

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 February 2015

Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Travel (1)										
Feb-15	P-Card	Meetings				29	29			
Total			\$ -	\$ -	\$ -	\$ 29	\$ 29	\$ -	\$ -	\$ -

Total for the Month \$ 29

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	CHIEF AUDIT EXECUTIVE	Billing Reporting Period:	20/02/2015
Cardholder's Name	Cardholder's Position/Title		
INTERNAL AUDIT & ERM	FOCUS BUILDING	Total Statement Amount:	\$29.25
Cardholder's Dept	Cardholder's Site/Location		
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
27/01/2015	378328505	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	14.25	CAD	14.25	.68		Parking: R.White attending SLT meeting @ Royal Alex Site (Jan.27/15)
04/02/2015	379269729	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Parking: R.White attending meeting with Alberta Health and Service Alberta (Feb4/15)

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. 		
Name of Cardholder Designate <u>Andrea Hunter Holt</u> Signature of Cardholder Designate	Cardholder Designate Position/Title <u>Executive Assistant</u> Date of Signature <u>Feb 23 2015</u>	
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. 		
Name of Cardholder <u>WHITE, RONDA</u> Signature of Cardholder <u>R White</u>	Cardholder Position/Title <u>CHIEF AUDIT EXECUTIVE</u> Date of Signature <u>Feb 23 2015</u>	
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. 		
Name of Approver Designate _____ Signature of Approver Designate _____	Approver Designate Position/Title _____ Date of Signature _____	
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. 		
Name of Approver <u>Deborah Rhodes</u> Signature of Approver <u>Deborah Rhodes</u>	Approver Position/Title <u>CFU</u> Date of Signature <u>March 9/15</u>	
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 cheques 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 most), 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 T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

Attend SLT mtg @
Royal Alex site

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE EXPIRATION TIME

28/01/15 08:11 AM

AMOUNT PAID

\$14.25 77010000 08:11 AM

Alberta Health Services
CHARGES ARE FOR USE OF PARKING SPACE ONLY. ALBERTA
HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY
OF ITS PARKING BUT WILL NOT BE RESPONSIBLE FOR LOSS
OR DAMAGE TO CAR OR CONTENTS.



NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

27/01/15 08:11 AM \$14.25

CREDIT CARD NUMBER

CC



Alberta Health Services

RECEIPT



Missing Receipt Attestation

Date of Expense: 2/4/2015

Vendor Name: Impark

Vendor Address: ATB Place Parking Lot

Expense Amount: \$15.00

Expense Details: Parking Charge – Feb. 4/15 attendance at meeting with Alberta Health

Circumstances as to why the receipt is missing:

The parking machine "ate" the receipt upon exiting the parking lot on February 4, 2015.

I confirm that I have taken reasonable steps to obtain a copy of the original receipt.

RW

I attest that this expense was incurred and relates to AHS business

RW

I attest that this expense has not been claimed previously

RW

Claimant Name	
Ronda White	
Position / Title	Site / Location
Chief Audit Executive	██████████ Edmonton, Alberta
Signature	Date
<i>RWhite</i>	February 19, 2015