

## 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 May 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)
May-14	P-Card	Meeting	726		131	16	873			
<b>Total</b>			\$ 726	\$ -	\$ 131	\$ 16	\$ 873	\$ -	\$ -	\$ -

**Total for the Month** \$ 873

**NOTE:** Airfare booked at the lowest possible fare on the only airline available for travel to High Level, La Crete and Ft Vermillion with Acting CEO

Maximum daily base hotel rate claimed in the month \$ 125  
 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:	20/05/2014
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$873.00
Cardholder's Dept	Cardholder's Site/Location	Last 6 digits of the P-Card #:	
DEB.GORDON@ALBERTAHEALTHSERVICES.CA			
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
02/05/2014		MPARK00020287U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	✓ 18.00	.75	.00	Parking at Day 2 of WEDOC Conference in Edmonton ①
06/05/2014		CMTN AIR 634216344491, AIR CARRIERS, AIRLINES	847.00	CAD	✓ 847.00	37.81		Travel to High Level for Site Tours in La Crete, Vermilion and High Level with Acting CEO ②
06/05/2014		TASF 40005487331, TRAVEL AGENCIES AND TOUR OPERATORS	10.00	CAD	✓ 10.00	.43		Travel Agent Fee - Travel to High Level for Site Tours in La Crete, Vermilion and High Level with Acting CEO ③

**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

Exec Assistant  
Cardholder Designate Position/Title

[Signature]  
Signature of Cardholder Designate

MAY 29 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

[Signature]  
Signature of Cardholder

VP Chief Health Operations Officer, Northern Alberta  
Cardholder Position/Title

MAY 29 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

Exec Assistant  
Approver Designate Position/Title

[Signature]  
Signature of Approver Designate

June 2, 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 Serv. + CFO  
Approver Position/Title

[Signature]  
Signature of Approver

June 3/14  
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
- 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:

1  
PLACE FACE UP ON DASH

Impark Lot [REDACTED]  
Expiration Date/Time

06:00 PM  
MAY 02, 2014

Purchase Date/Time: 06:43am May 02, 2014  
Total Parking: \$15.24  
Total gst: \$0.76  
Total Due: \$16.00  
Total Paid: \$16.00  
Ticket #: [REDACTED]  
S/N #: [REDACTED]  
Setting: Lot [REDACTED]  
Mach Name: Meter [REDACTED]

Rate: \$15 EB - UNTIL 6 PM  
Payment Type: [REDACTED]

Card [REDACTED]

Auth #: [REDACTED]

GST #887316638RT0001  
NO IN AND OUT PRIVILEGES

RECEIPT

Impark Lot 287

Expiration Date/Time: 06:00pm May 02, 2014  
Purchase Date/Time: 06:43am May 02, 2014  
Total Parking: \$15.24  
Total gst: \$0.76  
Total Due: \$16.00  
Total Paid: \$16.00  
Ticket #: [REDACTED]  
Setting: Lot [REDACTED]  
Mach Name: Meter [REDACTED]

Rate: \$15 EB - UNTIL 6 PM  
Payment Type: Card

Card [REDACTED]

Auth #: [REDACTED]

243

Travel to High Level

MARLIN TRAVEL  
O-O PERCY HUNT TRAVELGROUP INC  
MAIN FLOOR, 9929 108TH ST.  
EDMONTON, AB T5K 1G8  
GST Reg#: 885101915  
Branch: N61107  
Agent: TIFFANY ASKE Tel: 780-425-8611

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

Invoice Number: [REDACTED]  
Date: May 6, 2014  
Page: 1/3  
Our Reference: [REDACTED]

for site tours &  
Acting CEO →  
- High Level  
- Lacerte  
- Vermillion.

(To address  
issues at these  
3 Health  
Centres)

## INVOICE

For  
MS DEBORAH GORDON

Thursday, May 29, 2014

✈ Air

CENTRAL MOUNTAIN AIR  
From: EDMONTON INTL AB  
To: HIGH LEVEL  
Stops: 0  
TICKET NUMBER [REDACTED]

Flight: [REDACTED] CLASS  
03:10 PM Equipment: BEH  
04:50 PM

Mile(s) Flown: 393

### Hotel

Check In: 29May2014 12:00 AM  
Check Out: 30May2014 12:00 AM  
HIGH LEVEL  
BEST WESTERN  
PLUS MIRAGE HOTEL  
9616 HIGHWAY 58, HIGH LEVEL  
AB, T0H 1Z0  
CA  
Tel: 7808211000  
Fax: 7808218300  
Confirmation: [REDACTED]

Rooms 1  
1 Nights(s)

[REDACTED]  
Rate: 124.99 CAD per Night  
Guaranteed for late arrival

Friday, May 30, 2014

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

Invoice Number: [REDACTED]  
Date: May 6, 2014  
Page: 2/3  
Our Reference: [REDACTED]

## INVOICE

Friday, May 30, 2014

 Air

CENTRAL MOUNTAIN AIR

From: HIGH LEVEL

To: EDMONTON INTL AB


Stops: 0

TICKET NUMBER [REDACTED]

Flight: [REDACTED] ECONOMY CLASS  
05:15 PM Equipment: BEH  
06:45 PM

Mile(s) Flown: 393

Friday, December 5, 2014

 Tour

BSP TASF

From: HIGH LEVEL

To: HIGH LEVEL

MANAGEMENT FEE

12:00 AM PACKAGE TOUR

12:00 AM

### Cost:

TKT- [REDACTED]

CENTRAL MOUNTAIN AIR [REDACTED]

[REDACTED]

[REDACTED]

✓ 10.00 (3)

822.00

Tax:

25.00

Ticket Total:

✓ 847.00 (2)

### Total:

Grand Total:

857.00

Less Credit Card Payments:

857.00

Credit / Balance Due To This Invoice:

0.00

Total Balance Due:

0.00

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.

CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY  
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

This is the only  
airline that flies  
to High Level  
and the lowest  
available fare at  
the time of booking

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

Invoice Number: [REDACTED]  
Date: May 6, 2014  
Page: 3/3  
Our Reference: [REDACTED]

## INVOICE

24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL  
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT  
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0  
OUR PRIVACY POLICY CAN BE FOUND AT [WWW.MARLINTRAVEL.CA](http://WWW.MARLINTRAVEL.CA).