

## AHS 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 March 2016

### Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-16	P-Card	Meetings				6	6	(390)		
<b>Total</b>			\$ -	\$ -	\$ -	\$ 6	\$ 6	\$ (390)	\$ -	\$ -

**Total for the Month**      \$      (384)

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.

### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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

<b>WHITE, RONDA</b> Cardholder's Name	<b>CHIEF AUDIT EXECUTIVE</b> Cardholder's Position/Title	Billing Reporting Period:	<u>20/03/2016</u>
<b>INTERNAL AUDIT &amp; ERM</b> Cardholder's Dept	<b>FOCUS BUILDING</b> Cardholder's Site/Location	Total Statement Amount:	<u>(\$384.00)</u>
<b>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>                    </u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
22/02/2016	419945743	MPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.25	.00	R. White - Parking Charge while attending Feb. 22/16 Covenant Audit Committee meeting (1)
03/03/2016	421012200	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	-380.00	CAD	-380.00	-18.57		R. White - Refund Individual ICD Membership (R. White now on Board Membership Group with ICD) (2)

<p><b>Signatures</b></p> <p><b>Cardholder Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><u>Audka Hester Holt</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> <p><u>Executive Assistant</u> Cardholder Designate Position/Title</p> <p><u>March 22, 2016</u> Date of Signature</p>					
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul> <p><u>WHITE, RONDA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> <p><u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title</p> <p><u>March 23 / 16</u> Date of Signature</p>					
<p><b>Approver Designate (if Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul> <p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p> <p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>					
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<p><b>Submit approved statement with attachments to Accounts Payable:</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:                             <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul> </td> <td style="width: 40%; padding: 5px;"> <p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> </td> </tr> </table>			<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:                             <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
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Covenant Audit Cmtee

**RECEIPT**  
IMPARK LOT 262  
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

**11:28 AM**  
**FEB 22, 2016**

Purchase Date/Time: 08:26am Feb 22, 2016  
Total Parking: \$5.71  
Total GST: \$0.29  
Total Due: \$6.00  
Total Paid: \$6.00  
Ticket #: [REDACTED]  
S/N #: 600013361286  
Setting: Lot 262  
Mach Name: Meter 2

Rate: \$6 - 3 Hours  
Payment Type: Card

MasterCard

Auth

GST #887316698R10001  
IMPARK LOT 262

PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT

**Audra Hunter Holt**

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**From:** Jennifer Hamstra  
**Sent:** Wednesday, March 02, 2016 12:35 PM  
**To:** Ronda White  
**Cc:** Audra Hunter Holt  
**Subject:** ICD Membership

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Hi Ronda...we have added you back onto the Board Membership Program for ICD. Your p-card will be reimbursed for your individual membership (390.00) will be reflected on your next P-Card Statement.

You should be receiving your membership package from ICD shortly.

Cheers ☺

Jennifer Hamstra  
Executive Secretary

