

Official Administrator and Executive Expense Report

Name: Deb Gordon
Title VP & Chief Health Operations Officer Northern Alberta And VP Collaborative Practice, Nursing and Health Professions (Acting)
Location Edmonton
 Expenses submitted during the month of November 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)
Nov-14	P-Card	Meeting	491		821	263	1,574	944		
Total			\$ 491	\$ -	\$ 821	\$ 263	\$ 1,574	\$ 944	\$ -	\$ -

Total for the Month \$ 2,518

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 353
 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>VICE PRESIDENT & CHIEF</u>	Billing Reporting Period: <u>20/11/2014</u>
Cardholder's Name	Cardholder's Position/Title	
<u>HEALTH OPERATIONS</u>	<u>SEVENTH STREET PLAZA</u>	Total Statement Amount: <u>\$2,517.97</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
20/10/2014	368254195	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	43.47	CAD	43.47	2.07		Taxi to Calgary Airport - Presenter at CAPHC Conference ✓
23/10/2014	368614336	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	65.30	CAD	65.30	3.11	.00	Travel to YYC Airport (CAPHC Conference Presenter) ✓
23/10/2014	368614337	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	27.00	CAD	27.00	1.29	.00	Taxi from Southport to CAPHC Conference (Speaker) ✓
31/10/2014	369713777	AIR CAN, AIR CANADA	425.51	CAD	425.51	.00	.00	Flight to Calgary for the EMS Chief Paramedic Interviews ✓
05/11/2014	370246371	INTER-CONTINENTAL HOTE, INTERCONTINENTAL HOTELS	770.60	USD	903.68	.00	.00	Room booking for CXO Roundtable attendance in SFO. Room booked at conference rate (lowest available) ✓
05/11/2014	370246372	AIR CAN, AIR CANADA	12.60	CAD	12.60	.00	.00	Change to return flight from YYC due to rescheduling of the EMS Chief Paramedic Interviews (unavoidable circumstance with ✓
05/11/2014	370246373	AIR CAN, AIR CANADA	52.50	CAD	52.50	.00	.00	Change to return flight from YYC due to rescheduling of the EMS Chief Paramedic Interviews (unavoidable circumstance with ✓
05/11/2014	370972781	INTER-CONTINENTAL HOTE, INTERCONTINENTAL HOTELS	-75.04	USD	-83.14	.00	.00	Correction to InterContinental Hotel stay (CXO Roundtable) ✓
11/11/2014	370778237	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	65.50	CAD	65.50	3.12	.00	Taxi from airport to Southport - EMS Interviews for Chief Paramedic ✓
13/11/2014	370972780	ALBERTA MEDICAL ASSOCI, ORGANIZATIONS, MEMBERSHIP	943.95	CAD	943.95	44.95		Accelerating Primary Care Conference Registration for Deb Gordon ✓
13/11/2014	371164638	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	61.60	CAD	61.60	2.93	.00	Taxi from Southport to Airport - EMS Interviews for Chief Paramedic ✓

R-11

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>K. Belrose</u> Signature of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title <u>21 NOV 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>[Signature]</u> Signature of Cardholder	<u>VICE PRESIDENT & CHIEF</u> Cardholder Position/Title <u>21-NOV-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. 		
_____ Name of Approver Designate _____ Signature of Approver Designate	_____ Approver Designate Position/Title _____ 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>Deborah Rhodes</u> Signature of Approver	<u>CFO</u> Approver Position/Title <u>Nov-26-14</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: _____

CHECKER-YELLOW CAB
316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

TERMINAL ID: 319 636 026
TRIP ID: [REDACTED]
DRIVER ID: [REDACTED]
TRIP NUMBER: [REDACTED]
PASSENGER: [REDACTED]

10/20/2014
START: 15:22
DISTANCE: 192.00
END: 15:45
RATE: 1

FARE AMOUNT: \$ 37.80

TAX: \$ 5.67

TOTAL: \$ 43.47

MASTER CARD SALE: [REDACTED]
APPROVAL NUMBER: [REDACTED]

PASSENGER COPY

THANK YOU
CHECKER-YELLOW CAB
(403) 299 9999
WWW.THECHECKERGROUP.COM



DATE: 2014/10/20
PICK-UP TIME: 08:00
DROP-OFF TIME: 08:33
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 59.30
EXTRA (\$): 0.00
SUBTTL (\$): 59.30

