

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton
 Expenses submitted during the month of May 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)
May 2013	P-Card	Meetings/CICA Handbook			173	139	312	229		
May 2013	Expense Claim	Meetings		65		93	158			
Total			\$ -	\$ 65	\$ 173	\$ 232	\$ 470	\$ 229	\$ -	\$ -

Total for the Month \$ 699

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: 20-Apr-13 To: 5/210/2013
 Travel Period from: 9-May-13 To: 10-May-13
 Out-of-Province Travel No: _____

Name: Ronda White Position (Title): Chief Audit Executive
 Location: Edmonton Dept: Internal Audit DOFA Level: 4 (if applicable) Union: N/A 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	Total Section B	Total Section C&D	
2A	101	0035	7111070000	\$157.70						\$157.70		
2B												
2C												
2D												
				\$157.70							TOTAL CLAIM	\$157.70

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION (All boxes MUST be checked in order for your expense to be processed)

I attest that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" 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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.
 I attest that the expenses included in this claim have not been previously claimed by me or on my behalf from Alberta Health Services or any other organization.

Employee Signature: R White Date: May 28/13

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

Approved By (PRINT ONLY): Duncan Campbell DOFA Level: 2b Position #: 40177 Phone #: 780 342-2022 Ext: _____
 Signature: _____ Title: Executive VP & CFO Date: May 28, 2013

I attest that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" 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 authorized business purposes for Alberta Health Services.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.
 I attest that the expenses included in this claim have not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other organization.

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.

pb

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0000 71110700000

Emp 2 (E-People)

Emp 2 (prior to Expense)

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 expense lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rational is Required" section on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meet), 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.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rational is required			Rental Car/ Bus/ART/ Parking	Fuel	Mileage (km)	
					Meal Allowance		Meal Type	Airfare	Hotel				Taxi
					Meal Type with value	Allowance							
9-May-13	Meeting in Calgary (David Christian - Pagen, Hillman, Chmick, Scott)		Meeting	Yes	LD-\$32.35	\$32.35						\$42.00	
10-May-13	Meeting with W&P team - Michel Tremblay & others		Meeting	Yes	LD-\$32.35	\$32.35						\$51.00	
SUBTOTALS						\$64.70						\$93.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.508 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.508 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

Mileage \$:

Travel \$ Subtotal: \$157.70

Auto fill on page 1 - TOTAL TRAVEL \$: \$157.70

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rational 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)

mtg in Calgary Expenses MAY 7/10
 - Board Summit (E. Ringer, D. Hoffman, @Cromack, G. Scarr)
 - mtg with IA/ERM team - M. Thebaudeau

Date 10/24/13 Amount 24.00
GST included
 From Bloss Woods
 To _____
 To _____
 Driver [Signature] Car# 750
 780-425-2525 780-425-8310
 www.co-optaxi.com

to Cedar Park in (Red Arrow → home)

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the Calgary International Airport International arrival door.



Driver S-S Date 25-09-13
 Car # 491 Amount 9.42
 GST Included # _____

Red Arrow Calgary - Southport

Date 9/18/13 Amount 18.00
GST included
 From _____
 To _____
 To [Signature]
 Driver _____ Car# _____
 780-425-2525 780-425-8310
 www.co-optaxi.com

Taxi for home
 to Red Arrow
 downtown

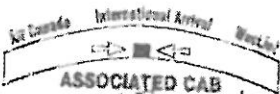
May 9 = 24 + 18 = 42.
 May 10 = 24 + 27 = 51.

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the Calgary International Airport International arrival door.



Driver _____ Date MAY 10 13
 Car # 104 Amount 27.00
 GST Included # _____

taxi from Southport to Red Arrow Downtown

Meals

May 9 - LD
 May 10 - LD

Instructions:

- 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:

20/05/2013

INTERNAL AUDIT & ENTERPRISE

Cardholder's Dept

FOCUS BUILDING

Cardholder's Employer

Total Statement Amount:

\$541.36

RONDA.WHITE@ALBERTAHEALTHSERVICES.CA

Cardholder's e-mail address

Last 8 Digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	CVT	Freight	Business Reason (Detailed Description Required)
24/04/2013	518034800	CICA(KNOTIA), ACCOUNTING, AUDITING, AND BOOKKEEPING SERVICES	288.45	CAD	288.45	✓	.00	CICA PEACC Handbook
25/04/2013	518180387	RED ARROW EXPRESS LTD, BUS LINES	198.04	CAD	198.04	✓	8.82	Return trip to Calgary via Red Arrow bus Board Orientation trips. Accommodation in Calgary after Board Orientation
10/05/2013	518747075	THE DELTA CALGARY SOUTH, LODGING HOTELS, MOTELS, RESORTS	172.86	CAD	172.86	✓	8.23	

② Trip to Calgary to meet with new Board members + meet with IA/ERM team.

- Board Orientation - May 9
(D. Cormack, D. Hoffman, G. Scum, F. Pagnon)

- Meeting with IA/ERM team - May 10
(McThibodeaux, A. Duncan, + other team members)

ph

Signatures Cardholder Designate (if Applicable) By signing this statement <input checked="" type="checkbox"/> 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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>Denise McDonald</u> Name of Cardholder Designate</p> <p><u>Denise McDonald</u> Signature of Cardholder Designate</p> </div> <div style="width: 45%;"> <p><u>Administrative Coordinator</u> Cardholder Designate Position/Title</p> <p><u>MAY 21, 2013</u> Date of Signature</p> </div> </div>		
Cardholder By signing this statement <input checked="" type="checkbox"/> I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives. <input checked="" type="checkbox"/> I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for any personal expenses inadvertently charged is attached. <input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo. <input checked="" type="checkbox"/> I confirm that the expenses included in this claim have not been previously claimed by me or on my behalf from Alberta Health Services or any other organization <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>WHITE, RONDA</u> Name of Cardholder</p> <p><u>R White</u> Signature of Cardholder</p> </div> <div style="width: 45%;"> <p><u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title</p> <p><u>May 22/13</u> Date of Signature</p> </div> </div>		
Approver Designate (if Applicable) By signing this statement <input checked="" type="checkbox"/> I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives. <input checked="" type="checkbox"/> I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for personal expenses inadvertently charged has been obtained. <input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>Susan Best</u> Name of Approver Designate</p> <p><u>Susan Best</u> Signature of Approver Designate</p> </div> <div style="width: 45%;"> <p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>May 23, 2013</u> Date of Signature</p> </div> </div>		
Approver By signing this statement <input checked="" type="checkbox"/> I hereby acknowledge that I have read and understand the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives. <input checked="" type="checkbox"/> I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for personal expenses inadvertently charged has been obtained. <input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>DUNCAN CAMPBELL</u> Name of Approver</p> <p><u>Duncan Campbell</u> Signature of Approver</p> </div> <div style="width: 45%;"> <p><u>EVP + CFO</u> Approver Position/Title</p> <p><u>MAY 23, 2013</u> Date of Signature</p> </div> </div>		
Submit approval statement with attachments to Accounts Payable		
Attach: <ul style="list-style-type: none"> Original 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 T6J 3E4	
Accounts Payable only		
Reference #: _____	Reviewed by: _____	Date: _____

Denise Macdonald

From: Ronda White
Sent: Wednesday, April 24, 2013 12:36 PM
To: Denise Macdonald
Subject: FW: CAstore order [REDACTED]

For my pcard file.

Ronda

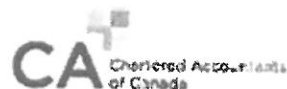
ronda.white@albertahealthservices.ca
[REDACTED]

From: CAstore [<mailto:orders@castore.ca>]
Sent: Wednesday, April 24, 2013 12:35 PM
To: Ronda White
Subject: CAstore order [REDACTED]

CAstore



Helpful products and services for
the public sector accounting profession



Dear Ronda M. White:

Thank you for shopping at the CAstore.

Your order number is [REDACTED]
(You may view your order history at: castore.ca/orderhistory)

Your CAstore order includes the following item(s):

Item	Item no.	Quantity	Price
CICA Public Sector Accounting Handbook (PSACC) Loose Leaf Service (to be shipped within 7-10 business days)	04200	1	\$190.00
		Subtotal:	\$190.00
		Shipping & handling:	\$28.50
		GST/HST:	\$10.93
		Total charged to your credit card:	\$229.43

CICA tax registration numbers:
GST - R106861578
HST - 10686 1578 RT0001
QST - 1010544323 TQ 0001 SS

We value your business and hope you will shop with us again.

Should you have any questions, please contact our customer service team at orders@castore.ca

CAstore.ca

Mon to Fri, 9am to 5pm ET | 1-866-256-6842 | support@castore.ca

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Denise Macdonald

From: Reservations [itinerary@redarrow.ca]
Sent: Thursday, April 25, 2013 12:05 PM
To: Denise Macdonald
Subject: Invoice

*Trip to Calgary
for Board Orientation*



Invoice

Date: 2013-04-25

Bill To: You can reach us at:

ALBERTA HEALTH SERVICES - CALGARY ZONE
 ALBERTA HEALTH SERVICES
 P.O. BOX 1600
 EDMONTON, ABT5J 2N9

Red Arrow Kiosk YYC
 Departures Level @ Exit 11
 Calgary

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2013-04-25	2311	-	CT0861	2013-05-09	2013-05-10	-	

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 06:00 Assigned to: 04A	Departs: Edmonton (Edmonton Ticket Office) 2013-05-09 at 06:00 Arrives: Calgary (Calgary Ticket Office) 2013-05-09 at 09:20	3 hrs 20 mins	Corporate 1	1	69.52	69.52
CEEXP 16:30 Assigned to: 03C	Departs: Calgary (Calgary Ticket Office) 2013-05-10 at 16:30 Arrives: Edmonton (Edmonton Ticket Office) 2013-05-10 at 19:50	3 hrs 20 mins	Corporate 1	1	69.52	69.52

Payments Received:

Date	From	Reference	Amount
2013-04-25	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

Red Arrow reserves the right to conduct baggage checks at any time.
 When travelling with Red Arrow you may be asked for ID at any time. *****
 GST# BN139981476

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. PLEASE REMIT PAYMENT TO THE ADDRESS LISTED ON YOUR STATEMENT. THANK YOU.

IF YOU WISH TO MAKE ANY CHANGES TO THIS RESERVATION - time change, date change, or cancel for a full refund - we require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures. Wheelchair reservations & cancellation to travel bookings during our Christmas Blackout period (December 13, 2012 to January 3, 2013) require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or failure to arrive on time for departure will result in forfeiture of funds paid and the



DELTA
CALGARY SOUTH

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

GOVT AB
Ms Ronda White
[Redacted]
Canada

Room: 0811
Folio: [Redacted]
Cashier: 119
Arrival: 05-09-13
Departure: 05-10-13

Date	Description	Additional Information	Charges	Credits
05-09-13	Room Charge		154.00	
05-09-13	DMF		4.62	
05-09-13	Room GST		7.93	
05-09-13	Tourism Levy		6.34	
05-10-13	Mastercard	[Redacted]		172.89

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
Balance Due	0.00	CDN

PCard expense

- Mtg with Board members for orientation (F Ringer, D Hoffman, D. Cormack, G. Scum)
- mtgs with IA/ERM team (Michel Thibodeau)

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.

I would describe my stay as....

delicious romantic

okay lovely restful
pleasant refreshing

remarkable

Adventurous decent

lazy so-so epic smooth

stupendous peaceful

passable giddy scenic
delectable exquisite

much better wonderful
satisfactory sublime

easy jam-packed superb
expected more awesome

surprising adorable

reasonable relaxing exciting

fair amazing unique

average calming leisurely

tranquil standard adequate

Complete our guest experience
survey at www.deltalistens.com

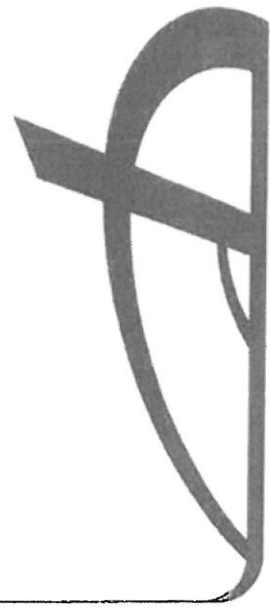
This isn't goodbye.
It's see you later.

THANK YOU

for choosing Delta Hotels and Resorts.

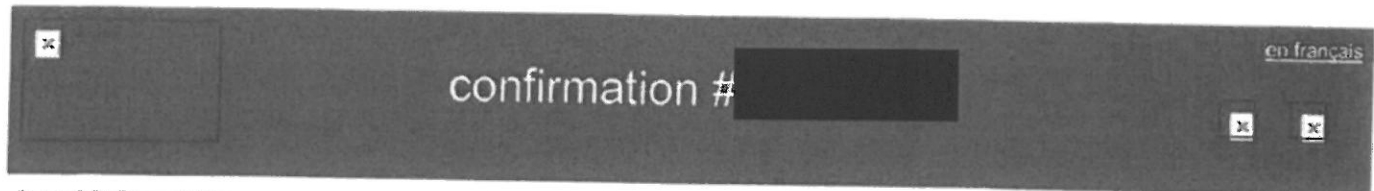


1.800.268.1133 deltahotels.com



Denise Macdonald

From: Delta Hotels and Resorts [no_reply@zd.deltahotels.com]
Sent: Thursday, April 25, 2013 12:22 PM
To: Denise Macdonald
Subject: Reserved# [REDACTED] Delta Calgary South Arr: Thursday, May 9, 2013
Attachments: reservation.ics



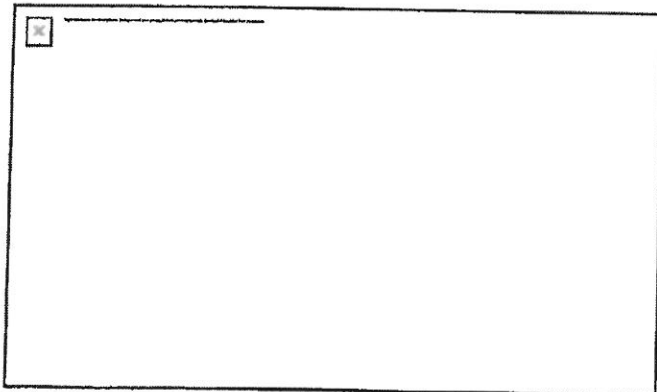
hotel information

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

1-877-278-5050



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



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.

guest details

Ronda White



whiterondam@shaw.ca

reservation details

confirmation [REDACTED]

dates

arrival date: Thursday, May 9, 2013
departure date: Friday, May 10, 2013
length of stay: 1 night
[click here to add to Outlook calendar](#)
[click here to add to TripIt](#)

number of guests
1 adult 0 children

room and rate(s)
Delta Room, 1 King, Pull-out
Federal Government - Canada

payment information

room rate	\$154.00
room total	\$154.00
taxes, levies and fees	\$18.89

total \$172.89CAD

Credit card:
policies

Cancel by 4PM on the day of arrival

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?