

Board and Executive Expense Report

Name Deb Gordon
Title SVP, Health Professions Strategy & Practice, Chief Nursing & Health Professions Officer
Location Edmonton
 Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
29-Sep-12	P-Card	NP Conference			274		274			
10-Oct-12	P-Card	Division meeting					-		170	
12-Oct-12	Direct Bill	Midwifery Negotiations	397				397			
30-Oct-12	Expense claim	AHS Board Committee of the Whole - Red Deer				159	159			
Total			\$ 397	\$ -	\$ 274	\$ 159	\$ 830	\$ -	\$ 170	\$ -

Total for the Month \$ 1,000

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 224
 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

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 		
<u>GORDON, DEB</u>	<u>SENIOR VICE PRESIDENT</u>	Billing Reporting Period: <u>20/10/2012</u>
Cardholder's Name	Cardholder's Position/Title	
<u>HEALTH PROFESSIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount: <u>\$444.67</u>
Cardholder's Dept	Cardholder's Site/Location	
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #: XXXXXXXXXX
Cardholder's e-mail address		

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/09/2012	297094345	DELTA CALGARY AIRPORT, DELTA HOTELS	274.33	CAD	274.33	13.06		NP Conference, Presenter
10/10/2012	298009878	SUNTERRA MARKET, GROCERY STORES, SUPERMARKETS	170.34	CAD	170.34	8.11		Lunch for HPSP Division Meeting

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO details 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. 		
<u>Kim Belrose</u> Name of Cardholder Designate	<u>Exec. Assistant</u> Cardholder Designate Position/Title	
<u>[Signature]</u> Signature of Cardholder Designate	<u>31 Oct 2012</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. • I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable). 		
<u>GORDON, DEB</u> Name of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title	
<u>[Signature]</u> Signature of Cardholder	<u>01-Nov-2012</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
<u>[Signature]</u> <u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>Nov. 7, 2012</u> Date of Signature	
Approver By signing this statement <ul style="list-style-type: none"> • I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed. • I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable). 		
<u>Dr. Chris Eagle</u> Name of Approver	<u>President & CEO</u> Approver Position/Title	
<u>[Signature]</u> Signature of Approver	<u>Nov. 6, 2012</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> • Original itemized receipts • Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter 	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: _____

SUNTERRA

catering

REQUESTED PAY METHOD

Visa

October 10, 2012.

HPSP Division Meeting

Participants:

- Deb Gordon
- Betty-Lynn Morrice
- Noreen Linton
- Bernice Magee
- Kim Belrose
- Esther Suter
- Dave Bolan
- Sara Jordan
- Carla Phillips
- Dawn Finlay
- Dianne MacIntyre
- Judy Bloom
- Megan Lemire

ALBERTA HEALTH SERVICES - HEALTH PROFESSIONS HPSP
 Kim Belrose
 14th Floor, 10030 107th Street - North Tower
 Edmonton AB
 T5J 3E4
 PO#

Invoice [REDACTED]

Event held on Wednesday, October 10, 2012
 CP - Commerce Place

[REDACTED] Kim Belrose

Food/Service Items	Qty	Price	Total
Sunterra Combination Sandwich Platter	13	5.49	71.37
Vegetable Platter with Dip - 150 g	13	2.99	38.87
Cookie Tray - Assorted	13	1.49	19.37
Soft Drinks - Assorted - 355 ml	13	1.49	19.37
Disposables	13	0.25	3.25
Napkins	13		
Plates	13		
Forks	13		
Knives	13		
Spoons	1		
Serving Utensils **TONGS**	2		

Deliv Chg 10.00

Subtotal	162.23	Service	0.00
Tax	8.11		
Total Value	170.34		
Paid	0.00	Balance	170.34

Payments Made

Date	Payment	Method	Card Type	Card Number	Approval
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Please remit any Balance Due within 30 days of the Event Date.
 Thank you for this opportunity to serve you.

Meeting held from 0930 to 1530 hours on Oct 10, 2012



DELTA
CALGARY AIRPORT

2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-6121

TRIP TO
CALGARY TO
PRESENT
AN AIR
CONFERENCE
AT
0800
HRS -
SEPT 28,
2012

AB HEALTH SERVICES
Deborah Ms Gordon

Room: 413
Folio: [REDACTED]
Cashier: 413
Arrival: 09-27-12
Departure: 09-28-12

Date	Description	Additional Information	Charges	Credits
09-27-12	In Room Dining - Dinner	CHECK# 0048888	22.84	
09-27-12	Room Charge		224.00	
09-27-12	Room Destination Marketing Fee		6.72	
09-27-12	Room Tourism Levy		9.23	
09-27-12	Room GST		11.54	
09-28-12	Mastercard	[REDACTED]		274.33
Total			274.33	274.33
Balance Due			0.00	CDN

GST Summary	
Registration No:	846543619
Room	11.54
F&B	1.09
Other	0.00
Total	12.63

ONLY MEAL
CLAIMED
FROM
27-SEPT-2012
1700 HRS
THROUGH
TO
28-SEPT-2012
1530 HRS

MEAL
CHARGE
IN COMPLIANT
WITH THE
POLICY
- CONTENTS
OF MEAL
- PER DIEM
[Signature]

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.

