

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 December 2014

							Travel (1)									
Date	Source Document	Purpose	Aii	fare	IV	/leals	Accommoda	tion	Othe Trave		otal avel	Develo	ssional opment 2)	Se Hos	orking essions ting and spitality (3)	Other (4)	
Dec-1	4 P-Card	Meeting		404							404						
Total			\$	404	\$	-	\$	-	\$	-	\$ 404	\$	-	. \$	-	\$	_

Total for

the Month \$ 404

Maximum daily single meal expense claimed in the month \$ - Maximum daily base 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

P-Card details Online ® Cardholder Statement Report

 Cardholder AND Approver's 	ed receipts and supporting documents in the s signatures required where indicated below		
GORDON, DEB	VICE PRESIDENT & CHIEF		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/12/2014
HEALTH OPERATIONS	SEVENTH STREET PLAZA		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$403.46
DEB.GORDON@ALBERTAHEAL	THSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #	

Statement o	of Transact	one	nt e esq			1 1 N 10"		the state of the s
Transaction Date			Trans Original Amount	Trans Amount	GST	FreighDescription		
28/11/2014	372800761	AIR CAI	AIR CANADA	403,46	CAD	403,46	.00,	.00Attendance at AB Clinical Pathways Steering Committee Meeting (Executive Lead/Co- chair)

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RUN DATE: 01/22/2015

RUN DATE: 01/22/2015

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Signatures (1) The second of the second	with the second of the second	· · · · · · · · · · · · · · · · · · ·								
Cardholder Designate (If Applicable) By signing this statement										
 I hereby certify that I have reviewed and recond Program User Gulde and Training. I have allocated 	iled this statement in BMO Online to the best of my ability ated the transaction(s) to the proper cost centre.	in accordance to AHS Corporate Policies.								
Name of Cardholder Designate	Executive Assi Cardholder Designate Position/Title	estant								
Kall of Cardiologi Designate	Cardnolder Designate Position/Title									
Signature of Cardholder Designate	Date of Signature									
Cardholder By signing this statement										
 I attest that I have read and understand the "Tra expenses being claimed are in compliance with 	avel, Hospitality and Working Session Expense Policy (112 such policy.	2)" of Alberta Health Services and confirm								
 I attest the expenses enclosed in this claim are claimed by me or on my behalf from Alberta He charged is attached. 	for valid business purposes for Alberta Health Services an alth Services or any other Organization. A personal cheque	d that this claim has not been previously a for any personal expenses inadvertently								
provided.	ve been incurred by using a cost effective method, otherw									
GORDON, DEB	VICE PRESIDENT & CHIEF / CPA	WELTHERN AS								
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elignature of Cardholder	Date of Signature									
Approver Designate (If Applicable) By signing this statement										
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 I attest the expenses enclosed in this claim are claimed by the claimant or on their behalf from A charged has been obtained. 	or valid business purposes for Alberta Health Services an Alberta Health Services or any other Organization. A perso	d that this claim has not been previously nal cheque for personal expenses inadvertently								
 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 ASSis Approver Designate Position/Title	tant								
Name of Approver Designate	Approver Designate Position/Title									
Signature of Approver Designate	Date of Signature	-								
Approver By signing this statement	•									
 I attest that I have read and understand the "Tra expenses being claimed are in compliance with 	vel, Hospitality and Working Session Expense Policy (112) such policy.	2)" of Alberta Health Services and confirm								
 I attest the expenses enclosed in this claim are f claimed by the claimant or on their behalf from A charged has been obtained. 	or valid business purposes for Alberta Health Services and Iberta Health Services or any other Organization. A person	d that this claim has not been previously nal cheque for personal expenses inadvertently								
 I attest that expenses submitted in this claim has provided. 	e been incurred by using a cost effective method, otherwine	se rationale and supporting analysis is								
Deborah Rhodes Name of Approver Deborah Rhodes	PCorp. Services	4CFO								
Dehosah Rhodas	Jan . 27/15									
Signature of Approver	Date of Signature									
Submit approved statement with attachments to Acc	ounts Payable:									
Attach: Original (or scanned) itemized receipts with docum- where required	ented business reasons including names of participants	Address: Alberta Health Services								
Signed Cardholder Statement Report (or copies of And where applicable:	electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza								
 Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Service 	os"	10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4								
 Return, refund and/or credit receipts Disputes letter 										
 Business reasons for travel require detailed descrip meal), why travel was necessary and detailed expla 										
Accounts Payable only:		dhi.								
Reference #:	Reviewed by:	Date:								

Your booking is confirmed. Booking reference:

An email booking confirmation has been sent to: deb.gordon@aipertaneaithservices.ca. Use your booking reference to retrieve your official Itinerary/Receipt at aircanada.com.

