

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 November 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)
October/ November 2012	P-Card	Various Meetings			327	82	409			
November 2012	Expense claim	Mileage - Travel to meeting				156	156			
Total			\$ -	\$ -	\$ 327	\$ 238	\$ 565	\$ -	\$ -	\$ -
Total for the Month	\$	565								

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:

- 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>20/11/2012</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH PROFESSIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$408.93</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
25/10/2012	299779556	Mesis Airport Sedan Se, LIMOUSINES AND TAXICABS	82.23	CAD	82.23	✓ 3.92	.00	Transportation to Airport
30/10/2012	300034596	RED DEER LODGE, LODGING HOTELS, MOTELS, RESORTS	217.80	CAD	217.80	✓ .00	.00	AHS Executive Strategy Session & COW Meeting
04/11/2012	300418083	RED DEER LODGE, LODGING HOTELS, MOTELS, RESORTS	108.90	CAD	108.90	✓ .00	.00	Clinical Workforce Presentation to Central Zone Managers Forum

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- 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.

Kim Belrose
Name of Cardholder Designate

[Signature]
Signature of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

26 NOV 2012
Date of Signature

Cardholder

By signing this statement

- 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).

GORDON, DEB
Name of Cardholder

[Signature]
Signature of Cardholder

SENIOR VICE PRESIDENT
Cardholder Position/Title

26 NOV 2012
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Susan Best
Name of Approver Designate

[Signature]
Signature of Approver Designate

Executive Assistant
Approver Designate Position/Title

Nov. 27 2012
Date of Signature

Approver

By signing this statement

- 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).

Dr. Chris Eagle
Name of Approver

[Signature]
Signature of Approver

President & CEO
Approver Position/Title

28 Nov 2012
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original itemized receipts
- 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

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: _____

Mesis Airport Sedan Services
 A Division of Executive Limousine Inc.
 218 37 Avenue NE
 Calgary, AB, Canada, T2E 2L9
 Ph: (403) 809-2572 Fx: (403) 226-5694
 info@myexecutivelimo.com www.myexecutivelimo.com
 GST#816489678RT0001

ITEMIZED TRIP RECEIPT

Date: Monday, November 26, 2012

Client Address
Alberta Health Services 10101 Southport Road SW

Account Number	11407
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Trip Date: 9/28/2012		Pax: Debbie Gordon		Ref #:																																																																					
Confirmation No.: 023743-bs Order Placed By: Kim B Start Time: 8:45 AM End Time: 9:45 AM Vehicle Type: Sedan Trip Type: HOURLY Trip Desc: HOURLY Pick-Up: Winter Club (4611- 14th Street NW) Mrs. Gordon's Mobile: [REDACTED] Drop-off: Airport Corporate Centre (1601 Airport Road NE)		<table border="0"> <tr> <td>Standard Hry/Flat Charges</td> <td>1.00</td> <td>65.00</td> <td>\$65.00</td> </tr> <tr> <td>Overtime/Travel/ 2nd Hr Chgs</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Gratuity 15.00%</td> <td>9.75</td> <td></td> <td></td> </tr> <tr> <td>Extra- Gratuity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Parking:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Beverages:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Food:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Decorations:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Meet Greet:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Add Stops:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Misc.:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>GST:</td> <td>3.74</td> <td></td> <td></td> </tr> <tr> <td>Fuel Fee:</td> <td>3.74</td> <td></td> <td></td> </tr> <tr> <td>Sub-Totals</td> <td>17.23</td> <td></td> <td>82.23</td> </tr> <tr> <td></td> <td></td> <td>Credits - Discounts</td> <td>0.00</td> </tr> <tr> <td>Paid by: Mastercard</td> <td></td> <td></td> <td>-82.23</td> </tr> <tr> <td></td> <td></td> <td>Balance:</td> <td>\$0.00</td> </tr> </table>				Standard Hry/Flat Charges	1.00	65.00	\$65.00	Overtime/Travel/ 2nd Hr Chgs	0.00	0.00	0.00	Gratuity 15.00%	9.75			Extra- Gratuity				Parking:				Beverages:				Food:				Decorations:				Meet Greet:				Add Stops:				Misc.:				GST:	3.74			Fuel Fee:	3.74			Sub-Totals	17.23		82.23			Credits - Discounts	0.00	Paid by: Mastercard			-82.23			Balance:	\$0.00
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— Transportation from Calgary winter club
 (presently @ the 6th Annual NP Conference).
 to the Airport Corporate Centre
 (Proc Practitioner Workforce Subcommittee and subsequent mtg).
 ~> September 28, 2012.

