

## Board and Executive Expense Report

**Name** Ronda White  
**Title** Chief Audit Executive, Internal Audit & Enterprise Risk Management  
**Location** Edmonton  
 Expenses submitted during the month of August 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)
Aug 2013	Expense Claim	Meetings		53		45	98			
Aug 2013	P-Card	Meetings			346	139	485			
<b>Total</b>			\$ -	\$ 53	\$ 346	\$ 184	\$ 583	\$ -	\$ -	\$ -

**Total for the Month** \$ 583

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 NA 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-Jul-13 To: 20-Aug-13  
 Travel Period from: \_\_\_\_\_ To: \_\_\_\_\_  
 Out-of-Province Travel: \_\_\_\_\_

Name: Ronda White  
 Location: Edmonton Dept: Internal Audit DOFA Level: █ (if applicable) Position (Title): Chief Audit Executive  
 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	\$88.10						\$88.10		
2B												
2C												
2D												
				\$88.10 ✓							TOTAL CLAIM	\$88.10

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

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

Handwritten initials: *DR*

**SECTION F: AUTHORIZATION**

I affirm that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1102)" of Alberta Health Services and certain expenses being claimed are in compliance with such policy.

I affirm that expenses included 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 that expenses included in this claim have been incurred by using a cost effective method, otherwise indicated and supporting receipts in provided above.

I, by signing this form, affirm that I am compliant to all the above statements.

Employee Signature: *R White* Date: 21-Aug-13

Approved By (PRINT ONLY): Duncan Campbell DOFA Level █ Position # █ Phone # █ Ext █

I, by signing this form, affirm that I am compliant to all the above statements.

Signature: *[Signature]* Title: Executive VP & CFO Date: Aug 26/13

I affirm that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1102)" of Alberta Health Services and certain expenses being claimed are in compliance with such policy.

I affirm that expenses included 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 that expenses included in this claim have been incurred by using a cost effective method, otherwise indicated and supporting receipts in provided above.

Approved By (PRINT ONLY): \_\_\_\_\_ DOFA Level \_\_\_\_\_ Position # \_\_\_\_\_ Phone # \_\_\_\_\_ Ext \_\_\_\_\_

I, by signing this form, affirm that I am compliant to all the above statements.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Health and Personal Information on this form is collected by AHS under the authority of section 80(6) 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.

**EXPENSE CLAIM DETAILS**

Enter Finance Coding: 101 8000 71110700000 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 - 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 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.Amer where expense 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		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
10-Aug-13	In Calgary for meetings with HS Legal & Privacy & Ebscon Legal Firm (Miller Thomson) Dale LLP Lawson Lundell/ Gordon Lachar-Garval/ Ben Mathew Professional Corp)			Y	D-\$20.75	\$20.75	✓							
16-Aug-13	Taxi from Stouffville to Gordon Lachar Garval & Miller Thomson to Davis LLP; LRT from Stouffville to downtown			Y						\$42.00	\$3.00	✓		
18-Aug-13	Meetings with HS Legal & Privacy and Cassella			Y	LD-\$32.35	\$32.35	✓							
<b>SUBTOTALS</b>						\$63.10				\$42.00	\$3.00			Total Per Diem

**RELEASE - 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 \$0.598 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.598 km, \$0.47 km (R) rate per Union Agreement  
 (see Allowance details to the left)

Mileage \$

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

Travel \$ Subtotal: **\$66.10**

Auto fills on page 1 - TOTAL TRAVEL \$: **\$66.10**

**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)

Expenses - Aug 15/16, 2013

Trip to Calgary to meet External legal Firms & AHS Legal +  
Privacy team

Thank You for choosing \_\_\_\_\_  
**ASSOCIATED CAB**  
for all your transportation needs.  
Visit our counter at the  
Calgary International Airport  
International arrival door.

