

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & Enterprise Risk Management
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 | P-Card | Meetings | | | 346 | 230 | 576 | | | |
| Total | | | \$ - | \$ - | \$ 346 | \$ 230 | \$ 576 | \$ - | \$ - | \$ - |

Total for the Month \$ 576

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.

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

| | | |
|--|---|--|
| WHITE, RONDA Cardholder's Name | CHIEF AUDIT EXECUTIVE Cardholder's Position/Title | Billing Reporting Period: 20/09/2014 |
| INTERNAL AUDIT & ERM Cardholder's Dept | FOCUS BUILDING Cardholder's Site/Location | Total Statement Amount: \$576.22 |
| RONDA.WHITE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 6 digits of the P-Card #: [REDACTED] |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|---|
| 20/08/2014 | 961840008 | BEST WESTERN CEDAR PAR, BEST WESTERN HOTELS | 42.00 | CAD | 42.00 | 2.00 | | R. White Parking to take Red Arrow: Travel Edmonton to Calgary to attend IAS/ERM Migs & AFAC |
| 21/08/2014 | 961824039 | CHECKER CABS LTD, LIMOUSINES AND TAXICABS | 25.30 | CAD | 25.30 | 1.20 | | R. White (Travel from Southport Tower to Red Arrow Depot in Calgary) (Attended IAS/ERM Team Meetings and attended AFAC) |
| 21/08/2014 | 961988257 | DELTA CALGARY SOUTH, DELTA HOTELS | 345.78 | CAD | 345.78 | .00 | | R. White (Attend IAS/ERM Team Meetings and attend AFAC in Calgary Aug. 19-21/14) |
| 28/08/2014 | 962352173 | ASSOCIATED CABALLIED, LIMOUSINES AND TAXICABS | 24.10 | CAD | 24.10 | 1.18 | | R. White (Travel from Red Arrow Dept to Southport Tower / Calgary) (Attend IAS/ERM Team Meetings and attend AFAC Meeting) |
| 28/08/2014 | 962558614 | RED ARROW EXPRESS LTD, BUS LINES | 199.04 | CAD | 199.04 | .00 | | R. White (Travel Edmonton to Calgary & Return to attend meetings Sept. 24/14 in Calgary and attend CFO Retreat Sept. 25/14) |

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|---|---|--|
| 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>Audrey Hunter Holt</u> <small>Name of Cardholder Designate</small> | <u>Administrative Assistant</u> <small>Cardholder Designate Position/Title</small> | <u>Sept 23/14</u> <small>Date of Signature</small> |
| <u>[Signature]</u> <small>Signature of Cardholder Designate</small> | | |
| 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>WHITE, RONDA</u> <small>Name of Cardholder</small> | <u>CHIEF AUDIT EXECUTIVE</u> <small>Cardholder Position/Title</small> | <u>Sept 23 /14</u> <small>Date of Signature</small> |
| <u>[Signature]</u> <small>Signature of Cardholder</small> | | |
| 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. | | |
| <u>Susan Best</u> <small>Name of Approver Designate</small> | <u>Exec. Assistant</u> <small>Approver Designate Position/Title</small> | <u>Sept. 25/14</u> <small>Date of Signature</small> |
| <u>[Signature]</u> <small>Signature of Approver Designate</small> | | |
| 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> <small>Name of Approver</small> | <u>VP Corp Services + CFO</u> <small>Approver Position/Title</small> | <u>Sept. 29/14</u> <small>Date of Signature</small> |
| <u>[Signature]</u> <small>Signature of Approver</small> | | |
| 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 • Dispute 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: _____ |

BEST WESTERN CEDAR PARK INN

5116 Gateway Blvd.
Edmonton, AB T6H 2H4



(780) 434-7411
reservations@cedarparkinn.com



Registered To:

Parking (MUST be 0 Balance), PARK

Room # [REDACTED]
Transfer To [REDACTED]

Conf #
Arrival 08/19/14
Departure 08/19/14
Group

Room Type
Guests 0 / 0

Payment
Acct

| Posting | Oper | AcctCo | Description | From | Reference | Amount |
|----------|------------|------------|--------------------|------|------------|----------|
| 08/19/14 | [REDACTED] | [REDACTED] | MASTERCARD PAYMENT | | [REDACTED] | \$42.00- |

| | |
|-------------|----------|
| Balance Due | \$42.00- |
|-------------|----------|

- Parking e Red Arrow
- Trip to Calgary for IA/ERM team mtg & AFAC
Aug 20 & 21st

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH BEST WESTERN® BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED.

