

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

		Travel (1)	
Source Month-Year Document Purpose	Airfare Meals	Other Accommodation Travel Total Travel	Working Sessions Professional Hosting and Development Hospitality Other (2) (3) (4)
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



RUN DATE: 03/12/2015

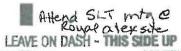
 Cardholder AND Approver's s 	ignatures required where indicated below		
VHITE, RONDA	CHIEF AUDIT EXECUTIVE		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/02/2015
NTERNAL AUDIT & ERM	FOCUS BUILDING		
ardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$29.25

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freigh	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	IMPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking: R.White attending meeting with Alberta Health and Service Alberta (Feb4/15



P-Card details Online ® Cardholder Statement Report

Signatures	
Cardholder Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my shifty in Program User Guide and Training, I have allocated the transaction(s) to the proper cost centre. Name of Cardholder Designate Cardholder Designate Position/1784e	accordance to AHS Corporate Policies.
Signature of Caland Ber Designate Designate Designature	
Cardholder By signing this statement I attest that I have used and understand the "Travel, Hospitality and Working Session Expense Policy (1122 expenses being distinct are in compliance with such policy. I attest the expenses exclosed in this claim are for valid business purposes for Alberta Health Services and claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal chaque of charged is etached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided. WHITE, RONDA CHIEF AUDIT EXECUTIVE Cardholder Position/fills Stanstare of Cardholder Date of Signature	that this claim has not been previously for any personal expenses loadvertently
Approver Designate (if Applicable) By signing this statement. I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122, expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Aborta Health Services and claimed by the claiment or on their bahalf from Alberta Health Services or any other Organization. A person charged has been obtained.	that this cialm has not been previously at cheque for personal expenses (nedvertenity
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided. Name of Approver Designate Approver Des	e restonate and supporting analysis is
Signature of Approver Designate Designate	
Approver By signing this atstement I attest that I have reed and understand the "Travel, Hospitality and Working Session Expense Policy (1122) expenses being oblined are in compilance with such policy.)* of Alberta Health Services and confirm
 I attest the expenses exclosed in this claim are for valid business purposes for Alberts Health Services and claimed by the claiment or on their behalf from Alberta Health Services or any other Organization. A person charged has been obtained. I attent that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided. 	al cheque for personal expenses inadvertently
Name of Approver Deborah Rhodos Sonature of Approver Date of Signature Date of Signature	
Submit approved statement with attachments to Accounts Payable:	
Attach: Original (or scanned) itemized receipts with documented business rescore including names of participants where required Signed Carchelder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: Copies of pre-approveis for travel Perconal chaque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes latter 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: Alberts Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB TSJ 3E4
Accounts Payable only:	
Reference #: Reviewed by:	Date:



EXPIRATION DATE

EXPIRATION TIME

28/01/15 08:11 AM

AMOUNT PAID

\$14.25 77010000 E8:11 AM
Alberta Health Services
CHARGE ARE FIRE USE OF PRINCIP SPACE ON ZALERDA
REAL HERMOLES PREMIQUES DE MOTECT DE PROPRINTO
DE 155 PRINCIP SET VAL. NOT DE RESPONSELE FOR LOSS
MON TRANSFERABLE

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

27/81/15 08:11 HI \$14.25

CREDIT CARD NUMBER



Alberts Heelik Services

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 Detalls:

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

Claimant Name	
Ronda White	
Position / Title	Site / Location
Chief Audit Executive	Edmonton, Alberta
Signature	Date
Reshte	February 19, 2015