

## 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 October 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)
Oct-16	P-Card	Meetings			343	44	387			
Oct-16	Expense Claim	Meetings		98			98			
<b>Total</b>			\$ -	\$ 98	\$ 343	\$ 44	\$ 485	\$ -	\$ -	\$ -

**Total for the Month** \$ 485

Maximum daily single meal expense claimed in the month \$ 24  
Maximum daily base hotel rate claimed in the month \$ 154  
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>	<u>CHIEF AUDIT EXECUTIVE</u>	Billing Reporting Period:	<u>20/10/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>INTERNAL AUDIT &amp; ERM</u>	<u>FOCUS BUILDING</u>	Total Statement Amount:	<u>\$386.88</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/10/2016	[REDACTED]	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	23.00	CAD	23.00	1.10		R. White: Taxi from Red Arrow to Southport Tower Calgary (October 11, 2016) ✓ ①
12/10/2016	[REDACTED]	BEST WESTERN CEDAR PARK, BEST WESTERN HOTELS	21.00	CAD	21.00	1.00		R. White - Parking at Red Arrow for travel to Calgary by bus October 11 - 13, 2016 ✓ ②
13/10/2016	[REDACTED]	DELTA CALGARY SOUTH, DELTA HOTELS	342.88	CAD	342.88	.00		R. White (Accommodations in Calgary October 11 - 13, 2016, to attend various meetings including Health & Safety Risk ✓ ③

*[Handwritten signature]*

<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>Audrey Hunter Hb H</u> Name of Cardholder Designate	<u>Admin Assistant</u> Cardholder Designate Position/Title	<u>Oct 26, 2016</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder Designate		
<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>Oct 26 / 16</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder		
<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	_____ Date of Signature
_____ Signature of Approver Designate		
<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. Verna Yiu</u> Name of Approver	<u>President + CEO</u> Approver Position/Title	<u>Oct 26, 2016</u> Date of Signature
<u>[Signature]</u> Signature of Approver		
<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)</li> </ul> <b>And where applicable:</b> <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>	<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: _____

①

*Taxi Red Arrow  
to Subspnt*

306 MERTON ROAD SE  
CALGARY AB T2A 1A2

TERMINAL ID:  
MERCHANT ID:  
VEHICLE ID:  
DRIVER ID:  
GST ACCOUNT ID:  
EXT. NUMBER:  
PASSENGERS:



TO 11/2016  
START: 19-5  
DISTANCE: 20.00

END: 20.17  
RATE: 1

FARE AMOUNT:

\$ 19.05

TAX AMOUNT:

\$ 0.75

TIP AMOUNT:

\$ 1.00

**TOTAL : \$ 23.00**

MASTECARD SALE:



APPROVAL NUMBER:

\*\*\*PASSENGER COPY\*\*\*

THANK YOU  
14631271 1999  
WWW.THECHECKERGROUP.COM



**Best Western CEDAR PARK INN**

5116 Gateway Blvd.  
Edmonton, AB T6H 2H4

*Parking e red area*

(780) 434-7411

reservations@cedarparkinn.com

②

**Registered To:**

Parking (MUST be 0 Balance), PARK

Room #  
Transfer To  
HOUSE ACCOUNT  
Conf #  
Arrival 10/11/16  
Departure 10/11/16  
Group  
Room Type  
Guests 0 / 0  
Payment  
Acct

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
10/11/16			MASTERCARD PAYMENT			\$21.00-
Balance Due						\$21.00-

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT

OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH BEST WESTERN® BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED.

GST# 851767210RP0001




\_\_\_\_\_  
Signature




135 Southland Drive S.E Calgary, Alberta, T2J 5X5  
Telephone: 403-278-5050 Fax: 403-225-5834

③

Alberta Health Services  
Ms Ronda White  
Canada

Room:   
Folio:   
Cashier:   
Arrival: 10-11-16  
Departure: 10-13-16

Date	Description	Additional Information	Charges	Credits
10-11-16	Room Charge		154.00	
10-11-16	DMF		4.02	
10-11-16	Tourism Levy		5.52	
10-11-16	Rooms - GST		7.90	
10-12-16	Room Charge		154.00	
10-12-16	DMF		4.02	
10-12-16	Tourism Levy		5.52	
10-12-16	Rooms - GST		7.90	
10-13-16	Master Card			342.88

<b>GST Summary</b>	
Registration No: 895126332	
Room	15.80
F&B	0.00
Other	19.08
<b>Total</b>	<b>34.88</b>

<b>Total</b>	<b>342.88</b>	<b>342.88</b>
<b>Balance Due</b>	<b>0.00</b>	<b>CDN</b>

*Meetings in Calgary with IA/ERM team &  
WHS - HRS desk.*

Guest Signature: \_\_\_\_\_

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WHITE, RONDA	Chief Audit Executive, Internal Audit & ERM	Edmonton	\$98.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/11/2016	Travel to Calgary to attend various meetings at Southport	AB - Other Zones	Meals Per Diem	\$24.00			Left Edmonton at 4:30 p.m. on Red Arrow to Calgary to attend various meetings on Oct. 12 & 13 at Southport. Dinner = \$24.00	1			
10/12/2016	Attended various meetings on Oct. 12 at Southport	AB - Other Zones	Meals Per Diem	\$37.00			Attended various meetings on Oct. 12 at Southport. Lunch = \$13.00 Dinner = \$24.00	1			
10/13/2016	Attended various meetings at Southport including Health & Safety Risk Meeting	AB - Other Zones	Meals Per Diem	\$37.00			Attended various meetings at Southport on Oct. 13. Left Calgary at 3:00 p.m. on Red Arrow back to Edmonton. Lunch = \$13.00 Dinner = \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		10-Nov-16							