TIP (\$): 6.00

TOTAL (\$): 65.30

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

DATE: 2014/10/20
PICK UP TIME: 12:19
DROP-OFF TIME: 12:39
TRIP ID: 843557
LOCATION: 073000-45024103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 24.00
EXTRA (\$): 0.00
SUBTTL (\$): 24.00

TIP (\$): 3.00

TOTAL (\$): 27.00

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/06
PICK-UP TIME: 12:17
DROP-OFF TIME: 12:43
TRIP ID: 0
LOCATION: 073000-45024103707
CAR NUMBER: 1428
DRIVER: 428798
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 59.50
EXTRA (\$): 0.00
SUBTTL (\$): 59.50

TIP (\$): 6.00

TOTAL (\$): 65.50

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Kim Belrose

From: Air Canada [confirmation@aircanada.ca]
Sent: Friday, October 31, 2014 6:11 PM
To: Deb Gordon
Subject: Air Canada - 06-Nov: Edmonton - Calgary (booking ref: [REDACTED])

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****



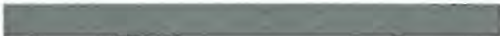
Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Access your personalized Air Canada travel information



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

(4)

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Ms Deborah Ann Gordon
deb.gordon@albertahealthservices.ca
Mobile: [REDACTED]
Home: [REDACTED]
Work: [REDACTED]

Flight to Calgary for EMS Chief Paramedic Interviews

Online Services

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
AC8141 ¹	Edmonton, Edmonton Int'l (YEG) Thu 06-Nov 2014 11:00	Calgary (YYC) Thu 06-Nov 2014 11:52	0	0hr52	DH3	Flex, Q	
AC8856 ¹	Calgary (YYC) Thu 06-Nov 2014 19:00	Edmonton, Edmonton Int'l (YEG) Thu 06-Nov 2014 19:52	0	0hr52	DH3	Flex, W	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Ms Deborah Ann Gordon : Adult (16+), Ticket Number: [REDACTED]
Air Canada - [REDACTED] Meal Preference : **None**
Aeroplan : [REDACTED]
Payment Card: [REDACTED] Special Needs: **None**
Seat Selection: **None**

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - <u>Flex</u>	165.00
Return Flight - <u>Flex</u>	142.00
<u>Surcharges</u>	24.00
Taxes, Fees and Charges	
<u>Canada Airport Improvement Fee</u>	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	20.26
<u>Air Travellers Security Charge (ATSC)</u>	14.25
Total airfare and taxes before options (per passenger)	425.51
Number of passengers	x 1
Total airfare, taxes and options	425.51
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$425.51

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$425.51**
The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$425.51 (Airfare - per ticket)

Ticket number(s) [REDACTED]

enRoute City Guide

Calgary

Calgary grew up fast through successive energy booms, so it still feels a lot like a small prairie town - albeit a small prairie town with more than a million people that's now Western Canada's engine of commerce...



[Read the complete guide](#)

Fare Rules



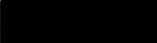
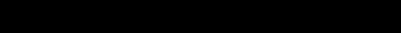
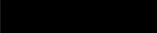
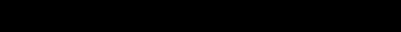
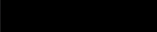
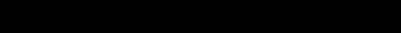
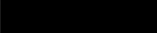
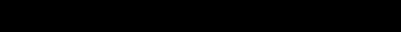

Departing Flight Edmonton (YEG) To Calgary (YYC) - **Flex**
Return Flight Calgary (YYC) To Edmonton (YEG) - **Flex**

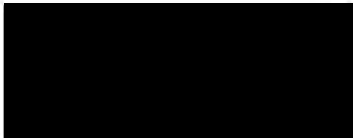

- **Changes:**

INTERCONTINENTAL
MARK HOPKINS SAN FRANCISCO

5 ✓
8

11/05/14

Deb Gordon 	Folio No. :		Room No. :	
	A/R Number :		Arrival :	
	Group Code :		Departure :	
	Company :		Conf. No. :	
	Membership No. :		Rate Code :	
			Page No. :	1 of 1

Date	Description	Charges	Credits
11/03/14	Package Rate	299.00	
11/03/14	Room Tax	48.78	
11/04/14	Package Rate	299.00	
11/04/14	Room Tax	48.78	
11/05/14	Mastercard 		770.60 <i>USD</i>
11/05/14	Mastercard 		-75.04 <i>USD</i>
Total		695.56	695.56
Balance		0.00	<i>USD</i>

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Room booking for CXO Roundtable attendance.

