

Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & Enterprise Risk Management
Location Edmonton
 Expenses submitted during the month of September 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)
Sep-2013	Expense Claim	Meetings		44		21	65			
Sep-2013	P-Card	Meetings & COSO Seminar ticket				164	164	475		
Total			\$ -	\$ 44	\$ -	\$ 185	\$ 229	\$ 475	\$ -	\$ -

Total for the Month \$ 704

Maximum meal expense claimed in the month \$ 21
 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

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-Aug-13 To 20-Sep-13
 Travel Period from: _____ To _____
 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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0006	71110700000	\$64.95					
2B									
2C									
2D									
				\$64.95					

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

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

TOTAL REIMBURSEMENT	
Total Section B	\$64.95
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$64.95

SECTION F: AUTHORIZATION

I attest 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 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.
 I attest that expenses submitted in this claim have been incurred by using a most effective method, otherwise indicated and supporting receipts as provided above.

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

Employee Signature: R White Date: 24-Sep-13

I attest 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 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.
 I attest that expenses submitted in this claim have been incurred by using a most effective method, otherwise indicated and supporting receipts as provided above.

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

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

Signature: _____ Title: Executive VP & CFO Date: Sept. 26, 2013

I attest 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 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.
 I attest that expenses submitted in this claim have been incurred by using a most effective method, otherwise indicated and supporting receipts as provided above.

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

I, by signing this form, attest 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 20(b) of the Health Information Act (HIA) and sections 52(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procedure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 6006 7111670000 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 Prev) 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-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	Prev, US, or Out of N.Amer where expenses incurred?	What is travel related to?	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										
				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 Type with vch#	Allowance	Meal Type	with receipt	Airfare				Hotel	Taxi
18-Sep-13	Parking at Red Arrow for trip to Calgary for meetings with AHS Legal & Privacy & IAS/ERM staff.		Attend Bus mtg	Yes								\$21.00	✓	
19-Sep-13	In Calgary for meetings with AHS Legal & Privacy & IAS/ERM staff		Attend Bus mtg	Yes	LD-\$32.35	\$32.35	✓							
20-Sep-13	Meetings with AHS Legal & Privacy & IAS/ERM staff		Attend Bus mtg	Yes	L-\$11.60	\$11.60	✓							
SUBTOTALS						\$43.95	✓					\$21.00	✓	Total kms

<p>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 \$0.585 per km for <u>under 5,000km/yr</u> or \$0.47 per km for <u>over 5,000km/yr</u> or per Union Agreement</p>	<p>Enter \$0.605 km, \$0.47 km QR rate per Union Agreement (see Mileage details to the left)</p>
Mileage \$	
Travel \$ Subtotal \$64.95	
Auto file on page 1 - TOTAL TRAVEL \$ \$64.95	

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

Registered To:

Parking (MUST be 0 Balance), PARK

*Parking @ Red Arrow
in Edmonton*

Room # HOUSE ACCOUNT
Transfer To

Conf #
Arrival 09/18/13
Departure 09/18/13
Group

Room Type
Guests 0 / 0

Payment
Acct

Posting	Oper	AcctCo	Description	From	Reference	Amount
09/18/13		CH	PAYMENT CASH			\$21.00-
Balance Due						\$21.00-

*Trip to Calgary Sept 18 to 20
- attend ERMEC mtg
- attend Z+P team mtg
- mt with IA/ER team*

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

re

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: 20/09/2013

INTERNAL AUDIT & ENTERPRISE
Cardholder's Dept

FOCUS BUILDING
Cardholder's Site/Location

Total Statement Amount: \$639.04

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

Last 6 digits of the P-Card #: [REDACTED]

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/09/2013	327195486	EB *COBO 2013 UPDATED, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	475.00	CAD	✓ 475.00	.00	.00	COBO 2013 Framework Seminar ticket <i>Professional development</i>
10/09/2013	327878302	RED ARROW EXPRESS LTD, BUS LINES	139.04	CAD	✓ 139.04	6.82		Travel to Calgary to meet with IA/ERM staff & pool <i>Sept 18-20</i>

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/09/2013	328790873	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	25.00	CAD	✓ 25.00	1.19		Transportation from Red Arrow downtown Calgary location to Delta South hotel

* Lost receipt.
 I attest that I verified the receipt and taxi charges were incurred on AHS business - trip from Red Arrow to Delta to attend mtg in Calgary with L+P & IA/ERM team Sept 19/20.
 R White Sept 24/13

✓
 RB

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 McDonald
Name of Cardholder Designate

Administrative Coordinator
Cardholder Designate Position/Title

DMcDonald
Signature of Cardholder Designate

Sept 23/2013
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

CHIEF AUDIT EXECUTIVE
Cardholder Position/Title

RWhite
Signature of Cardholder

Sept 24/13
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

Sept. 26, 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.
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Dunin Campbell
Name of Approver

VP Admin & CFO
Approver Position/Title

DM
Signature of Approver

Sept. 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 T5J 3E4

Accounts Payable only:

Please print and bring this ticket with you.

COSO 2013 UPDATED FRAMEWORK SEMINAR

Eventbrite

Monday, 7 October 2013 from 9:00 AM to 5:00 PM (MDT)

Ronda White

COSO Seminar - Member (GST Exempt) \$475.00

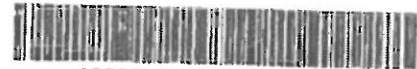
Payment Status:
Eventbrite Completed ✓

Canadian Western Bank Place
10503 Jasper Avenue Northwest
Edmonton, AB T5J 4H8
Canada

Order #199927180. Ordered by Ronda White on 3 September 2013 8:19 AM

199927189254682649001

Please PRINT and bring your ticket(s) to the event entrance.



199927189254682649001

*Seminar on new CoSo Framework (guidance for Internal Controls)
- professional development offered
by the Institute of Internal Auditors*

Eventbrite

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Denise Macdonald

From: Reservations [itinerary@redarrow.ca]
Sent: Tuesday, September 10, 2013 7:18 AM
To: Denise Macdonald
Subject: Invoice

Invoice

Date: 2013-09-10



To:

You can reach us at

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES

304 - 35 Avenue NE
Calgary, AB
Phone: 1-800-232-1955

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2013-09-10		-	-	2013-09-18	2013-09-20	-	

Travellers:

WHITE/RHONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 05C	Departs: Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2013-09-18 at 16:45 Arrives: Calgary (CALTO / Calgary Ticket Office) 2013-09-18 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52
* CEEXP 16:30 Assigned to: 01A	Departs: Calgary (CALTO / Calgary Ticket Office) 2013-09-20 at 16:30 Arrives: Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2013-09-20 at 19:35	3 hrs 5 mins	Corporate 1	1	69.52	69.52

* Note will be refunded on next stint as I received a ride back to Edm. with Deb Rhodes.

Payments Received:

Date	From	Reference	Amount
2013-09-10	RHONDA WHITE	MasterCard	139.04 CAD

Trip to Calgary to attend ERMEC & meet with LP & IA/ERM teams.

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 ability to get a refund. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958 Thank you for choosing Red Arrow.
Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

Written Attestation for Lost Receipt


September 18, 2013

Checker Cabs Taxi \$25.00

- The above receipt has been misplaced
- The expense was incurred and related to AHS business
- The expense has not been previously claimed



Employee Authorization



Claim Approver

Date Signed: Sept 26/13

Date Signed: Sept 24, 2013