

AHS Board and Executive Expense Report

Name: Gordon Winkel
Title: Advisory Committee Member
Location: Calgary
 Expenses approved during the month of October 2023

			Travel (1)							
Approved MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
	P-Card	Meetings					-			
Oct-23	Expense Claim	Meetings		9	121	349	479			
	Direct Bill	Meetings					-			
Total			\$ -	\$ 9	\$ 121	\$ 349	\$ 479	\$ -	\$ -	\$ -

**Total for
the Month** \$ 479

Maximum daily single meal expense claimed in the month \$ 9
 Maximum daily base hotel rate claimed in the month \$ 109
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

OFFICIAL ADMINISTRATOR OFFICE EXPENSE CLAIM FORM

SECTION 1: PAYEE INFORMATION

Name:	Gord Winkel [REDACTED]	Expense Period Month:	Sep-23
Address:	[REDACTED]	City:	[REDACTED]
Province:	AB	Postal Code:	[REDACTED]
		Country:	Canada
Reason for Expense	Met with IT to reprogram I-Pad on August 24, 2023 at SSP. Meeting with G. Pradella at SSP on August 28, 2023 and attended Official Administrator Advisory Committee meeting on September 13, 2023 in Calgary.		

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/Org	Location (If applicable)	Functional Centre/Primary	Expense/Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$9.20
Travel Exp (B+C+E)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$470.23
Other (D)	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00
TOTAL AMOUNT PAYABLE BY ACCOUNTS PAYABLE					\$479.43

SECTION 3: AUTHORIZATION

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Official Administrator Office and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant to all the above statements	Date	Phone#
Gord Winkel	[REDACTED]	Sept 24, 20230	[REDACTED]

I attest that I have read and understand the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, and confirm expenses being claimed are in compliance with such policy to the best of my understanding and belief.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services Official Administrator Office and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided below.

Approved by (Print Name)	Position Title/Program Group
Dr. John Cowell	Official Administrator
Signature: I, by signing this form, attest that I am compliant with all the above statements	Date
[REDACTED]	Oct. 15, 2023

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

[REDACTED]

Carry forward from Section 1

Name: **Gord Winkel** Expense Period Month: **Sep-23**

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

N 4A: OFFICAL ADMINISTRATOR OFFICE - TRAVEL EXPENSE

The Official Administrator Office follows the [Government of Alberta \(GOA\) Travel, Meal and Hospitality Expenses Policy](#)

Note: For meal allowances outside Canada, the GOA policy redirects to the National Joint Council (NJC) travel directive for rates ([Appendix C for USA](#), [Appendix D for International](#)).

Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance Within Canada		With Receipt or Allowance Outside Canada					
			Meal Type	Allowance	Meal Type	Amount				
24-Aug-2023	Parking at SSP to meet with IT to reprogram I-Pad.	Yes					\$8.00			
24-Aug-2023	Parking at SSP to pick up I-Pad	Yes					\$8.00			
28-Aug-2023	Parking at SSP to meet with G. Pradella.	Yes					\$16.00			
12-Sep-2023	Mileage from residence to Southport to attend OAAC Meeting on Sept 13th. Stayed the night in Red Deer on Sept 12th as early meeting in Calgary.	Yes				\$121.19			608	
13-Sep-2023	Parking at Southport and breakfast per diem.	yes	B-\$9.20	\$9.20			\$10.00			
Total: (amount auto fills to page 1)			\$9.20		\$0.00	\$121.19	\$42.00	\$0.00	608.00	

OFFICAL ADMINISTRATOR OFFICE Mileage Rate	0.505	Total Mileage	\$ 307.04
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RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

10:42 AM
AUG 24, 2023

Purchase Date/Time: 09:42am Aug 24, 2023

Total Parking: \$7.62

Total GST: \$0.38

Total Due: \$8.00

Rate: \$ 8 · 1 Hour
Pmt Type: CC (Swipe)

Total Paid: \$8.00

Ticket #:

S/N #:

Setting: Lot

Mach Name: Meter 1

gst
NO IN

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

04:20 PM
AUG 24, 2023

Purchase Date/Time: 03:20pm Aug 24, 2023

Total Parking: \$7.62

Total GST: \$0.38

Total Due: \$8.00

Rate: \$ 8 · 1 Hour
Pmt Type: CC (Swipe)

Total Paid: \$8.00

Ticket #:

S/N #:

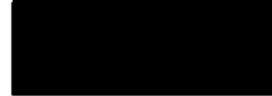
Setting: Lot

Mach Name: Meter 1

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
Impark Lot 02-383

License Plate Number



Expiration Date/Time

01:23 PM
AUG 28, 2023

Purchase Date/Time: 11:23am Aug 28, 2023

Total Parking: \$15.24

Total GST: \$0.75

Total Due: \$16.00

Rate: \$16 - 2 Hours
Pmt Type: CC (Swipe)

Total Paid: \$15.00

Ticket #:

S/N #:

Setting: Lot

Mach Name: Meter 1

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

AHS
DAAC

INDIGO
LOT 150

PARKING PERMIT

Meter:

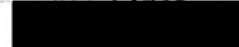
Trans:

Paid: \$10.00

Purchase Time:

8:20AM SEP 13, 2023

License Plate:



Base Price: \$9.52

GST: \$0.48

Total Price: \$10.00

Card:

Auth:

Expires:

SEP 13 2023
7:00PM

THANK YOU

GST 120996095RT0004



Red Deer Resort and Casino
3310 50th Avenue Red Deer, Alberta T4N 3X9
Telephone: (403) 346-2091
Reservations: (403) 755-8830
Fax: (403) 755-1166
Email: reservations@rdrcasino.ca
www.rdrcasino.ca

Note: Hotel booked under wife's name.

Room No. : [REDACTED]
Arrival : 09-12-23
Departure : 09-13-23
Page No. : 1 of 2
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]
Custom Ref. :

INFORMATION INVOICE

Company Name : Unknown
Group Name :
Guest Name :

Date	Description	Charges	Credits
09-12-23	Room Charge	109.00	
09-12-23	Destination Marketing Fee	2.18	
09-12-23	Tourism Levy	4.45	
09-12-23	Room GST 5% 71125-2676 RT0001	5.56	
09-13-23	Visa [REDACTED]		121.19
Total Charges		121.19	
Total Credits			121.19
Balance			0.00

Merchant ID	[REDACTED]	Credit Card #	[REDACTED]
Transaction ID	[REDACTED]	Credit Card Expiry	[REDACTED]
Approval Code	[REDACTED]	Capture Method	Manual
Approval Amount	121.19	Transaction Amount	121.19

I agree that I am personally liable for payment of this account, and if this person, company or association indicated does not settle within a reasonable period, my liability for payment should be joint and several with such person, company or association.