

Official Administrator and Executive Expense Report

Name Ronda White

Title Chief Audit Executive, Internal Audit & ERM

Location Edmonton

Expenses submitted during the month of November 2015

			Travel (1)							
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-15	P-Card	Meetings					-			263
Total			\$ -	\$ -	- \$ -	\$ -	- \$ -	\$ -	\$ -	\$ 263

Total for the

Month \$ 263

Maximum daily single meal expense claimed in the month \$ - Maximum daily base hotel rate claimed in the month \$ 161

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



	receipts and supporting documents in the signatures required where indicated below	arne order as it appears on this stat	lement
WHITE, RONDA Cardholder's Name	CHIEF AUDIT EXECUTIVE		
INTERNAL AUDIT & ERM	Cardholder's Position/Title FOCUS BUILDING	Billing Reporting Period:	20/11/2015
Cardholder's Dept	Cardholder's She/Location	Total Statement Amount:	\$263.32
RONDA.WHITE@ALBERTAHEALT	HSERVICES.CA	_	
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		Trans Amount	GST	Freigi Description
		STONERIDGE MOUNTAIN RE, LODGING HOTELS, MOTELS, RESORTS	181.27	CAD	181.23	8.63	7. While Accomodations: Nov. 2-8/15 (One Night) + 0 asterni. PLTKo tradi
03/11/2016	408634164	STONERIDGE MOUNTAIN RE, LODA 3 G HOTELS, MOTELS, RESORTS	82.05	CAD	1570	3.91	R White (Meeting Room & Meetic Hox 2- 915) To alterna ELT Retred

fleviewed by: Calette Mooney. 11/30/2015.



P-Card details Online ® Cardholder Statement Report

Signatures //	
Cardholder Dasignate (If Applicable)	
By signing this statement I hereby certify that I have reviewed and reconciled this statement in BMC Online to the best of my ability in a Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.
Name of Cardholder Designate Position/Title	ent
Nov. 23, 2015	
Signature of Cardholder Designature Date of Signature	
Cardholder By signing this statement I states 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 Alberta Health Services and the claims of the claim of the claims of the cla	a ally personal expenses insurvoicely
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise 	rationale and supporting analysis is
provided. WHITE, RONDA CHIEF AUDIT EXECUTIVE	
Name of Cardholder Position/Title Ov. 23 . 2015	
Signature of Cardholder Date of Signature	
Approver Designate (if Applicable) By eigning this statement I attact 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 Alberta Health Services and to claimed by the claiment or on their behalf from Alberta Health Services or any other Organization. A personal charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided. 	I Clieding for belanties exhaused inserve to to
Name of Approver Designate Approver Designate Position/Title	er.
Date of Signature	
Signature of Approver Designate Approver Approver	
By signing this sixtement	
 I attest that I have read and understand the "Travel, Hospitality and Worlding Session Expense Policy (1122) expenses being claimed are in compliance with such policy. 	
 I attact the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal charged has been obtained. 	it diadna in hosancial exhanses managinals.
charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided.	e ranchale and supporting analysis is
Vickie Kaminski Presidenta CEC	
Veclue tanus! Dec 7,2015	
Signature of Approver Date of Signature	
Submit approved statement with attachments to Accounts Payable:	
Attach: * Original (or scanned) itemized receipts with documented business reasons including names of participants where required	Address:
	Alberta Health Services Accounts Psyable
Signed Cardholder Statament Report (or copies of electronic algnatures if signatures are not on report) And where applicable: Copies of pre-approvals for travel: Personal chaque payable to "Afberta Health Services"	Accounts Psyable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
And where applicable: Copies of pre-approvals for travel: Personal chaque payable to "Alberta Health Services" Return, refund and/or credit recalpts	Accounts Psyable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street
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Stoneridge Resort 30 Lincoln Park Canmore, AB T1N 3E9

TAX ID: GST#873770648RT005

Ronda White

Room	Folio	Checkin	CheckOut	Balance
		11/01/15	11/03/15	0.00
Maste	r Folio	Meeting	Room Package E	xecutive

hete .	Room	Description / Voucher	Charges	Credita	Balance	
11/01/15	1	Resort Fee	4.87	0.00	4.87	
11/01/15	b	Alberta Tourism Levy	6.69	0.00	11.56	
11/01/15	1	Room Taxable	161.96	0,00	173.52	
11/01/15		Resort Fee - 3%	4.86	0.00	178.38	
11/01/15	;	Alberta Tourism Levy - 4%	6.67	0.00	185.05	
11/01/15		GST - 5%	8.34	0.00	193.39	
11/02/15		Meeting Room Package Executive **	239.00	0.00	432.39	
11/02/15		GST	12.20	0.00	444.59	
11/03/15		American Express		181.27		
11/03/15		Mastercard - Nov 2 ros	4	181.27	82.05	
11/03/15		Mastercard Mastercard	0.00	82.05	0.00	
		Balance Due	1		0.00	
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	1	Summary and Taxes		1		
	-	Taxable Sales 400.9				
	1	Resort Fee - 3% 9.7		1		
1		Alberta Tourism Levy - 4% 13.3	1 1110	room pa	ckage includes	
	1	GST - 5% 20.5	acc acc	ommodat	ion at a base rate of	
	ı	0 01 11	\$16	\$161.46 per night, meals and		
		* Koom Rate In 196 4 to	med med	•	n usage along with	
			vie	_	supplies/equipmen	
•	i ji	Mitgroom + 77,54 + ta	disclosed under "Other"			
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	1	# Room Rate 161.46 + to Migroom + 77.54 + to meals 239.00 + 1	Thes	İ		
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