

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 April 2018

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Apr-18	P-Card	Meetings			345	166	511			
Apr-18	Direct Billing	Meetings	862				862			
Total			\$ 862	\$ -	\$ 345	\$ 166	\$ 1,373	\$ -	\$ -	\$ -

**Total for
the Month** \$ 1,373

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 154
 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	\$ 510.54								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/20/2018	Senior Leaders Meeting in Calgary	AB - Other Zones	Accommodations	\$ 199.09			Senior Leaders Meeting in Calgary	1			
3/20/2018	Senior Leaders Meeting in Calgary	AB - Other Zones	Accommodations	\$ (26.20)			Senior Leaders Meeting in Calgary	1			
4/5/2018	UAH/Stollery Blanket Exercise Meeting	AB - Local	Parking - Lot or Parkade	\$ 9.00			UAH/Stollery Blanket Exercise Meeting	1			
4/19/2018	New Edmonton Hospital: Data Presentation for ESC	AB - Local	Parking - Lot or Parkade	\$ 12.00			New Edmonton Hospital: Data Presentation for ESC	1			
4/20/2018	Delmarie Sadoway's Retirement Celebration	AB - Local	Parking - Lot or Parkade	\$ 9.00			Delmarie Sadoway's Retirement Celebration	1			
4/25/2018	AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	AB - Other Zones	Taxi	\$ 57.62	Calgary Airport	10101 Southport Road SW Calgary	AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	1			
4/26/2018	AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	AB - Local	Parking - Lot or Parkade	\$ 25.00			AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	1			
4/26/2018	AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	AB - Other Zones	Accommodations	\$ 171.44			AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	1			
4/26/2018	AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	AB - Other Zones	Taxi	\$ 53.59	Southport Atrium - 10101 Southport Road SW Calgary	Calgary Airport	AHS Board Meeting - System Flow - EMS/ED/90/90 Initiative in Calgary	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		5-Jul-18							



**MARRIOTT
CALGARY AIRPORT
IN-TERMINAL HOTEL**

**Calgary Airport Marriott In-Terminal Hotel
2008 Airport Road NE Calgary, Alberta, Canada T2E 3B9
Telephone: (403) 717-0522 Fax: (587) 232-0600**

Alberta Health Services
Deb Gordon

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 03-19-18
Departure: 03-20-18

Group: AB Health Services, [REDACTED]

Date	Description	Additional Information	Charges	Credits
03-19-18	Room Charge		154.00	
03-19-18	Rooms Destination Market Fee		4.62	
03-19-18	Rooms Tourism Levy		6.34	
03-19-18	Room GST		7.93	
03-20-18	Master Card	[REDACTED]		199.09
03-20-18	Master Card	Refund [REDACTED]		-26.20

GST Summary	
Reg No: 741907497 RT0001	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

Missing Receipt Attestation

Date of Expense: 4/5/2018

Vendor Name: UA U-Park Lot

Vendor Address: 11613 – 87 Avenue Edmonton

Expense Amount: \$9.00

Expense Details: Parking Receipt - UAH/Stollery Blanket Exercise – Lister Centre


Circumstances as to why the receipt is missing:

Misplaced receipt

I confirm that I have taken reasonable steps to obtain a copy of the original receipt.

I attest that this expense was incurred and relates to AHS business

I attest that this expense has not been claimed previously

Claimant Name	
Deb Gordon	
Position / Title	Site / Location
VP & Chief Health Operations Officer, Northern Alberta	14th Floor, 10030 – 7 Street Plaza, North Tower Edmonton, AB
Signature	Date
	6/20/2018

ATB PLACE
GST:887315638R1001
RECEIPT C1

IN: 19.04.18 06:28
PAY: 19.04.18 08:20
AMOUNT: \$ 12.00

Apr 19 2018 08:19 am

TRANSACTION
RECORD

Card Number: 


Card Entry : CHIP

Trans Type : PURCHASE

Amount : \$12.00

Auth # : 

Sequence # : 

Term ID : 


Date : 18/04/19

Time : 08:19:10

APPROVED

BY ENTERING A VERIFIED
PIN, CARDHOLDER
AGREES TO PAY ISSUER
SUCH TOTAL IN
ACCORDANCE WITH ISSUERS
AGREEMENT WITH
CARDHOLDER

Application Label:

MasterCard


*** CUSTOMER
COPY ***

Thank you for
Visiting!

Missing Receipt Attestation

Date of Expense: 4/20/2018

Vendor Name: UA U-Park Lot

Vendor Address: UofA Faculty Club – 11435 Saskatchewan Dr. Edmonton

Expense Amount: \$9.00

Expense Details: Parking Receipt - Del Sadoway's Retirement Celebration


Circumstances as to why the receipt is missing:

Machine did not provide receipt

I confirm that I have taken reasonable steps to obtain a copy of the original receipt.

