

## 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 June 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)
Jun-16	P-Card	Meetings			362	50	411			
Jun-16	Expense Claim	Meetings		95		313	408			
<b>Total</b>			\$ -	\$ 95	\$ 362	\$ 363	\$ 819	\$ -	\$ -	\$ -

**Total for the Month** \$ 819

Maximum daily single meal expense claimed in the month \$ 24  
 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.

### 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

<u>WHITE, RONDA</u> Cardholder's Name	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2016</u>
<u>INTERNAL AUDIT &amp; ERM</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$411.49</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 8 digits of the P-Card #:	<u>[REDACTED]</u>

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/06/2016	431798850	MPARK00020101U, AUTOMOBILE PARKING LOTS AND GARAGES	10.00	CAD	10.00	.48	.00	Parking - attend meeting with AB Health to discuss acc. charge review
08/06/2016	432292478	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking @ Southport / Meeting with IA Team & Exec. in Southport
09/06/2016	432292477	SANDMAN 01-060 CALGARY, SANDMAN HOTELS	361.74	CAD	361.74	17.23		Hotel for trip to Calgary to attend Exec. Ed. session on June 8 and mtgs with IA & Senior Leaders / Execs in Calgary June 8 & 9, 2016
09/06/2016	432292479	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71		Parking @ Southport / Meetings with IA and Executive Members in Southport
13/06/2016	432599837	MPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	3.00	CAD	3.00	.14	.00	Parking @ Tawa Centre to attend meeting regarding CH/AHS CSA Review mtg. with Rosa Rudaich
15/06/2016	433094638	AHS PARKING, AUTOMOBILE PARKING LOTS AND GARAGES	6.75	CAD	6.75	.32		Parking @ General Hospital to attend meeting Re: Covenant Health (with Sheila Smith)

(1)  
(2)  
(3)  
(4)  
(5)  
(6)

✓  
✓  
✓  
✓  
✓

<b>Signatures</b>	
<b>Cardholder Designate (if Applicable)</b> By signing this statement <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>	
<u>Nella Turlione</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title
<u>N. Turlione</u> Signature of Cardholder Designate	<u>June 22, 2016</u> Date of Signature
<b>Cardholder</b> By signing this statement <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>	
WHITE, RONDA Name of Cardholder	CHIEF AUDIT EXECUTIVE Cardholder Position/Title
<u>R White</u> Signature of Cardholder	<u>June 22, 2016</u> Date of Signature
<b>Approver Designate (if Applicable)</b> By signing this statement <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>	
_____ Name of Approver Designate	_____ Approver Designate Position/Title
_____ Signature of Approver Designate	_____ Date of Signature
<b>Approver</b> By signing this statement <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>	
<u>Dr. Veronica ...</u> Name of Approver	<u>President's CEO</u> Approver Position/Title
<u>[Signature]</u> Signature of Approver	<u>June 23/16</u> Date of Signature
<b>Submit approved statement with attachments to Accounts Payable:</b>	
<b>Attach:</b> <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>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable only:</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

ATB PLACE  
GST: 887315638RT001  
RECEIPT C1

IN: 06.06.16 14:56  
PAY: 06.06.16 16:28  
AMOUNT: \$ 10.00

----- TRANSACTION  
RECORD -----

Card #: [REDACTED]  
Card Entry: CHIP  
Account: MASTERCARD  
Trans: PURCHASE  
Amount: \$10.00  
Auth #: [REDACTED]  
Sequence #: 000100  
Term ID: 002  
Date: 16/06/06  
Time: 16:27:54

APPROVED

BY ENTERING A VERIFIED  
PIN, CARDHOLDER  
AGREES TO PAY ISSUER  
SUCH TOTAL IN  
ACCORDANCE WITH ISSUERS  
AGREEMENT WITH  
CARDHOLDER

Application Label:  
MasterCard  
TVR: 0000008000  
AID: A0000000041010  
TSI: E800  
TC: 0B1E8A33DE3DCA8E

\*\*\* CUSTOMER  
COPY \*\*\*

*Meeting with  
AB Health to  
discuss acc. charge  
review.  
Thank you for  
visit!*

*Parking @  
Southport*  
**RECEIPT**  
Southland Park IV  
Southport Tower

*Meeting with IA team  
+ dinner Southport*  
License Plate Number



Expiration Date/Time

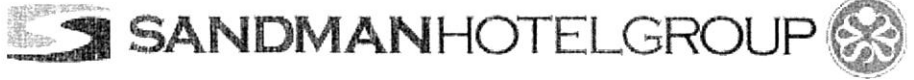
**06:56 AM**  
**JUN 09, 2016**

Purchase Date/Time: 06:56am Jun 08, 2016  
Total Due: \$15.00      Rate: \$15.00 - 24 Hours  
Total Paid: \$15.00      Payment Type: Card

[REDACTED]  
Setting: SPT Wireless  
Mach Name: CA-SPT-001

[REDACTED] MasterCard  
www.ahs.ca  
DO NOT PLACE ON DASH

**Sandman Hotel Calgary South**  
 8001 - 11th Street SE  
 Calgary, AB T2H 0B0 CA  
 403-252-7263 Fax: 403-252-7225  
 www.sandmanhotels.com



