

Official Administrator and Executive Expense Report

Name: Deb Gordon
Title VP, Collaborative Practice, Nursing and Health Professions
Location Edmonton
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	P-Card	Meeting	243				243			
Total			\$ 243	\$ -	\$ -	\$ -	\$ 243	\$ -	\$ -	\$ -

Total for the Month \$ 243

Maximum meal expense claimed in the month \$ -
 Maximum daily 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.

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

GORDON, DEB	SENIOR VICE PRESIDENT	Billing Reporting Period:	20/01/2014
Cardholder's Name	Cardholder's Position/Title		
HEALTH PROFESSIONS	SEVENTH STREET PLAZA	Total Statement Amount:	\$242.81
Cardholder's Dept	Cardholder's Site/Location		
DEB.GORDON@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
10/01/2014	339728114	AIR CAN 0142129630375, AIR CANADA	242.81	CAD	242.81	.00	.00	Travel to Calgary for meeting with Official Administrator

✓
ptb

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.

Kim Belrose
Name of Cardholder Designate

Executive Assistant
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

24 Jan 2014
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

SENIOR VICE-PRESIDENT VP, Chief Health Operations Officer, Northern AB.
Cardholder Position/Title

[Signature]
Signature of Cardholder

24 Jan 2014
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.

Susan Best
Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

Jan 27, 2014
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.

Deborah Rhodes
Name of Approver

Acting VP Corp. Services + CFO
Approver Position/Title

[Signature]
Signature of Approver

Jan 28/14
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

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Manage my booking online (view/change my booking; select seats*).

Select Seats

Maple Leaf Lounge | Meal Vouchers | On My Way

Alert me of flight status changes directly to my mobile phone or email.

Flight Arrivals & Departures - check online if my flight is on time.

Check-in online and print my boarding pass.

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8133 ¹	Edmonton, Edmonton Int'l (YEG) Thu 23-Jan 2014 07:00	Calgary (YYC) Thu 23-Jan 2014 07:53	0	0hr53	DH3	Tango, S	
AC8160 ¹	Calgary (YYC) Thu 23-Jan 2014 18:30	Edmonton, Edmonton Int'l (YEG) Thu 23-Jan 2014 19:23	0	0hr53	DH3	Tango, S	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Ms Deborah Ann Gordon : Adult (16+), Ticket Number: 0142129630375

Air Canada -

Aeroplan :

Payment Card:

Seat Selection:

Meal Preference : **None**

Special Needs: **None**

None

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - <u>Tango</u>	69.00
Return Flight - <u>Tango</u>	69.00
<u>Surcharges</u>	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	55.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	11.56
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	242.81
Number of passengers	1
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$242.81

✓ ①

Payment Information

Credit/Debit Card Amount paid: **\$242.81**

The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$242.81 (Airfare - per ticket)