

Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & Enterprise Risk Management
Location Edmonton
 Expenses submitted during the month of October 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)
Oct-2013	P-Card	Meetings			864	(70)	794			
Oct-2013	Expense Claim	Meetings		118		159	277			
Total			\$ -	\$ 118	\$ 864	\$ 89	\$ 1,071	\$ -	\$ -	\$ -

Total for the Month \$ 1,071

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

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: 20/10/2013
INTERNAL AUDIT & ENTERPRISE Cardholder's Dept	FOCUS BUILDING Cardholder's Site/Location	Total Statement Amount: \$794.93
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 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
20/09/2013	328098832	RED ARROW EXPRESS LTD, BUS LINES	-89.82	CAD	✓ -89.82	-3.3%		Refund from Red Arrow as carpooling returning from meetings in Calgary <i>Reversed Charge</i>
20/09/2013	328098833	DELTA CALGARY SOUTH, DELTA HOTELS	348.78	CAD	✓ 348.78	18.8%	.00	Trip to Calgary to meet with IA, SEC, Legal & Privacy and IA team
10/10/2013	331203814	DELTA CALGARY SOUTH, DELTA HOTELS	618.87	CAD	✓ 618.87	28.7%	.00	Trip to Calgary to meet with legal & privacy and IA team, meeting with the Chief Administrator



<p>Signatures</p> <p>Cardholder Designate (If Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><u>Denise MacDonald</u> Name of Cardholder Designate</p> <p><u><i>Denise MacDonald</i></u> Signature of Cardholder Designate</p> </td> <td style="width: 50%; border: none;"> <p><u>Administrative Coordinator</u> Cardholder Designate Position/Title</p> <p><u>October 28/13</u> Date of Signature</p> </td> </tr> </table>		<p><u>Denise MacDonald</u> Name of Cardholder Designate</p> <p><u><i>Denise MacDonald</i></u> Signature of Cardholder Designate</p>	<p><u>Administrative Coordinator</u> Cardholder Designate Position/Title</p> <p><u>October 28/13</u> Date of Signature</p>	
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<p>Submit approved statement with attachments to Accounts Payable</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none; vertical-align: top;"> <p>Attach:</p> <ul style="list-style-type: none"> • 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-approval 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. </td> <td style="width: 35%; border: none; vertical-align: top;"> <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4</p> </td> </tr> </table>		<p>Attach:</p> <ul style="list-style-type: none"> • 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-approval 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4</p>	
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<p>Accounts Payable only:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Reference #: _____</td> <td style="width: 33%; border: none;">Reviewed by: _____</td> <td style="width: 33%; border: none;">Date: _____</td> </tr> </table>		Reference #: _____	Reviewed by: _____	Date: _____
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Denise Macdonald

From: Reservations [itinerary@redarrow.ca]
Sent: Friday, September 20, 2013 7:36 AM
To: Denise Macdonald
Subject: Invoice

Invoice

Date: 2013-09-20



Bill To

You can reach us at

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES
P.O. BOX 1600
EDMONTON, AB T5J 2N9

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]	2013-09-10	[REDACTED]	-	[REDACTED]	2013-09-18	2013-09-18	-	[REDACTED]

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

Payments Received

Date	From	Reference	Amount
2013-09-10	RHONDA WHITE	MasterCard [REDACTED]	139.04 CAD
2013-09-20	RHONDA WHITE	MasterCard [REDACTED]	-69.52 CAD

Base Price: 69.52 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 69.52 CAD
Commission: 0.00 CAD
Received: 69.52 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



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

GOVT AB
 Ms Ronda White
 [Redacted]
 Edmonton AB [Redacted]
 Canada

Room: 0401
 Folio: [Redacted]
 Cashier: 240
 Arrival: 09-18-13
 Departure: 09-20-13