**Name:** Ronda White

**Guest Name:** Ms Ronda White  
**Company:**

**Arrival:** June 07, 2016

**Departure:** June 09, 2016

**Group:** \_\_\_\_\_ **Room:** [REDACTED]

**Bill To:** White, Ronda

**Attn:**

**Property Code: 1-60 Invoice #** [REDACTED]

**Res. #** [REDACTED]

Date	Description	Voucher	Amount
7/6/16	Consortia Rate	[REDACTED]	161.10
7/6/16	Destination Marketing Fee	[REDACTED]	4.83
7/6/16	Provincial Tourism Levy	[REDACTED]	6.64
7/6/16	GST	[REDACTED]	8.30
8/6/16	Consortia Rate	[REDACTED]	161.10
8/6/16	Destination Marketing Fee	[REDACTED]	4.83
8/6/16	Provincial Tourism Levy	[REDACTED]	6.64
8/6/16	GST	[REDACTED]	8.30
9/6/16	Mastercard	[REDACTED]	-361.74
		Balance:	0.00

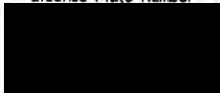
GST/HST #: 12176 7065 RT 001

	Total Tax
Destination Marketing Fee	\$9.66
GST	\$16.60
Provincial Tourism Levy	\$13.28
<b>Total</b>	<b>\$39.54</b>

*Hotel for trip to Calgary  
 to attend Exec Ed session  
 on June 8 & mtg with IA  
 & senior leaders/execs in  
 Calgary June 8+9*

Parking @ Southport  
Meetings with IA +  
Executives  
**RECEIPT** members in  
Southland Park IV Southport  
Southport Tower

License Plate Number



Expiration Date/Time

**07:09 AM**  
**JUN 10, 2016**

Purchase Date/Time: 07:09am Jun 09, 2016  
Total Due: \$15.00 Rate: \$15.00 - 24 Hours  
Total Paid: \$15.00 Payment Type: Card  
Ticket #: [REDACTED]  
S/N #: 520015160425  
Setting: SPT Wireless  
Mach Name: CA-SPT-001

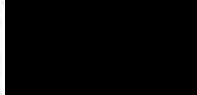
[REDACTED] MasterCard

Auth #: [REDACTED]

www.ahs.ca  
DO NOT PLACE ON DASH

mtg c Tansa re: CHATE  
(CSA review)  
**RECEIPT** mtg  
IMPARK LOT 262 Rosa  
NO IN AND OUT PRIVILEGES R.

License Plate Number



Expiration Date/Time

**10:32 AM**  
**JUN 13, 2016**

Purchase Date/Time: 09:02am Jun 13, 2016  
Total Parking: \$2.86  
Total GST: \$0.14  
Total Due: \$3.00 Rate: \$3 - 1.5 Hours  
Total Paid: \$3.00 Payment Type: Card  
Ticket #: [REDACTED]  
S/N #: 500013351286  
Setting: Lot 262  
Mach Name: Meter 2

[REDACTED] MasterCard

Auth #: [REDACTED]

GST #887315638RT0006  
IMPARK LOT 262

Covenant  
mtg with CFO.  
**RECEIPT** eEGH

EGH Parking  
Edmonton, Alberta

License Plate Number



Expiration Date/Time

**02:26 PM**  
**JUN 15, 2016**

Purchase Date/Time: 12:56pm Jun 15, 2016  
Total Due: \$6.75 Rate: Hourly up to 3 hrs  
Total Paid: \$6.75 Payment Type: Card  
Ticket #: [REDACTED]  
S/N #: 520015452022  
Setting: EGH  
Mach Name: ED-EG-002

[REDACTED] MasterCard

Auth #: [REDACTED]

Rates Include GST  
For assistance call  
1-855-535-1100

PARKING RECEIPT

PARKING RECEIPT

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WHITE, RONDA	Chief Audit Executive, Internal Audit & ERM	Edmonton	408.10

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/7/2016	Attend Executive Education Session in Calgary		Mileage-Other	156.55			Mileage: Travel to Calgary to attend Executive Education Session June 8 and meetings with IA and Senior Leaders/Executives on June 8 & 9.	1			310
6/8/2016	Attended Executive Education Session in Calgary	AB - Other Zones	Meals Per Diem	47.50			Meals while in Calgary to attend the Executive Education Session at U of C. B/Fast , Lunch & Dinner	1			
6/9/2016	Meetings with IA & Senior Leaders/Executives in Calgary	AB - Other Zones	Meals Per Diem	47.50			Meals while in Calgary to attend meetings with IA & Senior Leaders/Executives in Calgary B/Fast , Lunch & Dinner	1			
6/9/2016	Attended Executive Education Session & Meetings in Calgary		Mileage-Other	156.55			Mileage: Travel to Edmonton	1			310
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>							
YIU, VERNA		Approve		21-Jul-16							