Passengers Ms Deborah Ann G	ordon			Airfare	310.00
Flight From	Tc	Departure	Arrival	Options Taxes, fees and charges	0.00
AC8133 Edmonton (YEG)	Calgary (YYC)	07:00 Wed 03-Dec 2014	07:53	charges	93.46
AC8172 Calgary (YYC)	Edmonton (YEG)	18:30 Wed 03-Dec 2014	19:25	Travel Insurance	Purchase travel Insurance
B B 5-5 00-11,€	W.	1720 05 500 2014	Wed 03-Dec 2014	Grand Total Canadian dollars	\$403.46

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



Afferdance @

Booking Information

Booking Reference:

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

Main Contact: Ms Deborah Ann Gordon deb ervices.ca Mot Hor

Customer Care

Air Canada 1-888-247-2262

Flight Arrivals and Departures 1-888-422-7533

Flight Itinerary

Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal	-	#	•
AC8133 ¹	Edmonton, Edmonton Int'l (YEG) Wed 03-Dec 2014 07:00	Calgary (YYC) Wed 03-Dec 2014 07:53	0	0hr53	DH4	Flex, W				
AC8172 ¹	Calgary (YYC) Wed 03-Dec 2014 18:30	Edmonton, Edmonton Int'l (YEG) Wed 03-Dec 2014 19:25	0	0hr55	DH3	Flex, V				

Operated by:

1 Air Canada Express - Jazz

Passenger Information

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

Air Canada - Aeropla Payment Card: Seat Selection:

Meal Preference: Special Needs:

None

Purchase Summary

Fare Summary

Total charge for 1 adult

Air Transportation Charges

Departing Flight (Flex) (including surcharges) 144.00

Return Flight (Flex)

166.00

11/28/2014

aircanada.com - Flights - Booking Confirmation

(including surcharges)

Options 0.00 Taxes, Fees and Charges 93.46 Total Airfare Charge 403.46 Travel Insurance (declined) 0.00

Grand Total - Canadian dollars \$403.46

Payment Information

Credit/Debit Ca mount paid: \$403.46

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

Air Canada: \$403.46 (Airfare - per ticket)

Ticket number(s)

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 prior
- Same-day confirmed changes at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only
- o Same-day standby is available only to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

· Cancellations:

- · Tickets are non-refundable and non-transferable.
- o Cancellations can be made up to 45 minutes prior to departure.
- o Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- o Customers who no-show their flight will forfeit the fare paid.
- Complimentary advance standard seat selection on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a new ticket, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- · Read complete fare rules applicable to this fare.

Baggage Allowance and Fees

Prepare your checked and carry-on baggage with the help of our Baggage Guide .

Carry-on Baggage

On your Air Canada, Air Canada Express, or Air Canada rouge-operated flight, you are entitled to 1 standard item (max. size: 23 x 40 x 55 cm [9 x 15,5 x 21,5 in]) and 1 personal item (max. size: 16 x 33 x 43 cm [6 x 13 x 17 in]). Maximum weight for each item is 10 kg (22 lb). View more details.

Checked Baggage

Please see below for details on the bags you plan to check in at the baggage counter.

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

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

Regular Baggage Allowance

1st bag: Complimentary

2nd bag: \$25.00 CAD + taxes* per direction

Max. weight per bag: 23 kg (50 lb) Max. linear dimensions per bag: 158 cm (62 in)

* For travel within Canada or between Canada and the United States, a Canadian tax of \$3.00 CAD may apply to 1st and 2nd bag fees. For travel between Canada or the United States and Mexico, the Dominican Republic and Barbados, an applicable local sales tax of \$4.00 CAD may apply to the 2nd bag fee. For all other Itineraries to/from Mexico, the Dominican Republic and Barbados as well as Itineraries to/from South