

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 August 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)
Aug-16	P-Card	Meetings					-	100		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100	\$ -	\$ -

Total for the Month \$ 100

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.

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:



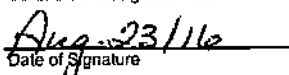

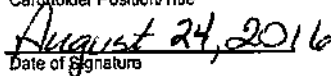
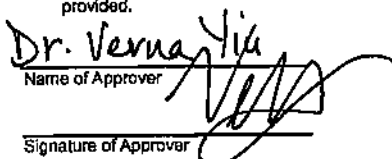
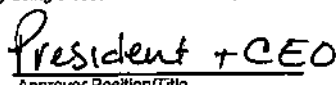
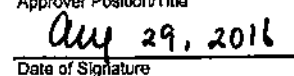
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>WHITE, RONDA</u> Cardholder's Name	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/08/2016</u>
<u>INTERNAL AUDIT & ERM</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$100.00</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 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
03/08/2016	[REDACTED]	AHS EVENT, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	100.00	CAD	100.00	4.76		R. White registration to attend Quality Summit 2016: ELT Attendance (Oct. 24-25/16)

① ✓

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 Signature of Cardholder Designate	 Cardholder Designate Position/Title  Date of Signature	
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. 		
WHITE, RONDA Name of Cardholder  Signature of Cardholder	CHIEF AUDIT EXECUTIVE Cardholder Position/Title  Date of Signature	
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 Signature of Approver	 Approver Position/Title  Date of Signature	
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 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. 	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: _____

(1)

Audra Hunter Holt

From: Nella Turlione
Sent: Friday, August 19, 2016 4:12 PM
To: Audra Hunter Holt
Subject: FW: Payment Confirmation/Receipt for Quality Summit 2016

Hi Audra,

Maybe this it!

Nella Turlione
[REDACTED]

From: Conference Planning
Sent: Wednesday, August 03, 2016 8:49 AM
To: Ronda White
Subject: Payment Confirmation/Receipt for Quality Summit 2016

Your payment for the Quality Summit 2016 event has been successfully processed. Please save this email for your records.

Transaction Information:

Item	Transaction Information	Quantity	Amount
Liberating Structures Workshops	CAD 100.00	1	CAD 100.00
Transaction Total			CAD100.00

Registration Confirmation Number: [REDACTED]

[View your registration](#)

If you have any questions about this transaction or email, please contact Conference Planning Committee directly at conference.planning@albertahealthservices.ca.

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