

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton

Expenses submitted during the month of February 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	Board meeting and IA/ERM meetings	-	58	-	104	162	-	-	-
February 2013	P-Card	COW and IA/ERM meetings	-	-	346	-	346	-	-	-
Total			\$ -	\$ 58	\$ 346	\$ 104	\$ 508	\$ -	\$ -	\$ -

Total for the Month \$ 508

Maximum meal expense claimed in the month \$ 21
 Maximum daily 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

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: Jan 20/2013 **To:** Feb 20/2013
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Ronda White **Position (Title):** Chief Audit Executive
Location: Edmonton **Dept:** Internal Audit **DOFA Level:** 4 (if applicable) **Union:** OOS **Business Phone #:** _____ **Ext:** _____
Employee # (E-People): _____ **Employee # (REQUIRED # prior to E-People migration):** _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → **Project Number** _____ **Project Task Number** _____
Expenditure Organization _____ **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			
2A	101	0006	71110700000	\$161.55						Total Section B	\$161.55	
2B										Total Section C&D		
2C										Less Cash Advance		
2D										TOTAL CLAIM	\$161.55	
				\$161.55								

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

SECTION F: AUTHORIZATION

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made.
 Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY): _____ **Phone #** _____ **Ext** _____

I hereby acknowledge that I have read the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.
 I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature: R White **Date:** Feb 26/13

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s 1118, 1122).
 Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes **DOFA Level** _____ **Position #** _____ **Phone #** _____ **Ext** _____
Signature: Deborah Rhodes **Title:** Acting CFO **Date:** _____

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

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 • 0006 • 7111070000**

Emp # (E-People) _____

Emp # (prior to E-people) _____

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 menu (column Province) where expenses were incurred (Out of N.America = Inter!).
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum -length of shaded area	Province, US, or Out of N.America	What Is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)					
				Type	w/receipt	w/o receipt or per diem											
29-Jan-13	Taxi from home to Red Arrow downtown Edmonton																
29-Jan-13	Taxi from Red Arrow, Calgary to Southport Delta									\$18.00							
30-Jan-13	Meals			BD		\$16.00				\$25.00							
30-Jan-13	Taxi from Rockyview to Southport																
31-Jan-13	Meals			A		\$41.55				\$16.00							
31-Jan-13	Taxi from Southport to Red Arrow, downtown Calgary									\$25.00							
31-Jan-13	Taxi from Red Arrow Edmonton to home									\$20.00							
	Expenses incurred to attend the January 2013																
	Board meeting at Rockyview Hospital on Jan 30 re:ERM																
	IA/ERM meetings at Southport on Jan 31st																
SUBTOTALS										\$57.55					\$104.00		Total Kms

MEAL PER DIEM RATES

B = Breakfast = \$9.20 L = Lunch = \$11.80 D = Dinner = \$20.75 A = ALL MEALS = \$41.55
 BL = Breakfast & Lunch = \$20.80 BD = Breakfast & Dinner = \$29.95 LD = Lunch & Dinner = \$32.35

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

\$0.505 per km for under 5,000km/yr
\$0.47 per km for over 5,000km/yr
 or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$	
Travel \$ Subtotal	\$161.55
Enter on page 1 TOTAL TRAVEL \$	\$161.55

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form

Expense Claim

Jan 29 - trip to Calgary
Redamms
Jan 30 - Cow Exam presentation
Jan 31 - IACRM mtg in
Southpnt

Date: Jan 29, 13 Amount: 18.00
G.S.T. included
From: Home
To: Red AMOW
To: _____
Driver: [Redacted] Car# 473
780-425-2525 780-425-8310
www.co-optaxi.com

Driver # [Redacted] Car # 1352
To: Southpnt/Delta
From: Redamms
Date: 29-01-13 Amount: 25.00
GST# _____

Driver # [Redacted] Car # 693
To: Rockyora
From: Home Southpnt
Date: Jan 30, 13 Amount: \$16.00
GST# _____

	Taxi	Meals
Jan 29	\$43.00	-
Jan 30	\$16.00	* B,D
Jan 31	\$45.00	All (B,L,D)

* Lunch provided at Board mtg.

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2013/01/31
PICK-UP TIME: 15:48
DROP-OFF TIME: 15:59
TRIP ID: 478888
LOCATION: 873888-45824103787
CAR NUMBER: 1838
AUTH: PAY OK

FARE (\$): 25.00
EXTRA (\$): 0.00
SUBTTL (\$): 25.00

Taxi to Redamms
TIP (\$): From
Southpnt

TOTAL (\$): _____

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

CUSTOMER'S COPY

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI
10538 - 114 ST
EDMONTON, AB T5H 3J7
(780) 425-2525

ACCT TYPE: CASH/VOUCHER
DATE/TIME:
13/01/31 20:39:52

VEH/DRV: 0275 / 4486
GST#:

FARE: \$ 19.05
FLAT: \$000.00
EXTRAS: \$000.00
TAX: \$ 0.95

FA+FL+EX+TAX: \$ 20.00
TIP: \$000.00
DISCOUNT: \$000.00

TOTAL: \$ 20.00

Taxi
from
Red
amms
Home



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

<u>WHITE, RONDA</u> Cardholder's Name	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/02/2013</u>
<u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$345.78</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> 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
01/02/2013	307493697	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	345.78	CAD	345.78	16.47		COW and IA/ERM mtgs in Calgary <i>Jan 30 & 31st</i>

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

WHITE, RONDA

Name of Cardholder

CHIEF AUDIT EXECUTIVE

Cardholder Position/Title

Ronda White

Signature of Cardholder

Feb 26/13

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).

Deborah Rhodes

Name of Approver

Acting CFO

Approver Position/Title

Deborah Rhodes

Signature of Approver

Feb. 27/13

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original Itemized receipts
- 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
- Disputes letter

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: _____



Pcard

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: 0506
Folio:
Cashier: 122
Arrival: 01-29-13
Departure: 01-31-13

Date	Description	Additional Information	Charges	Credits
01-29-13	Room Charge		* 154.00	
01-29-13	DMF		4.62	
01-29-13	Room GST		7.93	
01-29-13	Tourism Levy		6.34	
01-30-13	Room Charge		154.00	
01-30-13	DMF		4.62	
01-30-13	Room GST		7.93	
01-30-13	Tourism Levy		6.34	
01-31-13	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

*COW mtg - Jan 30 - ERM presentation
IAERM mtgs in Calgary - Jan 31 - work @ Southport*

** Corporate/govt rate - reasonable rate for hotel charges*

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.