

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 2017

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-17	P-Card	Meetings				24	24			
Nov-17	Expense Claim	Meetings				9	9			
Nov-17	Direct Billing	Meetings	373				373			
Total			\$ 373	\$ -	\$ -	\$ 33	\$ 406	\$ -	\$ -	\$ -

Total for the Month \$ 406

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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
GORDON, DEBORAH A	VP & Chief Health Operations Officer Northern Alberta	Edmonton	\$ 24.00									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/30/2017	Quality & Safety Summit Reception		AB - Local	Parking - Lot or Parkade-Service Rcpt	\$ 15.00			Quality & Safety Summit Reception	1			
10/31/2017	Quality & Safety Summit		AB - Local	Parking - Lot or Parkade-Service Rcpt	\$ 9.00			Quality & Safety Summit	1			
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		8-Dec-17								

RECEIPT
Impark Lot 1

License Plate Number

Expiration Date/Time

11:00 PM
OCT 30, 2017

Purchase Date/Time: 06:28pm Oct 30, 2017

Total Parking: \$14.29

Total GST: \$0.71

Total Due: \$15.00

Rate: \$15 - until 11pm

Total Paid: \$15.00

Payment Type: Card

Ticket

S/N #

Setting: Lot 1

Mach Name: Meter 1

MasterCard

Auth #

NO IN AND OUT PRIVILEGES
GST #887315638RT0006
No In And Out Privileges

KING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT

Park as directed.
Car and contents at
owners risk.
Northlands assumes
no responsibility for
loss, theft, fire,
or damage.
This receipt does
not include
overnight parking.
One entry only
No in or out privileges.

7300 116 AVE NW
EDMONTON AB

CARD
CARD TYPE: MASTERCARD
DATE: 2017/10/31
TIME: 9221 07:52:14
RECEIPT NUMBER

PURCHASE
TOTAL

\$9.00

MasterCard

APPROVED

AUTH#

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN
COPY FOR YOUR

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	\$ 9.00									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/30/2017	Quality Summit		AB - Local	Parking - Lot or Parkade-Service Rcpt	\$ 9.00			Parking at Quality Summit	1			
Approver(s) for the claim		Approval Status		Approval Date								
YIU, VERNA		Approve		8-Dec-17								

EDMONTON, AB
owners risk.
Northlands assumes
no responsibility for
loss, theft, fire,
or damage.
This receipt does
not include
overnight parking.
One entry only
No in or out privileges

CARD [REDACTED]
CARD TYPE VISA
DATE 2017/10/30
TIME 5126 07:25:06
RECEIPT NUMBER
[REDACTED]

PURCHASE
TOTAL
\$9.00

VISA CREDIT
[REDACTED]

APPROVED
AUTH# [REDACTED]
THANK YOU

NO SIGNATURE REQUIRED
MERCHANT COPY

Car and contents at
owners risk.
Northlands assumes
no responsibility for
loss, theft, fire,
or damage.
This receipt does
not include
overnight parking.

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 :	Nov-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Aug-2017	Direct Billing	Airline Ticket	Airfare for travel to Calgary September 6, 2017	Marlin Travel	154.88
12-Sep-2017	Direct Billing	Airline Ticket [REDACTED]	Airfare for travel to Calgary September 15, 2017	Marlin Travel	217.74
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 372.62

APPROVED: Deb Gordon
VP and CHOO Northern Alberta

2017-DEC-15



Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 25 Aug 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: MS DEBORAH GORDON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	102.82	0.00	\$0.00	49.48	0.00	152.30 CAD
AIR CANADA Ticket # [REDACTED]	117.40	0.00	\$0.00	37.48	0.00	154.88 CAD
Total:	220.22	0.00	0.00	86.96	0.00	307.18 CAD

PAYMENTS

Invoice #	Payment Date	Card Holder	Form of Payment	Amount
[REDACTED]	08/23/2017		[REDACTED]	152.30 CAD
[REDACTED]	08/23/2017		[REDACTED]	154.88 CAD
Total Payment:				307.18 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101

REASON FOR TRAVEL ALL DAY WORKSHOP

Claiming only \$154.88

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 -----
-----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

Traveler

Passenger Name:
GORDON, DEBORAH MS

e-Ticket Number:
[REDACTED]

Reservation Number:
[REDACTED]

Issue Date:
September 12, 2017

Agency Details

Agency Information:
MARLIN TRAVEL
9929 - 108Th.Street Government Centre
Edmonton, AB T5K 1G8
Canada

Agency Phone:
780 425-8611 MARLIN TRAVEL 60-87935-
0/[REDACTED]



Fare Information

Form Of Payment:
[REDACTED]

Fare: CAD 168.26

Taxes and Carrier-imposed fees: CAD 7.48 CA
CAD EXEMPT XG
CAD 42.00 XT

Total Airfare: CAD 217.74

Amount Charged: CAD 217.74