

Official Administrator and Executive Expense Report

Name Gord Winkel
Title Quality and Patient Safety Advisory Committee
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-14	Expense Claim	Meetings	456	34	232	111	833			
Total			\$ 456	\$ 34	\$ 232	\$ 111	\$ 833	\$ -	\$ -	\$ -

Total for the Month \$ 833

Maximum daily single meal expense claimed in the month \$ 17
 Maximum daily base hotel rate claimed in the month \$ 204
 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

**OFFICIAL ADMINISTRATOR AND COMMITTEE MEMBER
 REMUNERATION AND EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION

Name:	Leading Org Solutions Inc. (Gord Winkel)	Vendor# (if known)	Expense Period Month:	September 2014
Address:	[REDACTED]	City:	Leduc County	Province:
Postal Code:	[REDACTED]	Country:		AB
Reason for Expense &/or Business Case	Quality and Safety Committee Meeting, Calgary AB June 4, 2014			

SECTION 2: FINANCE CODING & TOTAL CLAIM

Description	Corp/BU/O ID	Location (if applicable)	Functional Centre/Primary	Expense/ Secondary Acct	Total (Note: This column will auto fill)
Meals (A)	101	0005	71110300004	45000000	\$33.80
Travel Exp (B+C+E)	101	0005	71110300004	62212000	\$799.49
Other (D)	101	0005	71110300004	41090000	\$0.00
TOTAL PAYMENT					\$833.29

Rationale is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)

SECTION 3: AUTHORIZATION

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Claimant (Print Name)	Signature: I, by signing this form, attest that I am compliant with all the above statements	Date	Phone#
Gord Winkel		NOV 3/2014	[REDACTED]

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved by (Print Name)	Position Title/Program Group	Date	Phone#
Dr. Carl Amrhein	Official Administrator	NOV 20/14	[REDACTED]
Signature: I, by signing this form, attest that I am compliant with all the above statements	DOFA Level	Position#	

- 1) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 2) Non-compliant and incomplete/improperly authorized payment regulations will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palke, Director Accounts Payable at 780-735-0506 or email: Mark.Palke@albertahealthservices.ca

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB. T2W 3N2, Attention: Lou DeCosta

Deborah Rhodes, CFO

Carry forward from Section 1

Name:	Leading Org Solutions Inc. (Gord Winkel)	Vendor# (if known)	Expense Period Month:	September 2014
-------	--	--------------------	-----------------------	----------------

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section above

SECTION 4A: OFFICIAL ADMINISTRATOR & COMMITTEE MEMBER - TRAVEL EXPENSE CLAIM

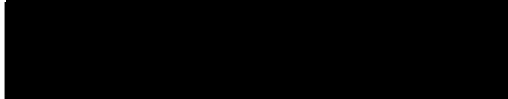
Date	Description: (include purpose of trip, mode of travel, starting point, details of expenditure)	Cost Effective method used?	Meal (Allowance OR Receipt)(A)				Accommodation (B)	Transportation (Flight, Car Rental, Fuel, Parking, Taxi) (C)	Other (Itemize) (D)	Mileage km (E)
			Allowance		With Receipt					
			Meal Type	Allowance	Meal Type	With Receipt				
4-Sep-14	Quality & Safety Advisory Committee Meeting in Calgary (parking)	Yes			B	\$16.91	\$231.95	\$18.00	48	
4-Sep-14	Airfare from Edmonton to Calgary and Return	Yes			L	\$16.95	\$455.96			
4-Sep-14	Car Rental in Calgary	Yes					\$58.42			
4-Sep-14	Car Rental Fuel	Yes					\$13.92			
Total: (amount auto fills to page 1)			\$0.00			\$33.80	\$231.95	\$543.30	\$0.00	48.00

OA COMMITTEE MEMBER Mileage Rate	0.505	Total Mileage	s	24.24
---	-------	----------------------	---	-------

For payment please submit to the Official Administrator office: 10101 Southport Road SW, Calgary, AB, T2W 3N2, Attention: Lou DeCoste

