

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & Enterprise Risk Management
Location Edmonton
 Expenses submitted during the month of July 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jul-14	P-Card	Meetings			998	53	1,051			
Jul-14	Expense Claim	Meetings		118		311	429			
Total			\$ -	\$ 118	\$ 998	\$ 364	\$ 1,480	\$ -	\$ -	\$ -

Total for the Month \$ 1,480

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 229
 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

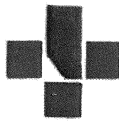
Instruction:

- 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>20/07/2014</u>
<u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,051.44</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> 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
08/07/2014	357825816	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.25	CAD	13.25	.63		Parking fee for day in Calgary to attend AFAC meeting with Dr. Cowell
09/07/2014	357824909	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.25	CAD	13.25	.63		Parking fee at Southport to attend meetings and face to face with IA/ERM team
10/07/2014	357824910	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.25	CAD	13.25	.63		Parking fee at Southport to attend meetings and face to face with IA/ERM team
11/07/2014	357967689	WINGATE CALGARY, LODGING HOTELS, MOTELS, RESORTS	998.44	CAD	998.44	47.54		Accommodations while in Calgary to attend meetings, face to face with IA/ERM team and attend AFAC with Dr. Cowell
11/07/2014	357967670	AHS SPT PARKING PND, AUTOMOBILE PARKING LOTS AND GARAGES	13.25	CAD	13.25	.63		Parking fee at Southport to attend meetings with IA/ERM staff



Signatures		
<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. 		
<p><u>MACDONALD, Denise</u> Name of Cardholder Designate</p> <p><u><i>DMacdonald</i></u> Signature of Cardholder Designate</p>	<p><u>Executive Administrative Coordinator</u> Cardholder Designate Position/Title</p> <p><u>July 22, 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>WHITE, RONDA</u> Name of Cardholder</p> <p><u><i>R White</i></u> Signature of Cardholder</p>	<p><u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title</p> <p><u>July 28/14</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>BEST, Susan</u> Name of Approver Designate</p> <p><u><i>Susan Best</i></u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>July 29, 2014</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • 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. 		
<p><u>RHODES, Deborah</u> Name of Approver</p> <p><u><i>Deborah Rhodes</i></u> Signature of Approver</p>	<p><u>Acting VP Corp Services & CFO</u> Approver Position/Title</p> <p><u>July 30/14</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<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-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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

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ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

10 JUL 14

06:51 AM PAID \$ 13.25C

ENTRY TIME 09 JUL 14 06:51 AM

SPACE 31

EXPIRES

10 JUL 14

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RECEIPT

SPACE 31

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ALBERTA HEALTH SERVICES

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EXPIRES

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ALBERTA HEALTH SERVICES

SPT-1 GST R124072513

EXPIRES

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Wingate by Wyndham Calgary
 400 Midpark Way SE
 Calgary, AB T2X 3S4
 Tel: (403) 514-0099 Fax: (403) 514-0090

07-11-14

Ronda White [Redacted] CA		Room No. : [Redacted] Arrival : 07-07-14 Departure : 07-11-14 Conf. No. : [Redacted] Rate Code : [Redacted] Page No. : 1 of 1
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Date	Description	Charges	Credits
07-07-14	Room Charge	229.00	
07-07-14	Tourism Levy	9.16	
07-07-14	GST Room	11.45	
07-08-14	Room Charge	229.00	
07-08-14	Tourism Levy	9.16	
07-08-14	GST Room	11.45	
07-09-14	Room Charge	229.00	
07-09-14	Tourism Levy	9.16	
07-09-14	GST Room	11.45	
07-10-14	Room Charge	229.00	
07-10-14	Tourism Levy	9.16	
07-10-14	GST Room	11.45	
07-11-14	MasterCard		998.44
Total		998.44	998.44

Travel to Calgary to attend AFAC, meeting with OA, IA/ERM team meetings.

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 1-866-996-7937.

Balance 0.00
GST: 1040894040 RT 0002

This is your invoice, payment due upon receipt.

Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate Hotels or affiliates may contact you about goods and services unless you call 877-222-3297 or write to Wyndham Worldwide Hotels, Inc. 1 Sylvan Way, Parsippany, NJ 07054 to opt out. View our Wingate Hotel's website about privacy.

**Thank you for staying with us.
 It was our pleasure to serve you.**

Note: Room rate of \$229.00 exceeds policy of \$200 but lowest rate available during this period (see price comparison attached).

Express Checkout: If you are not a member, you will be charged after 2 a.m. at the front desk, or if you request we will mail you an updated bill within 24 hours of your departure. Simply call the front desk at the time you vacate your room to let us know that you will be using Express Checkout. You may leave your key in your room or at the front desk.

Calgary Trip for Ronda White

Hotel Price Comparison

July 7,8,9, & 10

Hotel	Rate per night 2 queen beds
Holiday Inn Express Calgary South	\$319.00 plus gst
Carriage House	\$275.00 plus gst
Wingate Wyndham	\$229.00 plus gst

Price comparison for hotels to obtain lowest rate during this timeframe within reasonable distance to Southport office.

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-14 To 20-Jul-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: WHITE, Ronda 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 _____ Project Task Number _____
 Expenditure Organization _____ 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	\$428.88						\$428.88		
2B												
2C												
2D												
				\$428.88								

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 \$428.88 ✓

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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

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

Employee Signature: R White Date: July 28/14

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.

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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

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

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

Signature: Deborah Rhodes Title: Acting VP Corporate Services & CFO Date: July 30/14

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.

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): _____ 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 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 <u>101 0006 7111070000</u>	Emp # (E-People) XXXXXXXXXX	Page 2A
<i>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.</i>		

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.

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-Jul-14	Mileage to travel to Calgary to meet with the OA and attend ELT, AFAC and meetings with IA/ERM team		Meeting	Yes										308.00
7-Jul-14	Meal Allowance while in Calgary to meet with the OA and attend ELT, AFAC and meetings with IA/ERM team		Meeting	Yes	D-\$20.75	\$20.75								
8-Jul-14	Meal Allowance while in Calgary to meet with the OA and attend ELT, AFAC and meetings with IA/ERM team		Meeting	Yes	D-\$20.75	\$20.75								
9-Jul-14	Meal Allowance while in Calgary to meet with the OA and attend ELT, AFAC and meetings with IA/ERM team		Meeting	Yes	LD-\$32.35	\$32.35								
10-Jul-14	Meal Allowance while in Calgary to meet with the OA and attend ELT, AFAC and meetings with IA/ERM team		Meeting	Yes	LD-\$32.35	\$32.35								
11-Jul-14	Meal Allowance while in Calgary to meet with the OA and attend ELT, AFAC and meetings with IA/ERM team		Meeting	Yes	L-\$11.60	\$11.60								
11-Jul-14	Mileage to travel from Calgary after meeting with the OA and attending ELT, AFAC and meetings with IA/ERM team		Meeting	Yes										308.00
SUBTOTALS						\$117.80								Total Kms 616.00

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 OR rate per Union Agreement <i>(see Mileage details to the left)</i>
	Mileage \$ \$311.08
	Travel \$ Subtotal \$117.80
	Auto fills on page 1 - TOTAL TRAVEL \$ \$428.88

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)