

## AHS Board and Executive Expense Report

**Name** Deb Gordon  
**Title** VP & Chief Health Operations Officer Northern Alberta  
**Location** Edmonton  
 Expenses submitted during the month of February 2018

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-18	P-Card	Meetings			145	110	255			
Feb-18	Expense Claim	Meetings		154			154			
Feb-18	Direct Billing	Meetings	973				973			
<b>Total</b>			\$ 973	\$ 154	\$ 145	\$ 110	\$ 1,382	\$ -	\$ -	\$ -

**Total for the Month**      \$      1,382

Maximum daily single meal expense claimed in the month      \$      24  
 Maximum daily base hotel rate claimed in the month      \$      139  
 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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

## AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
GORDON, DEBORAH A	VP & Chief Health Operations Officer Northern Alberta	Edmonton	\$ 254.64									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
1/30/2018	Connect Care Training	AB - Other Zones	Taxi	\$ 56.93	YYC Airport	Hotel	Connect Care Training	1				
2/1/2018	Connect Care Training	AB - Other Zones	Taxi	\$ 53.15	Southport Tower	YYC Airport	Connect Care Training	1				
2/8/2018	Fort MacMurray Hospital Tour and Foundation Breakfast	AB - North Zone	Accommodations	\$ 144.56			Fort MacMurray Hospital Tour and Foundation Breakfast	1				
Approver(s) for the claim		Approval Status	Approval Date									
YIU, VERNA		Approve	28-Feb-18									

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#569

**SALE**

MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch # [REDACTED] SEQ. [REDACTED]  
02/01/18 16:27:18  
APPR CODE: [REDACTED]  
MASTERCARD [REDACTED]  
[REDACTED]

AMOUNT \$53.15  
TIP \$0.00  
TOTAL \$53.15

00 - APPROVED - 001

SIGNATURE NOT REQUIRED

MasterCard

[REDACTED] *Card*

CARDHOLDER ACKNOWLEDGES RECEIPT  
OF GOODS AND/OR SERVICES IN THE  
AMOUNT OF THE TOTAL SHOWN ABOVE

THANK YOU

MERCHANT COPY

ASSOCIATED CAB  
ALLIED LIMOUSIN  
307-41 AVENUE NE  
CALGARY AB T2E 2N4  
(403) 299-1111  
CAR#1069

**SALE**

MID: [REDACTED]  
TID: [REDACTED] REF#: [REDACTED]  
Batch # [REDACTED] SEQ. [REDACTED]  
01/30/18 21:34:42  
APPR CODE: [REDACTED]  
MASTERCARD [REDACTED]  
[REDACTED]

AMOUNT \$49.50  
TIP \$7.43  
TOTAL \$56.93

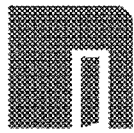
00 - APPROVED - 001

MasterCard

[REDACTED]

THANK YOU *Card*

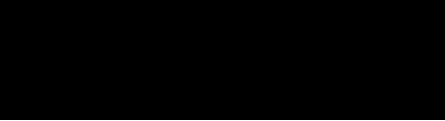
CUSTOMER COPY



# Merit

## Hotel & Suites

**MS Deborah Gordon**



Guest Name:  
 Company Name: Alberta Health Services  
 Group Name:  
 G.S.T: 84970 2444 RT0014

**INVOICE**

Room No. [Redacted]  
 Arrival : 02-07-18  
 Departure : 02-08-18  
 Folio No. [Redacted]  
 Conf. No. [Redacted]  
 Cashier No. [Redacted]  
 PO# :  
 Job# :  
 Cost Center# :

Date	Description	Charges	Credits
02-07-18	Room Charge	139.00	
02-07-18	Tourism Levy 4%	5.56	
02-08-18	MasterCard [Redacted]		144.56

<b>Total Charges</b>	144.56	
<b>Total Credits</b>		144.56
<b>Balance</b>		<b>0.00</b>

*P Card*

**Guest Signature**

I have received the goods and/or services in the amount shown hereon. 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 association 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.

Thank you for staying with us !