BREAKFAST

ATRIUM CAFE & SKY
LIGHT LOUNGE



1 SIDE TWO EGGS 3.00
1 SIDE SAUSAGE 4.50
1 SIDE TOAST 3.00
1 REG. JUICE 3.50

Sub Total: 14.00
GST : 0.70
Guest 1 TOTAL: 14.70

Sub Total: 14.00
GST : 0.70

09/04 06:51 TOTAL: 14.70

TIP: -----

TOTAL: -----

ROOM #: -----

PRINT NAME: -----

SIGN

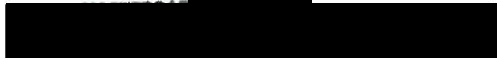
ANS

P

DELTA CALGARY SOUTH
ATRIUM CAFE
136 SOUTHLAND DRIVE SE
CALGARY AB T2J 5X5
(403) 278-5050

SALE

Pi Clr
Coi MID
TID
A Bate
09/04/14 08:56:45
APPR CODE



AMOUNT \$14.70
TIP \$2.21
TOTAL \$16.91

00 - APPROVED - 001

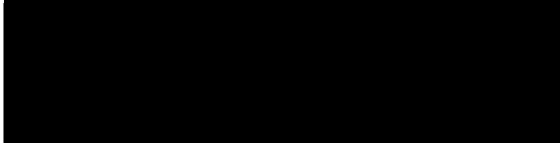
MASTERCARD
AID: A000000041010
TVR: 00 00 00 00 00
TSE: E8 00

Share Your Experience
www.flydelta.com

CUSTOMER COPY

LUNCH

CHILI'S TEXAS GRILL
2000 Airport Road NE
(403) 250-2072



We invite you to complete our
GUEST EXPERIENCE SURVEY
YOU COULD WIN \$1000
A WINNER EVERY WEEK
Visit www.go-chilis.com
YOUR SURVEY CODE: 4011
Please enter within the next 72 Hrs. No
purchase necessary. Must be 18 or older.
Void where prohibited. See website for
complete rules and sweepstakes details.

CAJUN CHICKEN CAESAR SALD 13.99

Complete Subtotal 13.99

CHILI'S
2000 AIRPORT RD NE
CALGARY, AB
Tax Inc: 0520863
13.99
0.70

Purchase 14.69



Entry Method: \$ 14.69

Comments
.ca
e 4011
RT0001

Amount: \$ 14.69
Tip: \$ 2.20
Total: \$ 16.89

2014/09/04 14:36:33
Seq #: [Redacted]
Appr Code: [Redacted]

Resp Code: [Redacted]

APPROVED
Thank You

Customer Copy
IMPORTANT -
retain this copy for your records

RENTAL RECEIPT AHS

Rental Agreement Number: [REDACTED]
Vehicle Number: [REDACTED]

AHS
RENTAL CAR GAS

YOUR INFORMATION

WINKEL, GORDON
BUDGET DISC:
AIR CANADA TRAVEL PLANNER
PAYMENT METHOD: [REDACTED]

YOUR RENTAL

Picked up: YYC
Date/Time: SEP 03, 2014@07:10PM
Returned: YYC
Date/Time: SEP 04, 2014@01:52PM
Veh Group: Cool Cars
Veh Charged: Full-Size
Vehicle: VOLVO S60
Odometer Out: 24850
Odometer In: 24768
Fuel Reading: Full

Calgar Airport Husk
9100 Bow Trail NE
Calgary AB
(403) 250-8418
GST #26570244
Retailer ID 4714267
Act: 5281 1220-3
Batch: 3365-142

Item	Amount
Pump#	
Eth Regular	\$13.02
11.32 L x \$1.229/L	
AMOUNT	\$13.92
GST(In Pump)	\$0.66

YOUR VEHICLE CHARGES

MINIMUM CHARGE 39.95
YOUR TIME AND MILEAGE: 39.95

YOUR TAXABLE FEES

GST TAX 2.78
**15.01% FEE 8.70
**VLF FEE 1.86
CUST FAC CHARGE 6.00/DY 6.00
ENERGY RECOVERY FEE 1.1 1.14

YOUR SUBTOTAL
TAXABLE SUBTOT 55.84
PST .000% .00

YOUR NON TAXABLE ITEMS

TOTAL CHARGES 58.42
NET CHARGES 58.42
YOUR TOTAL DUE: 0.00

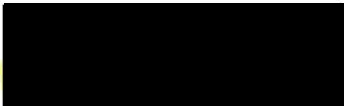
PAID ON MASTER 003786
**CONCESSION RECOVERY FEE
**VEH LICENSE FEE \$1.85/DY

THANK YOU FOR RENTING WITH BUDGET

GST NO 104286754rt0001

Other inquiries or e-receipt visit
www.budget.com

or call 403-228-1650



Approved
Earn FREE fuel fast!
Register today at
myHuskyRewards.ca

57 R12899776 AHS
PARKING
Edmonton Airports

Can-TS3 2T2 Edmonton
Tax Code C15%

Receipt # [REDACTED] 16:00
Port # [REDACTED]
P. M. [REDACTED]
3/09/ [REDACTED]
4/09/ [REDACTED]
eriod [REDACTED]
Tax) 515.40
otal 515.00

Payment Received 515.00



Sub Total 514.70
Tax 0.30

Fwd: Air Canada - 03-Sep: Edmonton - Calgary (booking ref [REDACTED])

