

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 October 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)
Oct-14	P-Card	Meetings			346	(104)	242			
Oct-14	Expense Claim	Meetings		139	311		450			
Total			\$ -	\$ 139	\$ 657	\$ (104)	\$ 692	\$ -	\$ -	\$ -

Total for the Month \$ 692

Maximum daily single meal expense claimed in the month \$ 21
 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:	<u>20/10/2014</u>
INTERNAL AUDIT & ERM Cardholder's Dept	FOCUS BUILDING Cardholder's Site/Location	Total Statement Amount:	<u>\$242.24</u>
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/09/2014	866323857	RED ARROW EXPRESS LTD, BUS LINES	-139.04	CAD	-139.04	.00		Ronda White (cancel bus transportation to Calgary / Return for Sept. 23/14)
24/09/2014	865518466	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.28	CAD	13.28	.83		Ronda White (Parking at Southport Tower / meetings with IAS/ERM team)
26/09/2014	865518497	AHS PARKING ROCKYVIEW, GOVERNMENT SERVICES NOT	13.28	CAD	13.28	.83		Ronda White (Parking at Rockyview to attend CFO Retreat: Sept. 25/14)
29/09/2014	865708042	DELTA CALGARY SOUTH, DELTA HOTELS	346.78	CAD	346.78	.00	.00	Ronda White (attendance at CFO Team Meeting Sept. 24/14 and attend CFO Retreat Sept. 25/14 in Calgary)
03/10/2014	866320063	MPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.49	.00	Ronda White (attend Covenant Health AFC Oct. 3/14)
10/10/2014	867367773	RED ARROW EXPRESS LTD, BUS LINES	69.52	CAD	69.52	.00		Ronda White (Travel to Calgary to attend ERMEC Oct. 16/14)
15/10/2014	867626327	RED ARROW EXPRESS LTD, BUS LINES	-69.52	CAD	-69.52	.00		Ronda White (cancel travel to Calgary for Oct. 16/14 ERMEC)

1
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Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

Audra Hunter Holt
Name of Cardholder Designate

Administrative Assistant
Cardholder Designate Position/Title

[Signature]
Signature of Cardholder Designate

Oct 22 2014
Date of Signature

Cardholder

By signing this statement

- 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.

WHITE, RONDA
Name of Cardholder

CHIEF AUDIT EXECUTIVE
Cardholder Position/Title

[Signature]
Signature of Cardholder

Oct. 22, 2014
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.

Susan Best
Name of Approver Designate

Exec. Assistant
Approver Designate Position/Title

[Signature]
Signature of Approver Designate

Oct. 24, 2014
Date of Signature

Approver

By signing this statement

- 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.

Deborah Rhodes
Name of Approver

VP Corp. Services + CFO
Approver Position/Title

[Signature]
Signature of Approver

October 24/14
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- 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:
- Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Deputes 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: _____

Audra Hunter Holt

From: Alicia Duncan
Sent: Tuesday, September 23, 2014 9:42 AM
To: Audra Hunter Holt
Subject: FW: Invoice



Refund Invoice for Ronda's Red Arrow.

From: Red Arrow Reservations [mailto:itinerary@redarrow.ca]
Sent: September 23, 2014 9:31
To: Alicia Duncan
Subject: Invoice



Invoice

Date: 2014-09-23

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

You can reach us at:
Lethbridge

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

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
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Payments Received:

Date	From	Reference	Amount
2014-08-28	RONDA WHITE		139.04 CAD
2014-09-23	RONDA WHITE		-139.04 CAD

(Credit)

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

TERMS: DUE UPON RECEIPT
GST# BN139981475

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

Parking @ Rockyview

Alberta Health Services
R6H Lot 1

3

RECEIPT

PARKING PASS
CARD No.: 175
VALID BETWEEN:
25.09.14 26.09.14

PAID: \$ 13.25
25/09/14 07:38
MASTER CARD

[Redacted]

REF. 29
* After Payment *
* Is Made *

* No In/Out *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-943-3725 *

Parking @ Southport

ALBERTA HEALTH SERVICES
SPT-1 GST R124072513
EXPIRES
25 SEP 14
06:38 AM
ENTRY TIME 24 SEP 14 06:38 AM
18775 SPACE 31
PAID \$ 13.25C
RECEIPT SPACE 31
PAID \$ 13.25C
EXPIRES 25 SEP 14 06:38 AM
MILLER BROS
PLACE AND LEY PUBLISH OR MONO
OR COPIE WRITABLE
PLACE AND LEY PUBLISH OR MONO
OR COPIE WRITABLE
PLACE AND LEY PUBLISH OR MONO
OR COPIE WRITABLE