I attest that this expense was incurred and relates to AHS business

I attest that this expense has not been claimed previously

Claimant Name	
Deb Gordon	
Position / Title	Site / Location
VP & Chief Health Operations Officer, Northern Alberta	14th Floor, 10030 – 7 Street Plaza, North Tower Edmonton, AB
Signature	Date
	6/20/2018

ST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA3%

P2 South 2 26/04/18 16:34
Receipt [REDACTED]

Short-term parking tkt
PL - No. 002697
25/04/18 18:37
26/04/18 16:34
Period 1d3h0'

(Tax) \$25.00
Total \$25.00

Payment Received
[REDACTED] \$25.00

Merch [REDACTED]
Auth: [REDACTED]
Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

ASSOCIATED CAB
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#1547

SALE

MID [REDACTED] REF# [REDACTED]
TID [REDACTED] SEQ: [REDACTED]
Batch #: [REDACTED] 14:29:18
04/26/18
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$46.60
TIP \$6.99
TOTAL \$53.59

00 - APPROVED - 001

MasterCard
[REDACTED]

Thank You

CUSTOMER COPY

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#556

SALE

MID [REDACTED] REF# [REDACTED]
TID [REDACTED] SEQ: [REDACTED]
Batch #: [REDACTED] 21:41:50
04/26/18
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$50.10
TIP \$7.52
TOTAL \$57.62

00 - APPROVED - 001

MasterCard
[REDACTED]

THANK YOU




CUSTOMER COPY




DELTA
CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Ab Health Services
Ms Deborah Gordon

Room: 
Folio: 
Cashier: 
Arrival: 04-25-18
Departure: 04-26-18

Date	Description	Additional Information	Charges	Credits
04-25-18	Room Charge		154.00	
04-25-18	DMF		4.02	
04-25-18	Tourism Levy		5.52	
04-25-18	Rooms - GST		7.90	
04-26-18	Master Card			171.44

GST Summary	
Registration No: 895126332	
Room	7.90
F&B	0.00
Other	9.54
Total	17.44

Total	171.44	171.44
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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

Name : Deb Gordon	Reporting Period for the Month of : March - April 2018
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Mar-2018	Direct Billing	Airline Ticket	Air travel from Edmonton to Calgary on March 19, 2018 to attend March 20 AHS Senior Leaders Meeting in Calgary. Return flight Calgary to Edmonton on March 20, 2018.	Marlin Travel	221.98
12-Apr-2018	Direct Billing	Airline Ticket	Air travel booked for April 10, 2018 from Edmonton to Calgary & return, for a meeting on April 11 which was later cancelled. Full amount of \$492.26 used as credit toward April 25-26 trip outlined below.	Marlin Travel	492.26
24-Apr-2018	Direct Billing	Airline Ticket	Air travel from Edmonton to Calgary on April 25, 2018 to attend AHS Board Meeting on April 26th (Guest Presentation). Return flight from Calgary to Edmonton on April 26, 2018.	Marlin Travel	148.20
Total Paid in the Month					\$ 862.44

Signed: 
 Deb Gordon, VP & Chief Health Operations Officer, Northern AB

JUL 13 2018



A DIRECT TRAVEL COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 27 Mar 18 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS DEBORAH GORDON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket: [REDACTED]	174.00	0.00	\$0.00	37.48	0.00	211.48 CAD
AIR CANADA Ticket: [REDACTED]	10.00	0.50	\$0.00	0.00	0.00	10.50 CAD
Total:	184.00	0.50	0.00	37.48	0.00	221.98 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/16/2018		[REDACTED]	211.48 CAD
		03/27/2018	AHS	[REDACTED]	10.50 CAD
Total Payment:					221.98 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.50 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SENIOUR LEADERS MEETING
On March 20, 2018

***** 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 -----

---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 27 Mar 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: 27 Mar 18
File Locator/Ticket #: [REDACTED]

From: EDMONTON INTL
To: CALGARY INTL
Departing on: 19 Mar 18
Returning on: 19 Mar 18



AIR

Passengers: DEBORAH GORDON

Booking Date: 16 Mar 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08157	EDMONTON INTL 19 Mar 18 7:45PM		CALGARY INTL 19 Mar 18 8:46PM	Q/	

March 20, 2018 Sr Leaders Meeting - Calgary

Vision

A DIRECT TRAVEL[®] COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 17 Apr 18 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	--

PASSENGERS: MS DEBORAH GORDON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	417.30	0.00	\$0.00	74.96	0.00	492.26 CAD
Total:	417.30	0.00	0.00	74.96	0.00	492.26 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/12/2018		[REDACTED]	492.26 CAD
Total Payment:					492.26 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL CONNECT CARE MEETING

-later cancelled- used credit toward invoice #204319

***** 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: 17 Apr 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: 12 Apr 18
File Locator/Ticket #: [REDACTED]

From:
To: CALGARY INTL

Departing on:
Returning on:

connect care meeting - calgary - April 11, 2018

Vision

A DIRECT TRAVEL[®] COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 26 Apr 18 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: MS DEBORAH GORDON

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	48.20	0.00	\$0.00	100.00	0.00	148.20 CAD
Total:	48.20	0.00	0.00	100.00	0.00	148.20 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/26/2018		[REDACTED]	148.20 CAD
Total Payment:					148.20 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL AHS BOARD MEETING
Calgary April 26, 2018

***** 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

Credit of \$492.26 from cancelled invoice # 201741 used toward Apr 25-26, 2018 travel.

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

Trip #: [REDACTED]
Booking Date: 26 Apr 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: 26 Apr 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08157	EDMONTON INTL 25 Apr 18 7:45PM		CALGARY INTL 25 Apr 18 8:42PM	H/	



AIR

Passengers: DEBORAH GORDON

Booking Date: 26 Apr 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08146	CALGARY INTL 26 Apr 18 3:25PM		EDMONTON INTL 26 Apr 18 4:19PM	H/	