Subject: Fwd: Air Canada - 03-Sep: Edmonton - Calgary (booking [REDACTED] seat selected)
From: [REDACTED]
Date: 26/08/2014 6:32 AM
To: "Winkel, Gord" [REDACTED]

----- Forwarded message -----

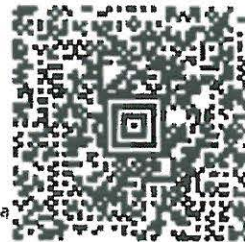
From: Air Canada <confirmation@aircanada.ca>
Date: Tue, Aug 26, 2014 at 6:22 AM
Subject: Air Canada - 03-Sep: Edmonton - Calgary (booking ref [REDACTED] seat selected)
To: [REDACTED]

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

AIR CANADA 
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.



Booking Information

Booking Reference: [REDACTED]

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

Main Contact:
Mr. Gordon Winkel
[REDACTED]

Customer Care

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

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
AC8153 ¹	Edmonton, Edmonton Int'l (YEG) Wed 03-Sep 2014 18:00	Calgary (YYC) Wed 03-Sep 2014 18:50	0	0hr50	DH4	Flex, W	
AC8150 ¹	Calgary (YYC) Thu 04-Sep 2014 15:30	Edmonton, Edmonton Int'l (YEG) Thu 04-Sep 2014 16:19	0	0hr49	DH4	Flex, W	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mr Gordon Winkel : Adult (16+), Ticket Number [REDACTED]

Air Canada - Aeroplan [REDACTED]

Meal Preference : None

Payment Card: [REDACTED]

Special Needs: None

Seat Selection: AC8153 7C , AC8150 8C

Purchase Summary

Fare Summary

Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	163.00
Return Flight - Flex	173.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	60.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	21.71
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	455.96
Number of passengers	x 1
Total airfare, taxes and options	455.96
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$455.96

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$455.96

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

- Air Canada: \$455.96 (Airfare - per ticket)

Ticket number(s) [REDACTED]

enRoute City Guide

Fwd: Your Trip Confirmation Number [REDACTED]

Subject: Fwd: Your Trip Confirmation Number [REDACTED]
From [REDACTED]
Date: 26/08/2014 6:33 AM
To: "Winkel, Gord" [REDACTED]

----- Forwarded message -----
From: <wwlms-do-not-reply@orbitz.com>
Date: Tue, Aug 26, 2014 at 6:31 AM
Subject: Your Trip Confirmation Number [REDACTED]
To [REDACTED]

Hotel Confirmation

Thank you for booking your hotel through Air Canada's partner [REDACTED]. This email is your receipt for the hotel you just booked.
Your Booking Number is: [REDACTED]. Please include it in all correspondence with [REDACTED]. If you have any questions, please contact us at 800-204-4048.

Use your Hotel Confirmation Number (located under your Contact Information) in all correspondence with your hotel.

Remember that you can always [view your booking online](#) for the most up-to-date information.

Hotel Booking Number: [REDACTED]

Customer Information:
Gordon Winkel
[REDACTED]

Hotel Confirmation Number [REDACTED]

Room_1 Destination: Calgary
Delta Calgary South
135 Southland Drive SE
Calgary, AB, CA, T2J 5X5
[Hotel Details Map](#)

Check-in: **03-Sep, 2014** 1 Night
Check-out: **04-Sep, 2014**

1 Room(s): Delta Room - 1 king bed
1 Adult

Fwd: Your Trip Confirmation Number: [REDACTED]

Room_icon2 Room 1:
1 King Bed
Delta Room - 1 king bed

Guest: 1
Check-in for this room must be completed by Gordon Winkel

Room_icon3 **Billing Summary**

Room 1 (Night: 1, Guest: 1)	\$204.00
<u>Taxes and Fees</u>	<u>\$27.95</u>
Grand Total (CAD)	\$231.95

Actual Nightly Rates per Room:
Wed
Week 1 \$204.00

Credit Card:
[REDACTED]

Room_icon4 **Hotel Policies**

Pre-pay policy
Prepayment required

Cancellation policy
Free cancellation before 4:00 PM on 9/2/14! If you cancel or change your reservation after 4:00 PM on 9/2/14, the hotel will charge you Can\$232. If you cancel or change your reservation after 4:00 PM on 9/3/14, the hotel will charge you for the total cost of your reservation.

To ensure delivery to your inbox, please add [REDACTED] to your address book or safe list.

This service email was sent to [REDACTED] by Orbitz Worldwide on behalf of [REDACTED] because you purchased a non-air travel product/service managed by [REDACTED]. This service email provides important information that must be communicated to you. This service email is not a promotional email.

Your privacy is important to us. To learn how [REDACTED] collects, uses, and protects the personal information you provide, please view the