2

Covenant AFAE

RECEIPT
IMPARK LOT 262
NO IN AND OUT PRIVILEGES

5

License Plate Number
[Redacted]
Expiration Date/Time

01:05 PM
OCT 03, 2014

Purchase Date/Time: 08:35am Oct 03, 2014
Total Parkings: \$8.57
Total gst: \$0.43
Total Due: \$9.00
Total Paid: \$9.00
Ticket: [Redacted]
SN #: 500113501200
Setting: Lot 262
Mach Name: Meter 2
Rate: \$9 - 4.5 Hours
Payment Type: Card

[Redacted] MasterCard

GST #887315638RT001
IMPARK LOT 262

PLACE ON EACH FACE UP

PARKING RECEIPT



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

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■ AB HEALTH SERVICES
 Ms Ronda White



Room: [Redacted]
 Folio: [Redacted]
 Cashier: [Redacted]
 Arrival: 09-23-14
 Departure: 09-25-14

Date	Description	Additional Information	Charges	Credits
09-23-14	Room Charge		154.00	
09-23-14	DMF		4.62	
09-23-14	Room GST		7.93	
09-23-14	Tourism Levy		6.34	
09-24-14	Room Charge		154.00	
09-24-14	DMF		4.62	
09-24-14	Room GST		7.93	
09-24-14	Tourism Levy		6.34	

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

Total	345.78	0.00
Balance Due	345.78 CDN	✓

Accommodation -
 Attend CFO mtg +
 CFO Team Retreat
 Sept. 24 + 25

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.

NOTRE PROMESSE :
ATTENDEZ-VOUS À DAVANTAGESM

Effectuez votre réservation en ligne au
deltahotels.com
pour obtenir le meilleur tarif.

WE PROMISE: YOU CAN
EXPECT EVEN MORESM

Book your stay on
deltahotels.com
and receive the best rate anywhere.

MERCI

d'avoir choisi Delta Hôtels et VillégiaturesSM.

THANK YOU

for choosing Delta Hotels and ResortsSM.



1.800.268.1133 deltahotels.com

Audra Hunter Holt

From: Alicia Duncan
Sent: Thursday, August 28, 2014 1:19 PM
To: Ronda White
Cc: Audra Hunter Holt
Subject: FW: Reserved [redacted] Delta Calgary South Arr: Tuesday, September 23, 2014
Attachments: reservation.ics

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Hi Audra,
Please could you keep for Ronda credit card.
Thanks.
Alicia

From: Delta Hotels and Resorts [mailto:no_reply@zd.deltahotels.com]
Sent: August 28, 2014 11:50
To: Alicia Duncan
Subject: Reserved [redacted] Delta Calgary South Arr: Tuesday, September 23, 2014



confirmation # [redacted]



hotel information

Delta Calgary South
135 Southland Drive SE
Calgary, AB T2J 5X5

403-278-5050



check in time: 15:00
check out time: 11:00

guest details
Ronda White
[redacted]

reservation details
confirm [redacted]

dates
arrival date: Tuesday, September 23, 2014
departure date: Thursday, September 25, 2014
length of stay: 2 nights
[click here to add to Outlook calendar](#)
[click here to add to TripIt](#)

number of guests
[redacted]

room and rate(s)
Delta Room, 1 Queen, Pull-out
Alberta Health Services

payment information	
room rate	\$154.00
room total	\$308.00
taxes, levies and fees	\$37.78

total **\$345.78CAD**

Guaranteed for late arrival.
policies



IT WAS OUR
PLEASURE
TO BOOK YOUR
RESERVATION

HOW DID WE DO?

CLICK HERE
TO COMPLETE A
SHORT SURVEY

Cancel by 4PM on the day of arrival

If you have a question about this reservation, please contact us by phone 1-800-268-1133 or send us an email at deltanet@deltahotels.com . You can obtain more information regarding Delta Hotels and Resorts from our [website](#). We thank you for your patronage and wish you a pleasant stay at the Delta Calgary South . Other special requests may be confirmed at check in.

Check-In Information: The Delta Calgary South features the Tower Building and the Atrium Building. Check-in services and registration are only available in the Tower Building Lobby.



what would you like to do next?

[make another reservation](#) - [cancel this reservation](#) - [modify this reservation](#) - [go to delta home page](#) - [view my account](#)

Your email address is alicia.duncan@albertahealthservices.ca

[Privacy Policy](#) | [Preference Centre](#) | [Unsubscribe](#)

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77 King Street West, Suite 2300, Toronto, Ontario, Canada, M5K 1G8

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Audra Hunter Holt

From: Red Arrow Reservations [itinerary@redarrow.ca]
Sent: Friday, October 10, 2014 10:24 AM
To: Audra Hunter Holt
Subject: Invoice

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Invoice

Date: 2014-10-10



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

You can reach us at:
304 - 35 Avenue NE
Calgary, AB
Phone: 1-800-232-1958

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-10-10			-	2014-10-15	2014-10-15	-	

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 04C	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-10-15 at 16:45 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-10-15 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52

Payments Received:

Date	From	Reference	Amount
2014-10-10	RONDA WHITE		69.52 CAD

Base Price: 69.52 CAD
 Discounts: 0.00 CAD
 Service Charges: 0.00 CAD
 Invoice Total: 69.52 CAD
 Commission: 0.00 CAD
 Received: 69.52 CAD
 Balance: 0.00 CAD

Travel to Calgary to Attend ERMEC

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.

