

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 Aug 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)
Aug-14	P-Card	Meetings				139	139			
Total			\$ -	\$ -	\$ -	\$ 139	\$ 139	\$ -	\$ -	\$ -

Total for the Month \$ 139

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base 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

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>20/08/2014</u>
<u>INTERNAL AUDIT & ERM</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$139.04</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: <u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
18/08/2014	881612231	RED ARROW EXPRESS LTD, BUS LINE8	139.04	CAD	139.04	.00		Ronda's travel to Calgary to attend IA/ERM Migs in Calgary and AFAC

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
<u>Audra Hunter Holt</u> Name of Cardholder Designate	<u>Administrative Assistant</u> Cardholder Designate Position/Title	<u>Aug 26/14</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder Designate		
Cardholder By signing this statement <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. 		
<u>WHITE, RONDA</u> Name of Cardholder	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title	<u>Aug. 26/14</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder		
Approver Designate (if Applicable) By signing this statement <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. 		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	<u>Aug. 27, 2014</u> Date of Signature
<u>[Signature]</u> Signature of Approver Designate		
Approver By signing this statement <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. 		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp Services + CFO (Acting)</u> Approver Position/Title	<u>Sept. 3/14</u> Date of Signature
<u>[Signature]</u> Signature of Approver		
Submit approved statement with attachments to Accounts Payable.		
Attach: <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: <ul style="list-style-type: none"> • Copies of pre-approvals 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. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

Audra Hunter Holt

From: Red Arrow Reservations [itinerary@redarrow.ca]
Sent: Thursday, August 21, 2014 1:11 PM
To: Audra Hunter Holt
Subject: Invoice

①

Invoice

Date: 2014-08-21



Bill To:

You may reach us at:

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-08-18		-		2014-08-19	2014-08-21	-	

Travellers:

WHITE/RONDA

Trip to Calgary to attend
IA/ERM Mtgs. and AFAC

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Product	Details	Duration	Price Basis	Qty	Each	Billed
EDMCAL 14:00 Assigned to: 06A	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2014-08-19 at 14:00 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-08-19 at 18:00	4 hrs	Corporate 1	1	69.52	69.52
CEEXP 18:30 YYC Assigned to: 04A	Departs Calgary (CALTO / Calgary Ticket Office) 2014-08-21 at 18:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-08-21 at 21:50	3 hrs 20 mins	Corporate 1	1	69.52	69.52

Payments Received:

Date	From	Reference	Amount
2014-08-18	RHONDA WHITE		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

GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

**Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please