** Room booked at conference rates and were lowest available. (agenda attached)*



INNOVATIONS IN HUMAN EXPERIENCE

Driving Employee and Physician Peak Performance

NOVEMBER 4-5, 2014 | SAN FRANCISCO, CA

Hosts: M. Bridget Duffy, MD, Chief Medical Officer, Vocera and Arnold Milstein, MD, MPH, Professor of Medicine and Director, Stanford Clinical Excellence Research Center

DAY 1 Tuesday, November 4, 2014

8:30 - 10:30 AM	NETWORKING WALK AND INNOVATION TOUR Get to know fellow members and learn about Doctor On Demand.
11:30 - 12:00 PM	CHECK IN AND LUNCH
12:00 - 12:30 PM	THE SCOOP: LEADING TRENDS IN HUMAN EXPERIENCE Bridget Duffy, MD, Chief Medical Officer, Vocera Communications
12:30 - 1:15 PM	INNOVATORS' EXCHANGE
1:15 - 2:00 PM	FUELING SUSTAINABLE HIGH PERFORMANCE Tony Schwartz, President, Founder and CEO, The Energy Project
2:00 - 2:45 PM	INNOVATION SHOWCASE #1—HIGH-TOUCH MODELS TO ENABLE PERFORMANCE <ul style="list-style-type: none">• Reaching the 99th Percentile: Building a Culture of Excellence—Mickey Foster, President, Moses Cone Hospital, EVP, Cone Health• Population Management for Employees: Breaking the HR Mold - Vic Buzachero, Senior Vice President for Innovation, Human Resources and Performance Management, Scripps Health
2:45- 3:15 PM	BREATHE, RELAX, RESTORE
3:15 - 4:00 PM	MAVERICK PANEL—PHYSICIANS BEHAVING BOLDLY <ul style="list-style-type: none">• Penny Wheeler, MD, President and Chief Clinical Officer, Allina Health System• Val Ulstad, MD, MPH, MPA, CEO, Partners at Cascade Bluff
4:00 - 4:45 PM	TRANSFORMING SYSTEM CULTURE David T. Feinberg, MD, MBA, CEO, UCLA Health
4:45 - 5:00 PM	CLOSING THOUGHTS DAY 1
5:30 - 7:30 PM	INNOVATION, NETWORKING, AND DINNER Google[x] Innovation Space, featuring Augmedix

DAY 2 Wednesday, November 5, 2014

7:15 – 8:00 AM	<p>GUIDED MEDITATION</p> <p>Meet in the lobby of the Mark Hopkins at 7:15am and walk to Grace Cathedral for a brief meditation to center your mind and set your intention for an optimal experience.</p>
8:00 - 8:30 AM	CONSUMPTION AND CAFFEINATION
8:30 – 9:00 AM	<p>OPENING THOUGHTS AND PEARLS OF WISDOM FROM DAY 1</p> <p>Bridget Duffy, MD</p>
9:00 – 10:00 AM	<p>INNOVATION SHOWCASE #2— HIGH TECH SOLUTIONS THAT BREAK DOWN BARRIERS</p> <ul style="list-style-type: none"> • Experience Through the Eyes of the Physician - Davin Lundquist, MD, CMIO, Dignity Health, and Ian Shakil, Founder, Augmedix • The Cure for Common Healthcare – Rusty Hofmann, MD, Co-Founder, Grand Rounds Health
10:00 – 10:30 PM	(RE)CAFFEINATE
10:30 – 11:00 AM	<p>PUTTING SCIENCE BEHIND THE HUMAN EXPERIENCE</p> <ul style="list-style-type: none"> • Edmund Becker, PhD, Emory University • Melora Simon, MPH, and Julie Murphy, MSc, Clinical Excellence Research Center
11:00- 11:45 AM	<p>HARDWIRING THE TEN COMMANDMENTS: CHISLEING VALUES INTO STONE</p> <p>Ronald A. Paulus, MD, President and CEO, Mission Health</p>
11:45 – 12:00 PM	<p>CLOSING – RESTORING JOY TO HEALTHCARE</p> <p>Bridget Duffy, MD</p>
1:30 – 3:00 PM	<p>OPTIONAL POST-CONFERENCE ACTIVITY</p> <p>Open House at the Experience Innovation Network Office One Embarcadero Center, Suite 1310 (Drinks and light hors d'oeuvres served – partners/families welcome) Meet in the lobby of the Mark Hopkins at 1:15 to walk down together</p>