GST# 851767210RP0001

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* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service
TYPE: MasterCard
CARD: [REDACTED]
EXP: [REDACTED]
DATA: SWIPED
TerminalID: 000014725BCF
Transaction Reference
Number: [REDACTED]
DATE: 2014/08/21 17:57:11
AUTH: [REDACTED]
IFID: 11636367
DRV : 7412
VEH : 776
GST : 860101823
Meter Start Time: 17:35:36
Meter Stop Time: 17:55:59
Distance: 10.4 Km
FARE 1: \$ 22.30
FLAT : \$ 0.00
TAX : \$ 0.00
TOTAL FARE: \$ 22.30
PAYMENT AMOUNT: \$ 22.30
TIP: \$ 3.00
TOTAL PAYMENT: \$ 25.30
Purchase Auth Complete

*Southport
to
Red
Arrow
to
Calgary*

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

DATE: 2014/08/19
PICK-UP TIME: 18:04
DROP-OFF TIME: 18:20
TRIP ID: 293079
LOCATION: 873088-45824183787
CAR NUMBER: 8941
CARD TYPE: MC
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 21.10
EXTRA (\$): 0.88
SUBTTL (\$): 21.10

TIP (\$): *3.00*
Red Arrow
to
Southport Tower
Calgary
TOTAL (\$): *24.10*

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE @ WWW.ASSOCIATEDCAB.CA

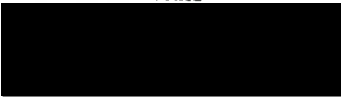
CUSTOMER'S COPY

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DELTA
CALGARY SOUTH

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

AB HEALTH SERVICES
Ms Ronda White



Room: 
Folio: 
Cashier: 
Arrival: 08-19-14
Departure: 08-21-14

| Date | Description | Additional Information | Charges | Credits |
|----------|--------------|---|---------|---------|
| 08-19-14 | Room Charge | | 154.00 | |
| 08-19-14 | DMF | | 4.62 | |
| 08-19-14 | Room GST | | 7.93 | |
| 08-19-14 | Tourism Levy | | 6.34 | |
| 08-20-14 | Room Charge | | 154.00 | |
| 08-20-14 | DMF | | 4.62 | |
| 08-20-14 | Room GST | | 7.93 | |
| 08-20-14 | Tourism Levy | | 6.34 | |
| 08-21-14 | Mastercard |  | | 345.78 |

| GST Summary | |
|------------------|--------------|
| Registration No: | 895126332 |
| Room | 15.86 |
| F&B | 0.00 |
| Other | 0.00 |
| Total | 15.86 |

| | | |
|-------------|--------|--------|
| Total | 345.78 | 345.78 |
| Balance Due | 0.00 | CDN |

Calgary trip - Aug 19-21 to attend IAFER team mtg in Calgary & AFAC

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.

Audra Hunter Holt

From: Alicia Duncan
Sent: Thursday, August 28, 2014 1:20 PM
To: Audra Hunter Holt; Ronda White
Subject: FW: Invoice

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Audra,
Please print and keep for Ronda's Credit card.
Thanks
Alicia

Attend Mtgs in Calgary
CFO Retreat
Sept 24 + 25/14

From: Red Arrow Reservations [mailto:itinerary@redarrow.ca]
Sent: August 28, 2014 11:55
To: Alicia Duncan
Subject: Invoice



Invoice

Date: 2014-08-28

Billing To: You can reach us at

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES
P.O. BOX 1600
EDMONTON, AB T5J 2N9

Lethbridge

| Order# | Ordered | Customer# | P.O. | Group Name | Departing | Returning | Sales Rep | Sales Agent |
|--------|------------|-----------|------|------------|------------|------------|-----------|-------------|
| | 2014-08-28 | | - | | 2014-09-23 | 2014-09-25 | - | |

Travellers:

WHITE/RONDA

| Product | Details | Duration | Price Basis | Qty | Each | Billed |
|-------------------------------------|--|---------------|----------------|-----|-------|--------|
| EDMCAL 14:00 Assigned to: 03A | Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-09-23 at 14:15 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-09-23 at 18:00 | 3 hrs 45 mins | Corporate 1 | 1 | 69.52 | 69.52 |
| CEEXP 16:30 Assigned to: 03A | Departs Calgary (CALTO / Calgary Ticket Office) 2014-09-25 at 16:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-09-25 at 19:35 | 3 hrs 5 mins | Corporate 1 | 1 | 69.52 | 69.52 |

Payments Received:

| Date | From | Reference | Amount |
|------------|-------------|-----------|------------|
| 2014-08-28 | RONDA WHITE | | 139.04 CAD |

Base Price: 139.04 CAD
 Discounts: 0.00 CAD
 Service Charges: 0.00 CAD
 Invoice Total: 139.04 CAD
 Commission: 0.00 CAD
 Received: 139.04 CAD ✓
 Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit www.redarrow.ca or view the policy posted on our information boards at our Ticket Offices

Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES.

Thank you for choosing Red Arrow.

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication