

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton
 Expenses submitted during the month of June 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) |
| June 2013 | P-Card | Meetings | | | | 23 | 23 | | | |
| Total | | | \$ - | \$ - | \$ - | \$ 23 | \$ 23 | \$ - | \$ - | \$ - |

Total for the Month \$ 23

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ -
 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

| | | |
|--|---|---|
| <u>WHITE, RONDA</u> Cardholder's Name | <u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title | Billing Reporting Period: <u>20/06/2013</u> |
| <u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept | <u>FOCUS BUILDING</u> Cardholder's Site/Location | Total Statement Amount: <u>\$23.00</u> |
| <u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address | Last 5 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 |
|------------------|-----------|--|-----------------------|----------|--------------|-----|---------|---|
| ① 06/06/2013 | 318203007 | PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES | 16.00 | CAD | 15.00 | .71 | ✓ | Parking Fee to attend AHS June Board Meeting <i>June 6/13</i> |
| ② 10/06/2013 | 318490504 | MPARK00020202U, AUTOMOBILE PARKING LOTS AND GARAGES | 8.00 | CAD | 8.00 | .38 | ✓ | Parking fee to attend Covenant Health AFC <i>June 10/13</i> |

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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.

Denise Macdonald
 Name of Cardholder Designate

Administrative Coordinator
 Cardholder Designate Position/Title

Denise Macdonald
 Signature of Cardholder Designate

June 21/13
 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

R White
 Signature of Cardholder

June 25/13
 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

Executive Assistant
 Approver Designate Position/Title

Susan Best
 Signature of Approver Designate

June 25, 2013
 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.

Nina Campbell
 Name of Approver

Executive VP & Chief Financial Officer
 Approver Position/Title

Nina Campbell
 Signature of Approver

June 25 2013
 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

Address:

Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

R. White - Peard

LEAVE ON DASH - THIS SIDE UP

| EXPIRATION DATE | EXPIRATION TIME | DATE ISSUED | TIME ISSUED | AMOUNT PAID |
|-----------------|-----------------|-------------|-------------|-------------|
| 05/06/13 | 08:30 AM | 05/06/13 | 08:30 AM | \$15.00 |

AMOUNT PAID: \$15.00

CREDIT CARD NUMBER: 4341955

Alta Health Services RECEIPT

NON TRANSFERABLE

Attend
 AHS
 Board
 Mtg @ Royal Ab
 - Internal
 Audit Plan
 + Charter
 - AFC mtg
 - ERM discussi
 on Med Mgmt

PLACE FACE UP ON DASH

Impark Lot 282

Expiration Date/Time

12:18 PM

JUN 10, 2013

Purchase Date/Time: 05:10am Jun 10, 2013

Total Parking: \$7.01

Total amt: \$0.39

Total Due: \$0.00

Total Paid: \$0.00

MemberCard

Ticket #: 00000420

SN #: 3000743028

Setting: Lot 282

Match Name: Meter 2

GST: 0027368367001

Attend Emergent Audit + Fin
 Centre meeting @ Tawana Centre