

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 January 2015

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-15	P-Card	Meetings				25	25			
Total			\$ -	\$ -	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -

Total for the Month \$ 25

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:			
<ul style="list-style-type: none"> 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:	20/01/2015
INTERNAL AUDIT & ERM Cardholder's Dept	FOCUS BUILDING Cardholder's Site/Location	Total Statement Amount:	\$25.00
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	
05/01/2015	375967922	COMMERCE PLACE PARKADE, MISCELLANEOUS AND SPECIALTY RETAIL	25.00	CAD	25.00	1.19		R. White - Parking at Commerce Place/Manulife Parkade (Jan. 5/15 attend Lab Vendor Appeal Hearing)	

<p>Supervisor</p> <p>Cardholder Designate (if Applicable)</p> <p>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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Hedley Hunter Unit</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> </div> <div style="width: 45%;"> <p><u>Executive Assistant</u> Cardholder Designate Position Title</p> <p><u>Jan. 20, 2015</u> Date of Signature</p> </div> </div>		
<p>Cardholder</p> <p>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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>WHITE, RONDA</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> </div> <div style="width: 45%;"> <p><u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position Title</p> <p><u>Jan. 22, 2015</u> Date of Signature</p> </div> </div>		
<p>Approver Designate (if Applicable)</p> <p>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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Susan Best</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p> </div> <div style="width: 45%;"> <p><u>Exec. Assistant</u> Approver Designate Position Title</p> <p><u>Jan. 23/15</u> Date of Signature</p> </div> </div>		
<p>Approver</p> <p>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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>Deborah Rhodes</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p> </div> <div style="width: 45%;"> <p><u>VP Corp Services & CFO</u> Approver Position Title</p> <p><u>Jan. 26/15</u> Date of Signature</p> </div> </div>		
<p>Submit approved statements with attachments to Accounts Payable</p>		
<p>Attachments</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) <p>And where applicable:</p> <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 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>	
<p>ACCOUNTS PAYABLE ONLY:</p>		
<p>Reference #:</p>	<p>Reviewed by:</p>	<p>Date:</p>

*Parking @ mammefi
Lab Vendor Approval Hearing*



impark JAN 05 2015

DATE

LOT

TICKET No.

AMOUNT .. *25.00*

SIGNATURE .. *[Signature]*

H.S.T. / G.S.T. #88761 560 HT0001 /M - 003 2pt

COMMERCE PLACE PARKADE
10155 102ND ST
EDMONTON AB T5J 4C6
2049467193

SALE

01/05/15 17:04:38

APPR CODE: 10438

MASTERCARD

AMOUNT \$25.00 ✓

00 - APPROVED - 001

MasterCard
AID: A000000004101
TVR: 00 00 00 00 00
TS: E0 00

CUSTOMER COPY