Date 11/01/12
Time 05:31
Page 1

RED DEER LODGE
4311 49 AVE
RED DEER, ALBERTA T4N 5Y7
1-800-661-1657
(403) 346-8841

Acct# [REDACTED]
Room# 205
Rate Code
Group ALBE
Room Type CVQQ
Room Rate 99.00

Arrive OCT 30 12 16:32
Depart NOV 01 12

GORDON, DEB

ALBERTA HEALTH SERVICES
10101 SOUTH PORT RD SW
CALGARY AB T2W3N2

Payment MC [REDACTED] Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
OCT 30	ROOM CHARGE			99.00	
OCT 30	G.S.T.			4.95	
OCT 30	TOURISM LEVY			3.96	
OCT 30	DESTINATION MARK FEE			.99	
OCT 31	ROOM CHARGE			99.00	
OCT 31	G.S.T.			4.95	
OCT 31	TOURISM LEVY			3.96	
OCT 31	DESTINATION MARK FEE			.99	
NOV 01	MASTERCARD	THANK YOU			217.80
=====G.S.T.=subtotal:		9.90			
TOURIS subtotal:		7.92	Balance Due:	.00	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy: you may opt-out of having certain personal information collected. G.S.T. #865650352 Direct Bill Signature: _____

*AHS Executive Strategy Session
+ Committee of the Whole Meeting
Red Deer*

October 30 - November 1.

RED DEER LODGE
4311 - 49TH AVENUE
RED DEER, AB T4N5Y7
403-346-8841

MERCHANT ID: 27502760085 TERM ID: 019

FORCE SALE

[REDACTED]
MASTERCARD ENTRY METHOD: MANUAL
11/01/12 06:32:23
INV #: 000004 APPR CODE: 193313
BATCH #: 000072
REF #: 004

AMOUNT \$217.80

I AGREE TO PAY ABOVE TOTAL AMOUNT
IN ACCORDANCE WITH CARD ISSUER'S
AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION
CARDHOLDER COPY
APPROVED

Date 11/05/12
Time 03:34
Page 1

RED DEER LODGE
4311 49 AVE
RED DEER, ALBERTA T4N 5Y7
1-800-661-1657
(403) 346-8841

Acct# [REDACTED]
Room# 576
Rate Code PG
Group
Room Type TNK
Room Rate 99.00

GORDON, DEB

Arrive NOV 04 12 16:33
Depart NOV 05 12

ALBERTA HEALTH SERVICES
10101 SOUTH PORT RD SW
CALGARY AB T2W3N2

Payment MC [REDACTED]

Exp: [REDACTED]

Date	Description	Reference	Room	Charges	Credits
NOV 04	ROOM CHARGE			99.00	
NOV 04	G.S.T.			4.95	
NOV 04	TOURISM LEVY			3.96	
NOV 04	DESTINATION MARK FEE			.99	
=====G.S.T.=subtotal:		4.95			
TOURIS subtotal:		3.96	Balance Due:	108.90	

I agree that my liability for this bill is not waived & agree to be personally responsible if the indicated party fails to pay the charges in part or in full. Privacy Policy: you may opt-out of having certain personal information collected. G.S.T. #865650352 Direct Bill Signature: _____

*Presentation of Clinical Workforce
update to Central Zone
Forum Nov 5th in Red Deer.*

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- 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)

Expense Date From: 4-Nov-12 To 5-Nov-12
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Deb Gordon Position (Title): SVP & Chief Nursing and health Professions Officer

Location: 14th Fl - Seveth Street Plaza Dept: HPSP DOFA Level: 3B (if applicable) Union: _____ Business Phone #: _____ Ext: _____

Employee # (E-People): _____ Employee # (REQUIRED # prior to E-People migration): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	\$155.54						Total Section B	\$155.54	
2B										Total Section C&D		
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$155.54	
				\$155.54								

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: [Signature] Date 26-Nov-12

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): Dr. Chris Eagle DOFA Level _____ Position # _____ Phone # _____ Ext _____

Signature: [Signature] Title President + CEO 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

