

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton
 Expenses submitted during the month of July 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)
July 2013	Expense Claim	Meetings		85		48	133			
July 2013	P-Card	Meetings			346	139	485			
Total			\$ -	\$ 85	\$ 346	\$ 187	\$ 618	\$ -	\$ -	\$ -
Total for the Month	\$	618								
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-Jun-13 To 20-Jul-13
 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: (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	0000	71110700000	\$133.45						\$133.45		
2B												
2C												
2D												
				\$133.45								

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 \$133.45

SECTION F: AUTHORIZATION

I affirm that I have read and understood 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 affirm 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 affirm the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements
 Employee Signature: R White Date: 22-Jul-13

I affirm that I have read and understood 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 affirm 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.
 I affirm the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Duncan Campbell DOFA Level: Position #: Phone #: Ext:
 Signature: _____ Title: Executive VP & CFO Date: JUL 29/13

I affirm that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1122) of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
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 I affirm the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

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(1) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Process to Pay program.

CE SA

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0000 71110700000** Emp # (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 (column Prov) 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.

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

Date dd-mm-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?	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 Allowance		Meal with Receipt		Airlines	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
16-Jul-13	Parking at Cedar Park Inn, travel via Red Arrow to Calgary			Yes								\$21.00	✓		①
16-Jul-13	Travel to Calgary for meeting w/Legal & Privacy					D-\$20.75	\$20.75		✓						
17-Jul-13	Meeting w/Legal & Privacy					LD-\$32.35	\$32.35		✓						
18-Jul-13	Meeting w/Legal & Privacy					LD-\$32.35	\$32.35		✓						
18-Jul-13	Taxi from Southport Tower to Red Arrow, downtown Calgary			Yes								\$27.00	✓		②
SUBTOTALS							\$85.45					\$27.00	\$21.00		Total Km

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 \$0.505 per km for under 5,000km/yr or \$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)

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

Mileage \$	
Travel \$ Subtotal	\$133.45
Auto fills on page 1 - TOTAL TRAVEL \$	\$133.45

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)

BEST WESTERN CEDAR PARK INN

5116 Gateway Blvd.
Edmonton, AB T6H 2H4



(780) 434-7411

reservations@cedarparkinn.com

Room # HOUSE ACCOUNT
Transfer To

Conf #
Arrival 07/16/13
Departure 07/16/13
Group

Room Type
Guests 0 / 0

Payment
Acct

Registered To:

Parking (MUST be 0 Balance), PARK

Posting	Oper	AcctCo	Description	From	Reference	Amount
07/16/13	SH	CH	PAYMENT CASH			\$21.00-

Balance Due	\$21.00-
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①
✓

Parking @ Red Arrow

*Red Arrow to
Calgary + return
Legal + Privacy meetings
July 16-18*

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.

GST# 851767210RP0001

Signature _____

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

DATE: 2013/07/18
PICK-UP TIME: 15:48
DROP-OFF TIME: 18:04
TRIP ID: 344468
LOCATION: 073888-45024103787
CAR NUMBER: [REDACTED]
AUTH: PAY OK

FARE (\$) : 27.00
EXTRA (\$) : 0.00
SUBTTL (\$) : 27.00 ✓

(2)

TIP (\$) :

TOTAL (\$) :

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE www.associatedcab.ca

CUSTOMER'S COPY

Handwritten:
Taxis to
Red Arrow
from airport

Handwritten:
Calgary Legal &
Privacy mtgs.
July 16-18

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>20/07/2013</u>
<u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$484.82</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u> </u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
12/07/2013	322510824	RED ARROW EXPRESS LTD, BUS LINES	139.04	CAD	✓ 139.04	6.62		Travel to Calgary re: Legal & Privacy Migs July 16-18
19/07/2013	322990721	THE DELTA CALGARY SOUT, LODGING HOTELS, MOTELS, RESORTS	345.78	CAD	✓ 345.78	16.47		Accommodations while in Calgary for migs. re: Legal & Privacy

①
②

Approved
RD
✓ PRB

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

[Signature]
Signature of Cardholder Designate

July 22/13
Date of Signature

Cardholder

By signing this statement

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- 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

July 22/13
Date of Signature

Approver Designate (If Applicable)

By signing this statement

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- 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

[Signature]
Signature of Approver Designate

July 29/13
Date of Signature

Approver

By signing this statement

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Duncan Campbell
Name of Approver

EXP & CEO
Approver Position/Title

[Signature]
Signature of Approver

July 29/13
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

Denise Macdonald

From: Reservations [itinerary@redarrow.ca]
Sent: Friday, July 12, 2013 10:26 AM
To: Denise Macdonald
Subject: Invoice

Invoice

Date: 2013-07-12

Bill To:

Your bill should be at:

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

304 - 35 Avenue NE
 Calgary, AB
 Phone: 1-800-232-1966

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2013-07-12		-		2013-07-16	2013-07-18	-	

Travellers:

WHITE/RHONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 06A	Departs: Edmonton (EDMTO / Edmonton Ticket Office) 2013-07-16 at 16:30 Arrives: Calgary (CALTO / Calgary Ticket Office) 2013-07-16 at 19:50	3 hrs 20 mins	Corporate 1	1	69.52	69.52
CEEXP 16:30 Assigned to: 06A	Departs: Calgary (CALTO / Calgary Ticket Office) 2013-07-18 at 16:30 Arrives: Edmonton (EDMTO / Edmonton Ticket Office) 2013-07-18 at 19:50	3 hrs 20 mins	Corporate 1	1	69.52	69.52

Calgary mtg with legal & advisory Jan 16-18/13

①

Payments Received:

Date	From	Reference	Amount
2013-07-12	customer: ALBERTA HEALTH SERVICES - CALGARY ZONE	MasterCard	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



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

ALBERTA HEALTH
 Ms Rhonda White
 [Redacted]
 Edmonton AB
 Canada

Room: 0514
 Follo:
 Cashier: 122
 Arrival: 07-16-13
 Departure: 07-18-13

Date	Description	Additional Information	Charges	Credits
07-16-13	Room Charge		154.00	
07-16-13	DMF		4.62	
07-16-13	Room GST		7.93	
07-16-13	Tourism Levy		6.34	
07-17-13	Room Charge		154.00	
07-17-13	DMF		4.62	
07-17-13	Room GST		7.93	
07-17-13	Tourism Levy		6.34	
07-18-13	Mastercard	[Redacted]		345.78

GST to be reimbursed

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

✓
 (2)

Meetings with Health Privacy team July 16-18 in Calgary

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.