Local Domestic International Airport Hotel  
ASSOCIATED CAB

Driver: 28 Date: 2013 Aug 15  
Car #: 109 Amount: \$ 10 -00  
GST Included # Cab from [redacted]

07:34  
00 EFT 13.08.15  
252 Southland  
Adult Regular 00.00 ✓  
LRT From Southport to  
Downtown Calgary

Driver # [redacted] Car # 7  
To: Southport  
From: BLG office downtown  
Date: 08-15-13 Amount: 32-00  
GST# 867133431

Taxi 342.00 ✓  
LRT 3.00 ✓

Meals - August 15 - Dinner only ✓  
(per diem) - August 16 - Lunch + Dinner ✓

**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: 20/08/2013

INTERNAL AUDIT & ENTERPRISE  
Cardholder's Dept

FOCUS BUILDING  
Cardholder's Site/Location

Total Statement Amount: \$484.82

RONDA.WHITE@ALBERTAHEALTHSERVICES.CA  
Cardholder's e-mail address

Last 6 digits of the P-Card #:                     

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
08/08/2013	324887121	RED ARROW EXPRESS LTD, BUS LINES	139.04	CAD	✓ 139.04	6.62		Meetings in Calgary Aug 15 & 16 with External Legal Council and AHS Legal & Privacy team
16/08/2013	325021849	DELTA CALGARY SOUTH, DELTA HOTELS	345.76	CAD	✓ 345.76	.00	.00	Meetings in Calgary Aug 15 & 16 with External Legal Council & AHS Legal & Privacy team

✓

SPB

**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

*Denise MacDonald*

Signature of Cardholder Designate

Administrative Coordinator

Cardholder Designate Position/Title

August 22, 2013

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

*R White*

Signature of Cardholder

CHIEF AUDIT EXECUTIVE

Cardholder Position/Title

AUGUST 22, 2013

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

*Susan Best*

Signature of Approver Designate

EXECUTIVE ASSISTANT

Approver Designate Position/Title

Aug. 23, 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.

Duncan Campbell

Name of Approver

*Duncan Campbell*

Signature of Approver

EVP and CFO

Approver Position/Title

Aug. 26, 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
  - Disputes 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**

**Denise Macdonald**

**From:** Reservations [itinerary@redarrow.ca]  
**Sent:** Tuesday, August 06, 2013 8:50 AM  
**To:** Denise Macdonald  
**Subject:** Invoice

**Invoice**

Date: 2013-08-06



to:

The amount is:

ALBERTA HEALTH SERVICES - CALGARY ZONE  
 ALBERTA HEALTH SERVICES  
 P.O. [REDACTED]  
 EDMONTON, AB T5J 2N8

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

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2013-08-06	[REDACTED]	-	-	2013-08-14	2013-08-16	-	[REDACTED]

Travelers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 18:30 Assigned to: 03A	Departs: Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2013-08-14 at 18:45 Arrives: Calgary (CALTO / Calgary Ticket Office) 2013-08-14 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52
CEEXP 18:30 Assigned to: 08A	Departs: Calgary (CALTO / Calgary Ticket Office) 2013-08-16 at 18:30 Arrives: Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2013-08-16 at 18:35	3 hrs 5 mins	Corporate 1	1	69.52	69.52

*Travel to Calgary to meet with legal firms of AHS legal Purvey team on August 15 + 16, 2013*

Payments Received:

Date	From	Reference	Amount
2013-08-06	RONDA WHITE	MasterCard [REDACTED]	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

AB HEALTH SERVICES  
Ms Ronda White  
Edmonton AB T5R 1C5  
Canada

Room: 0705  
Folio: [redacted]  
Cashier: 259  
Arrival: 08-14-13  
Departure: 08-16-13

Date	Description	Additional Information	Charges	Credits
08-14-13	Room Charge		154.00	
08-14-13	DMF		4.62	
08-14-13	Room GST		7.93	
08-14-13	Tourism Levy		6.34	
08-15-13	Room Charge		154.00	
08-15-13	DMF		4.62	
08-15-13	Room GST		7.93	
08-15-13	Tourism Levy		6.34	
08-16-13	Mastercard	[redacted]		345.78

GST Summary	
Registration No:	895126332
Room	15.86
F&B	0.00
Other	0.00
<b>Total</b>	<b>15.86</b>

Total	345.78	345.78
Balance Due	0.00	CDN

✓  
②

*Hotel for trip to Calgary to meet with legal  
Firms & legal & Privacy team Aug 15/16 2013*

*Notes held with external counsel:*

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

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.