About the Experience Innovation Network

Vocera's Experience Innovation Network works in partnership with Stanford Clinical Excellence Research Center to foster adoption of solutions that revolutionize healthcare experience and outcomes. Founded by Dr. Bridget Duffy, the first Chief Experience Officer in the nation, this network of healthcare pioneers is accelerating the discovery and adoption of innovations that restore the human connection in healthcare that ultimately improves clinical outcomes, increases patient and staff satisfaction, drives physician loyalty, and creates market differentiation in an uncertain healthcare environment.

For more information, please visit www.vocera.com/EIN and follow-us on Twitter at @EINHealth.

Please print and bring this ticket with you.

 364561461460862915001	Event: <h1>November CXO Roundtable</h1>		
	Date/Time: Tuesday, November 4, 2014 at 12:00 PM - Wednesday, November 5, 2014 at 1:00 PM (PST)	Location: InterContinental Mark Hopkins 999 California Street San Francisco CA	Payment Status: Free Order
	Order info: Order XXXXXXXXXX Ordered by Deb Gordon on October 27, 2014 9:20 AM		
	Type: CXO Roundtable Attendee		

Please print and bring your tickets to the event entrance.



Do you organize events?

Start selling in minutes with Eventbrite!
www.eventbrite.com

Kim Belrose

From: Air Canada [confirmation@aircanada.ca]
Sent: Wednesday, November 05, 2014 10:15 AM
To: Deb Gordon
Subject: Air Canada - 06-Nov: Edmonton - Calgary (booking ref: [REDACTED]) - booking modified

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****



Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Scan this barcode to check in at any Air Canada check in kiosk.



Access your personalized Air Canada travel information



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:

Ms Deborah Gordon
deb.gordon@albertahealthservices.ca
Mobile: [REDACTED]
Home: [REDACTED]
Work: [REDACTED]

Change to return flight due to rescheduling of EMS Chief Paramedic interviews

Online Services

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.

Later in the day due to unavoidable circumstances (one essential panel Member).

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8141 ¹	Edmonton, Edmonton Int'l (YEG) Thu 06-Nov 2014 11:00	Calgary (YYC) Thu 06-Nov 2014 11:52	0	0hr52	DH3	Flex, Q	
AC8369 ¹	Calgary (YYC) Thu 06-Nov 2014 20:55	Edmonton, Edmonton Int'l (YEG) Thu 06-Nov 2014 21:47	0	0hr52	DH3	Flex, V	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Ms Deborah Gordon : Adult (16+), Ticket Number: [REDACTED]	
Air Canada - Aeroplane :	[REDACTED] Meal Preference : Regular
Payment Card:	[REDACTED] Special Needs: None
Seat Selection:	AC8141 5C , AC8369 5F

Additional charges and/or refund summary

	<u>Additional charges</u>
Passenger Type	<u>Adult</u>
Air Transportation Charges	
Airfare (includes Surcharges)	12.00 (6)
Taxes, Fees and Charges	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	<u>0.60</u>
Total Additional Fare	12.60
Extra Charges (Change Fee)	
Change Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	2.50
Total Extra Charge (Change Fee)	52.50 (7)
Number of passengers	<u>x 1</u>
Total airfare, taxes and options	65.10
Grand Total - Canadian dollars	\$65.10

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$65.10**

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

Air Canada: \$12.60 (Airfare)

Air Canada: \$52.50 (Change Fee per ticket)

Ticket number(s) [REDACTED]

enRoute City Guide

Calgary

Calgary grew up fast through successive energy booms, so it still feels a lot like a small prairie town - albeit a small prairie town with more than a million people that's now Western Canada's engine of commerce...