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
GORDON, DEBORAH A	VP & Chief Health Operations Officer Northern Alberta	Edmonton	\$ 154.00								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/30/2018	Connect Care Training	AB - Other Zones	Meals Per Diem	\$ 24.00			Connect Care Training Dinner \$24.00	1			
1/31/2018	Connect Care Training	AB - Other Zones	Meals Per Diem	\$ 34.50			Connect Care Training Bfast \$10.50 Dinner \$24.00	1			
2/1/2018	Connect Care Training	AB - Other Zones	Meals Per Diem	\$ 34.50			Connect Care Training Bfast \$10.50 Dinner \$24.00	1			
2/7/2018	Fort MacMurray Hospital Tour and Foundation Breakfast	AB - North Zone	Meals Per Diem	\$ 24.00			Fort MacMurray Hospital Tour and Foundation Breakfast Dinner \$24.00	1			
2/8/2018	Fort MacMurray Hospital Tour and Foundation Breakfast	AB - North Zone	Meals Per Diem	\$ 37.00			Fort MacMurray Hospital Tour and Foundation Breakfast Lunch \$13.00 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		28-Feb-18							

## Expense Report Direct Bill Summary

**Purpose of This Form:**

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.


**Expenses Paid Directly to Third Party Vendors:**

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

### Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

<b>Name :</b> Deb Gordon	<b>Reporting Period for the Month of :</b> Jan-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Jan-2018	Direct Billing	Airline Ticket	Travel to Calgary - Connect Care Senior Leader Training	Marlin Travel	465.66
26-Jan-2018	Direct Billing	Airline Ticket	Travel to Fort McMurray - Tour and Foundation Breakfast	Marlin Travel	506.96
					-
					-
			 APPROVED: Deb Gordon VP and CHGO. Northern Alberta	<b>MAR 14 2018</b>	-
<b>Total Paid in the Month</b>					<b>\$ 972.62</b>



**Invoice**

ALBERTA HEALTH SERVICES SUITE 800, NORTH TOWER 10030-107 ST EDMONTON, AB T5J 3E4 CANADA	Trip #: [REDACTED] Booking Date: 07 Mar 18 Client: [REDACTED] Agent: [REDACTED]
File Locator:	

**PASSENGERS:** MS. DEBORAH GORDON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket: [REDACTED]	390.70	0.00	\$0.00	74.96	0.00	465.66 CAD
<b>Total:</b>	<b>390.70</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>465.66 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/07/2018	AHS	[REDACTED]	465.66 CAD
Total Payment:					465.66 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

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

Trip #: [REDACTED]  
Booking Date: 07 Mar 18  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator:

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
DEBORAH GORDON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: DEBORAH GORDON		Booking Date: 07 Mar 18				
		File Locator/Ticket #: [REDACTED]				
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	8157	EDMONTON INTL		CALGARY INTL	/	
		30 Jan 18 7:45PM		30 Jan 18 8:46PM		
AIR CANADA	8225	CALGARY INTL		EDMONTON INTL	/	
		01 Feb 18 6:20PM		01 Feb 18 7:12PM		





Invoice

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #:
Booking Date: 26 Jan 18
Client:
Agent:

File Locator:

PASSENGERS: MS DEBORAH GORDON

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket #, 422.00, 0.00, \$0.00, 84.96, 0.00, 506.96 CAD. Row 2: Total: 422.00, 0.00, 0.00, 84.96, 0.00, 506.96 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [Redacted], 1/24/2018, [Redacted], [Redacted], 506.96 CAD. Row 2: Total Payment: 506.96 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL WILDFIRE RECOVERAY EMPLOYEES

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000
UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
\*\*\*\*\* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 \*\*\*\*\* \*\*PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES  
ALBERTA HEALTH SERVICES  
10030 - 107 STREET  
EDMONTON AB  
T5J 3E4

Trip #: [REDACTED]  
Booking Date: 26 Jan 18  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

### MY ITINERARY

Passengers	Citizenship	Required Travel Documents
DEBORAH GORDON	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: DEBORAH GORDON

Booking Date: 24 Jan 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08388	EDMONTON INTL 07 Feb 18 6:35PM		FT. MCMURRAY 07 Feb 18 7:49PM	T/	
AIR CANADA	08389	FT. MCMURRAY 08 Feb 18 8:15PM		EDMONTON INTL 08 Feb 18 9:30PM	S/	