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Deb Gordon	Reporting Period for the Month of: October 2012
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2012-10-12	Direct Billing	Transportation	Travel to Calgary - Midwifery Negotiations	Marlin Travel/Air Canada	\$396.96
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			
	Choose One	Choose One			

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000004
LOCATOR : P4Q9Z1
OUR REF : ZCH0090910C
AGENT : CASANDRA WAGNER

I N V O I C E
*** D U P L I C A T E ***

INV NO: 82947
DATE: 05OCT12
PAGE: 1

FOR: MS DEBORAH GORDON
[REDACTED]
101000571110000004

I T I N E R A R Y

*** AIR/RAIL/BUS ***

FROM	TO	CARRIER	FLT/CL	ST DATE	DEPART	ARRIVE	MEALS	BAGS
EDMONTON INTL	CALGARY	AIR CANADA	8135 T	GK 12OCT	8:00A	8:52A		
		D8 (300 SERIE						
		AIR CANADA E						
		BOOKING REFERENCE MHDALZ						
		TICKET NUMBER 0142113072236						
CALGARY	EDMONTON INTL	AIR CANADA	8170 T	GK 12OCT	5:00P	5:52P		
		D8 (300 SERIE						
		AIR CANADA E						
		BOOKING REFERENCE MHDALZ						
		TICKET NUMBER 0142113072236						

*** TOUR ***

BSP TASF DEPARTING FROM EDMONTON INTL ON 10APR13 AT 12:00A
TO EDMONTON INTL RET10APR13 AT 12:00A
1 PACKAGE TOUR
AIR CANADA CONFIRMATION MHDALZ

C O S T

AIR CANADA	TKT NO	ACO	2113072236	(INCL 88.96 TAX)	386.96
BSP TASF	TKT NO	954 0004	901213		10.00

*** SUB-TOTAL EXCLUDING GST/HST & APT	396.96	
*** TOTAL CHARGES THIS INVOICE ***	396.96	
PAYMENT BY CA*****6502	TKT 2113072236	386.96
PAYMENT BY CA*****6502	TKT 0004901213	10.00
*** BALANCE DUE THIS INVOICE ***		0.00
BALANCE DUE TO DATE		0.00

CONTINUED ON NEXT PAGE

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8

BRANCH: N61107
GST REG# 885101915
PHONE: 780-425-8611

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

YOUR REF : 101000571110000004
LOCATOR : P4Q9Z1
OUR REF : ZCH0090910C
AGENT : CASANDRA WAGNER

I N V O I C E
*** D U P L I C A T E ***

INV NO: 82947
DATE: 05OCT12
PAGE: 2

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

<ul style="list-style-type: none"> • Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People) 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Expense Date From:</td> <td style="border-bottom: 1px solid black;">1-Oct-12</td> <td style="border-bottom: 1px solid black;">To</td> <td style="border-bottom: 1px solid black;">31-Oct-12</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Travel Period from:</td> <td style="border-bottom: 1px solid black;">1-Oct-12</td> <td style="border-bottom: 1px solid black;">To</td> <td style="border-bottom: 1px solid black;">31-Oct-12 (if applicable)</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">Out-of-Province Travel No</td> </tr> </table>	Expense Date From:	1-Oct-12	To	31-Oct-12	Travel Period from:	1-Oct-12	To	31-Oct-12 (if applicable)	Out-of-Province Travel No			
Expense Date From:	1-Oct-12	To	31-Oct-12										
Travel Period from:	1-Oct-12	To	31-Oct-12 (if applicable)										
Out-of-Province Travel No													
Name: Deb Gordon		Position (Title): SVP & Chief Nursing and Health Professions Officer											
Location: 14th Fl Seventh Street Plaza		Dept: HPSP											
Employee # (E-People):		Employee # (REQUIRED # prior to E-People migration):											
DOFA Level: 3 (if applicable)		Union: Business Phone #: Ext:											

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →		Project Number	Project Task Number
Expenditure Organization		Expenditure Type	

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense			
2A	101	0005	71110000004	\$158.57						Total Section B		
2B										Total Section C&D		
2C										Less Cash Advance		
2D										TOTAL CLAIM		
				\$158.57							\$158.57	

NOTE: This section auto fills from page 2A, 2B, 2C & 2D **NOTE:** These fields do not automatically fill for Section C&D

SECTION F: AUTHORIZATION

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): Megan Lemire Phone # Ext

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: Date Nov 8/2012

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #s 1118, 1122). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Stephen Gould DOFA Level 2a Position # Phone # Ext

Signature: Title EVP - People and Partners Date

Approved By (PRINT ONLY): DOFA Level Position # Phone # Ext

Signature: Title Date

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. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