[Read the complete guide](#)

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - **Flex**

Return Flight Calgary (YYC) To Edmonton (YEG) - **Flex**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours

2014 Accelerating Primary Care Conference
 C/O Primary Care Networks Program Management Office
 12315 Stony Plain Road NW
 Edmonton AB T5N 3Y8
 Phone: 780-488-4350
 Toll free: 1-866-714-5724
 Fax: 780-451-5074

Receipt

Receipt Number: [REDACTED]

Registration ID: [REDACTED]

Registration Date: 11/13/2014

Receipt Date: 11/13/2014

Issued By: [REDACTED]

GST# 122083538 RT0001

Event: 2014 Accelerating Primary Care Conference

Date/Time: Sunday, November 23, 2014 3:00 PM - Wednesday, November 26, 2014 4:00 PM (Mountain Time)

Registrants

Name	Registration ID	Company/Organization	Registrant Type
<u>Deb Gordon</u>	[REDACTED]	Alberta Health Services	Full Registration

Billing Information

Deb Gordon
 Alberta Health Services



deb.gordon@albertahealthservices.ca



Fees

Fee	Quantity	Unit Price	Amount
Fee			
Full Day Early Copy Event Fee	1	CDN\$899.00	CDN\$899.00
Subtotal:			CDN\$899.00
GST:			CDN\$44.95
Total:			CDN\$943.95

Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	11/13/2014	CDN\$943.95	CDN\$943.95
Online Credit Card Payment [REDACTED] Details	11/13/2014	CDN\$943.95	CDN\$0.00
Current Balance:			CDN\$0.00

Payment Method**Payment Method:** Credit Card (MasterCard)

The online credit card payment for this event will be listed on your credit card statement with the name [\[REDACTED\]](#)

Refund Information

Cancellations must be made in writing to Hailey Riendeau at [\[REDACTED\]](#). Cancellations made before October 23rd will be charged a cancellation fee of \$125.00. Cancellations after this date will not be refunded.

ASSOCIATED CAB ALTA LTD
337 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/11/06
PICK UP TIME: 19:38
DROP-OFF TIME: 20:01
TRIP ID: 13304
LOCATION: 073000-45024103707
CAR NUMBER: 0588
DRIVER: 312142
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 54.60
EXTRA (\$): 0.00
SUBTTL (\$): 54.60

TIP (\$): 7.00

TOTAL (\$): 61.60

(11)

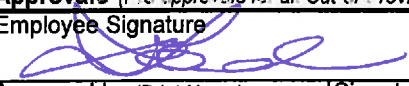

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services [Travel Policy](#)
- Pre-Approval form MUST be attached to the actual expense claim

Employee Information					
First Name Deb		Last Name Gordon		Employee Number	
Phone Number			Reports To Vickie Kaminski		
Department Health Operations			Office Location SSP, Edmonton		
Travel Details					
Purpose of Trip Attend CXO Roundtable Conference - Innovations in Human Experience					
Destination San Francisco		From 4-Nov-2014		To 5-Nov-2014	
Finance Coding / Accounting Distribution					
Corp/BU/Org 101	Location / Site 0006		Functional Centre / Primary 71110100014		
Project Coding					
Project	Task	Expense Type		Expense Org	
Estimate of Expenses					
Category		Description			Amount
Accommodation Charge		Hotel Accommodation (Conference Rate - \$299/night+tax) - 700 USD\$			\$820.54
Meals					
Registration		Complimentary Registration			\$0.00
Airfare		Airfare to San Francisco - CAD\$			\$406.31
Taxi/Rental Car/Fuel/Parking/Bus/LRT					
Other Expenses (please specify)					
		Currency <input checked="" type="checkbox"/> Cdn <input type="checkbox"/> USD <input type="checkbox"/> OTHER			\$1,226.85
Total Estimated Travel Costs		*Bank of Canada Currency Converter		Exchange Rate	\$0.00 Cdn\$ \$1,226.85
*Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate					
Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table) authorization table					
Employee Signature 			Date (dd-Mon-yyyy) 22 Nov 2015		Phone Number
Approved by (Print Name) Vickie Kaminski		Signature 		Date (dd-Mon-yyyy) Jan. 8, 2015	Phone Number
Title President & CEO				Position Number	DOFA Level
Approved by (Print Name)		Signature		Date (dd-Mon-yyyy)	Phone Number
Title				Position Number	DOFA Level

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.