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Audra Hunter Holt

From: Red Arrow Reservations [itinerary@redarrow.ca]
Sent: Wednesday, October 15, 2014 10:46 AM
To: Audra Hunter Holt
Subject: Invoice

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Invoice

Date: 2014-10-15

BT To: You can reach us at:

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES
P.O. BOX 1800
EDMONTON, AB T5J 2N9

304 - 35 Avenue NE
Calgary, AB
Phone: 1-800-232-1958

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-10-10		-		2014-10-15	2014-10-15	-	

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
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Payments Received:

Date	From	Reference	Amount
2014-10-10	RONDA WHITE		69.52 CAD
2014-10-15	RONDA WHITE		-69.52 CAD

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

Credit -
travel cancelled.

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.

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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.

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Attitude | Team Work | Loyalty | Accountability | Respect | Dedication**

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
 • Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
 • If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 18-Aug-14 To 22-Oct-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: WHITE, Ronda Position (Title): Chief Audit Executive
 Location: _____ Dept: Internal Audit DOFA Level: _____ (if applicable) Union: _____ Business Phone: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0006	71110700000	\$449.63						\$449.63		
2B												
2C												
2D												
				\$449.63								

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 **User to enter Coding & \$ Amounts
 NOTE: These fields do not automatically fill for Section C & D

TOTAL CLAIM **\$449.63** ✓

SECTION F: AUTHORIZATION

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.
 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.

Employee Signature: R White Date: Oct 22 2014
Travel, Hospitality and Working Session Expenses Policy - Document# 1122

Approved By (PRINT ONLY): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: Deborah Rhodes Title: VP Corporate Services & CFO Date: Oct-24/14
Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

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.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110780000	Emp # (E-People) [REDACTED]	Page 2A
If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. DO NOT separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.		

SECTION B: TRAVEL EXPENSES **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Int'l)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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 on this page												
				Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)				
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare				Hotel	Taxi		
18-Aug-14	Meal Allowance while in Calgary to meet with IASIRPM team and to attend AFAC	AB	Meeting	Yes	D-\$20.75	\$20.75	✓									
20-Aug-14	Meal Allowance while in Calgary to meet with IASIRPM team and to attend AFAC	AB	Meeting	Yes	LD-\$32.35	\$32.35	✓									
21-Aug-14	Meal Allowance while in Calgary to meet with IASIRPM team and to attend AFAC	AB	Meeting	Yes	LD-\$32.35	\$32.35	✓									
23-Sep-14	Mileage to travel to Calgary to attend CFO Team meetings and CFO Retreat	AB	Meeting	Yes												308.00 ✓
23-Sep-14	Meal Allowance while in Calgary to attend CFO Team meetings and CFO Retreat	AB	Meeting	Yes	D-\$20.75	\$20.75	✓									
24-Sep-14	Meal Allowance while in Calgary to attend CFO Team meetings and CFO Retreat	AB	Meeting	Yes	L-\$11.60	\$11.60	✓									
25-Sep-14	Meal Allowance while in Calgary to attend CFO Team meetings and CFO Retreat	AB	Meeting	Yes	D-\$20.75	\$20.75	✓									
25-Sep-14	Mileage to travel from Calgary after attending CFO Team Meeting and attending CFO Retreat	AB	Meeting	Yes												308.00 ✓
SUBTOTALS							\$138.55									Total Kms 616.00

<p align="center">MILEAGE - Business Mileage Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Enter \$0.505 km, \$0.47 km OIL rate per Union Agreement (see Mileage details to the left)</td> <td>\$0.505</td> </tr> <tr> <td>Mileage \$</td> <td>\$311.08</td> </tr> <tr> <td>Travel \$ Subtotal</td> <td>\$138.55</td> </tr> <tr> <td>Auto file on page 1 - TOTAL TRAVEL \$</td> <td>\$449.63 ✓</td> </tr> </table>	Enter \$0.505 km, \$0.47 km OIL rate per Union Agreement (see Mileage details to the left)	\$0.505	Mileage \$	\$311.08	Travel \$ Subtotal	\$138.55	Auto file on page 1 - TOTAL TRAVEL \$	\$449.63 ✓
Enter \$0.505 km, \$0.47 km OIL rate per Union Agreement (see Mileage details to the left)	\$0.505								
Mileage \$	\$311.08								
Travel \$ Subtotal	\$138.55								
Auto file on page 1 - TOTAL TRAVEL \$	\$449.63 ✓								
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3									

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)