

Official Administrator and Executive Expense Report

Name: Deb Gordon
Title: Vice President and Chief Health Operations Officer, Northern Alberta
Location: Edmonton
 Expenses submitted during the month of February 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)
Feb-14	P-Card	Meeting				120	120			
Total			\$ -	\$ -	\$ -	\$ 120	\$ 120	\$ -	\$ -	\$ -

Total for the Month \$ 120

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

<u>GORDON, DEB</u>	<u>SENIOR VICE PRESIDENT</u>	Billing Reporting Period:	<u>20/02/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>HEALTH PROFESSIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount:	<u>\$120.20</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>DEB.GORDON@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #	<u>[REDACTED]</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
23/01/2014	340832143	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	58.70	CAD	58.70	2.80	✓	Taxi - Meetings in YYC with Official Administrator, UNA and Direct Reports
30/01/2014	341750330	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	61.50	CAD	61.50	2.93	✓	Taxi - Meetings in YYC with Official Administrator, UNA and Direct Reports

✓
PB

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 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>Admin Assistant</u> Cardholder Designate Position/Title	<u>[Signature]</u> Signature of Cardholder Designate
<u>FEB 25 2014</u> Date of Signature		
Cardholder By signing this statement <ul style="list-style-type: none"> 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. 		
<u>GORDON, DEB</u> Name of Cardholder	<u>SENIOR VICE PRESIDENT</u> Cardholder Position/Title	<u>[Signature]</u> Signature of Cardholder
<u>26 FEB 2014</u> Date of Signature		
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Susan Best</u> Name of Approver Designate	<u>Exec Assistant</u> Approver Designate Position/Title	<u>[Signature]</u> Signature of Approver Designate
<u>Feb. 26. 2014</u> Date of Signature		
Approver By signing this statement <ul style="list-style-type: none"> 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. 		
<u>Deborah Rhodes</u> Name of Approver	<u>Acting VP Corp. Serv. + CFO</u> Approver Position/Title	<u>[Signature]</u> Signature of Approver
<u>Feb. 28 / 14</u> Date of Signature		
Submit approved statement with attachments to Accounts Payable.		
Attach: <ul style="list-style-type: none"> 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: <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 Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 		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: _____

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE:MasterCard

CARD: [REDACTED]

EXP [REDACTED]

DATA:SWIPED

TerminalID: [REDACTED]

Transaction Reference

Number : [REDACTED]

DATE:2014/01/23 16:57:20

AUTH: [REDACTED]

IFID: 10088323

INV : [REDACTED]

VEH : [REDACTED]

SET : 841005036

Meter Start Time:

16:16:43

Meter Stop Time:

16:55:19

Distance: 29.7 Km

FARE 1: \$ 49.24
FLAT : \$ 0.00
TAX : \$ 2.46
TOTAL FARE: \$ 51.70
PAYMENT AMOUNT: \$ 51.70
TIP: \$ 7.00

TOTAL PAYMENT: \$ 58.70

Purchase Auth Complete
Cardholder Copy

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/01/23
PICK-UP TIME: 08:09
DROP-OFF TIME: 08:36
TRIP ID: 8
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 54.50
EXTRA (\$): 0.00
SUBTL (\$): 54.50

TIP (\$) 7.00

TOTAL (\$) 61.50

SIGNATURE: [Signature] ✓

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY