
DEB.GORDON@AHS.CA		Last 6 digits of the P-Card #:	██████████
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 16/11/2016	██████████	EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	10.00	CAD	10.00	.48		Parking for Women & Children's Health Research event ✓
② 17/11/2016	██████████	EDM EPARK PAY MACHINE, GOVERNMENT SERVICES NOT	7.00	CAD	7.00	.33		parking -- Greater Edmonton HAC Meeting ✓

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.

De'Anne Piche
Name of Cardholder Designate

Acting Executive
Admin Coordinator
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Dec-5/16
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

2016-DEC-05
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. Verma Nijh
Name of Approver

President + CEO
Approver Position/Title

[Signature]
Signature of Approver

Dec 9, 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: _____

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CITY OF EDMONTON

Women & Children's Health
Research Event - Westin

Terminal: 7010v

Zone: 7010

Plate: [REDACTED]

LP - P3 South/West Elevators

Valid through:

WEDNESDAY 16 NOV 16

1:58 PM

Amount Paid: \$10.00 (GST incl.)

Auth No: [REDACTED]

Start Time: 11/16/2016 11:58 AM

Receipt No: [REDACTED]

Trn: [REDACTED]

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CITY OF EDMONTON

Greater Edm. HAC
Meeting

Terminal: 4031

Zone: 4031

Plate: [REDACTED]

110 AVE From 102 ST to 101 ST South Side

Valid through:

THURSDAY 17 NOV 16

8:07 PM

Amount Paid: \$7.00 (GST incl.)

Auth No: [REDACTED]

Start Time: 11/17/2016 6:07 PM

Receipt No: [REDACTED]

Trn: [REDACTED]

OUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS Y

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