Date	Description	Additional Information	Charges	Credits
08-18-13	Room Charge		154.00	
09-18-13	DMF		4.62	
09-18-13	Room GST		7.93	
09-18-13	Tourism Levy		6.34	
09-19-13	Room Charge		154.00	
09-19-13	DMF		4.62	
09-19-13	Room GST		7.93	
09-19-13	Tourism Levy		6.34	
09-20-13	Mastercard	[Redacted]		345.78

GST Summary	
Registration No:	695126332
Room	15.86
F&B	0.00
Other	0.00
Total	15.86

Total	345.78	345.78
Balance Due	0.00	CDN

Trip to Calgary Sept 18 to 20.
 - attend ERATEC meeting
 - attend Legal & Privacy team
 - meet with IT team 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.



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

GOVT AB
 Ms Rhonda White
 [Redacted]
 Edmonton AB
 Canada

Room: 0809
 Folio: [Redacted]
 Cashier: 122
 Arrival: 10-07-13
 Departure: 10-10-13

Date	Description	Additional Information	Charges	Credits
10-07-13	Room Charge		154.00	
10-07-13	DMF		4.62	
10-07-13	Room GST		7.93	
10-07-13	Tourism Levy		6.34	
10-08-13	Room Charge		154.00	
10-08-13	DMF		4.62	
10-08-13	Room GST		7.93	
10-08-13	Tourism Levy		6.34	
10-09-13	Room Charge		154.00	
10-09-13	DMF		4.62	
10-09-13	Room GST		7.93	
10-09-13	Tourism Levy		6.34	
10-10-13	Mastercard	[Redacted]		518.67

GST Summary
 Registration No: 895126332
 Room 23.79
 F&B 0.00
 Other 0.00
Total 23.79

Total	518.67	518.67
Balance Due	0.00	CDN

*Trip to Calgary Oct 7 to 10th to:
 ~ meet w/ legal RFP
 ~ meeting with DeLoraine - Administrative
 ~ Meeting with N.P. team & IA/ER team*

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.

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-Sep-13 To 20-Oct-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	0006	7111070000	\$276.88						\$276.88		
2B												
2C												
2D												
				\$276.88	**User to enter Coding & \$ Amounts							
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

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.
 I attest that 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. Travel, Hospitality and Working Session Expenses Policy - Document# 1122

Employee Signature: R White Date: 20-Oct-13

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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 I attest that 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): Deborah Rhodes DOFA Level Position # Phone # Ext
 Signature: Deborah Rhodes Title: Leader, Corporate Services & CFO Date: Nov 4/13

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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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.

EXPENSE CLAIM DETAILS

Enter Finance Coding **101 0006 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-mmm-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		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
7-Oct-13	Travel to Calgary for AHS Legal & Privacy and EAERM Meetings			Yes	D-\$20.75	\$20.75								
8-Oct-13	Meetings with AHS Legal & Privacy & IAS/ERM staff			Yes	LD-\$32.35	\$32.35								
9-Oct-13	Meetings with AHS Legal & Privacy & IAS/ERM staff & the Official Administrator			Yes	LD-\$32.35	\$32.35								
10-Oct-13	Meetings with AHS Legal & Privacy & IAS/ERM staff / Return to Edmonton			Yes	LD-\$32.35	\$32.35								
10-Oct-13	Travel to/from Calgary by car (see rationale below)			No										315.00
SUBTOTALS						\$117.80								Total Km 315.00

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 \$0.505 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 Q/E rate per Union Agreement (see Mileage details to the left)	\$0.505
	Mileage \$	\$150.08
Travel \$ Subtotal		\$117.80
Auto file on page 1 - TOTAL TRAVEL \$		\$276.88

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

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)
 Most cost effective method of travel is Red Arrow bus (scheduling with Red Arrow did not work with my schedule). Round trip via Red Arrow is \$139.04, round trip claiming mileage is \$318.15. Am claiming half of the accumulated mileage as an equivalent. *Savings on taxi fares in Calgary ~ 440.00 & parking @ Red arrow \$ 20.00 as mileage charge is reasonable.*