

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton
 Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
2-Oct-12	P-Card	Operational meetings in Calgary				210	210			
11-Oct-12	Expense Claim	Meetings in Calgary/Red Deer		43		318	361			
Total			\$ -	\$ 43	\$ -	\$ 528	\$ 571	\$ -	\$ -	\$ -

Total for the Month \$ 571

Maximum meal expense claimed in the month \$ 21
 Maximum daily 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

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>20/10/2012</u>	
<u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$210.00</u>	
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> 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	Currency	Trans Amount	GST	Freight	Description
✓ 02/10/2012	297625364	AIR CAN 0142112987704, AIR CANADA	157.50	CAD	157.50	.00	.00	trip to calgary for op meetings
✓ 02/10/2012	297625365	AIR CAN 0142112987704, AIR CANADA	52.50	CAD	52.50	.00	.00	calgary - operational meetings

EJA (OK)

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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 _____

Cardholder Designate Position/Title _____

Signature of Cardholder Designate _____

Date of Signature _____

Cardholder

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide.
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

WHITE, RONDA

Name of Cardholder _____

CHIEF AUDIT EXECUTIVE

Cardholder Position/Title _____



Signature of Cardholder _____



Date of Signature _____

Approver Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver.

Name of Approver Designate _____

Approver Designate Position/Title _____

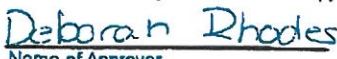
Signature of Approver Designate _____

Date of Signature _____

Approver

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as listed.
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable).



Name of Approver _____

 Acting CFO

Approver Position/Title _____



Signature of Approver _____



Date of Signature _____

Submit approved statement with attachments to Accounts Payable:
Attach:

- Original Itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

And where applicable:

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

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: _____

Ronda White

From: tusage@aircanada.ca on behalf of Air Canada - Ticket Usage [tusage@aircanada.ca]
Sent: Friday, October 26, 2012 8:36 AM
To: Ronda White
Subject: RE: Ticket receipt

Hello,

Thank you for your inquiry. Please find copies of documents requested below.

Sincerely,

Air Canada Finance
Ticket Usage

P.S. Please see the following receipts:

Ing Stats		Next		Prev		Enlarge		Print							
Electronic Ticket				AIR CANADA				2112987704							
AC ONLY/NON-REF/CHGE FEE				DATE OF ISSUE		ORIGIN / DESTINATION YEAR/YEAR - SITI		AIR CANADA							
PASSENGER NAME WHITE/RONDA MS				20Oct12		BOOKING REFERENCE MGRMR85		155 WOODWARD AVENUE							
NOT TRANSFERABLE				A		ISSUED IN EXCHANGE FOR AC0142107619365912		SAINT JOHN, NB							
FROM EDMONTON/YEG		CARRIER AC	FLIGHT 8133	CLASS P	DATE 11Oct12	TIME 07:00:00	STATUS OK	FARE BASIS / TICKET DESIGNATOR P713TGA		NOT VALID BEFORE		NOT VALID AFTER		YSIIT	
TO CALGARY/YYC		AC	8158	G	11Oct12	19:30:00	OK	G7Z3TGA							
TO EDMONTON/YEG															
TO		IF EXTENDED PAYMENT DATED CIRCLE NUMBER OF MONTHS 36012				NUMBER OF PIECES ALLOWED 1PC									
FARE CAD 50.00		FARE CALCULATION 11OCT12YEA AC YYC Q12.00R119.00AC YEA Q12.00R129.00CAD272.00END ROE1.00 PD14.25A14.31XG50.00SQ													
TAX XG 2.50		Change \$157.50 CAD Fee \$150.00 GST \$7.50													
TAX		FORM OF PAYMENT CR5569XXXXXXXXXX9287 XX/XX 1PC1PC				AFFILIATE CODE 174654		TOUR CODE							
TOTAL FARE CAD 52.50		CFN	AIRLINE CODE 014	FORM	SERIAL NUMBER 2112987704	CK	2	ISSUE 014	CK	COMMISSION 0.00	TAX	COMM FARE 0.00			
ADCO 52.50		DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE													
844/															

Done.

Image 1

Used cancelled flight credit from previous trip.

Ing Stats		Next		Prev		Enlarge		Print			
Electronic Ticket				AIR CANADA				2107519355			
AC ONLY/NON-REF/CHGE FEE				DATE OF ISSUE		CHECK/DESTINATION		YEA/YEA - SITI			
PASSENGER NAME				NOT TRANSFERABLE		BOOKING REFERENCE		MGMH85			
WHITE/RONDA MS				30Apr12		ISSUED IN EXCHANGE FOR		AIR CANADA AIR CANADA BUILDING WINNIPEG, MB 6299029 YWGTW			
ORIGIN	FROM	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS / TICKET DESIGNATOR	NOT VALID BEFORE	NOT VALID AFTER	ALLOW
	EDMONTON/YEG	AC	8133	E	10May12	07:00:00	OK	E10ITGA	30APR12	30APR13	
	CALGARY/YYC	AC	8172	E	10May12	17:30:00	OK	E10ITGA	30APR12	30APR13	
	EDMONTON/YEG										
IF EXTENDED PAYMENT DESIRED					3 6 9 12		NUMBER OF PIECES ALLOWED		1PC		
PRICE CAD 222.00 FARE CALCULATION 10MAY12YEA AC YYC Q12.00R99.00AC YEA Q12.00R99.00CAD222.00END ROE1.00											
TAXES: FARE PAD											
CA	14.25										
SO	50.00										
XC	14.31										
CAD	300.56										
FORM OF PAYMENT				CASE69XXXXXXXXX1704 XX/XX 1PC1PC				APPROVAL CODE		YOUR CODE	
								154739			
CPN	AIRLINE CODE	FORM	SERIAL NUMBER	CK			RESR	CK	COMMISSION	TAX	COMM FARE
	014		2107519355	4			014		0.00		0.00
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE											

Done.

From: ronda.white@albertahealthservices.ca [mailto:ronda.white@albertahealthservices.ca]
 Sent: 25 October, 2012 12:02 PM
 To: tusage@aircanada.ca
 Subject: Ticket receipt

Language: en
 First Name: Ronda
 Last Name: White
 email2: ronda.white@albertahealthservices.ca
 Ticket Number: 2112987704
 Flight Number:
 Origin:
 Destination:
 Ticket Number Required:
 Aeroplan:
 Booking Reference: MGMH85
 Comments Ticket: Please could you send us a receipt for this ticket we only received Booking Information and need proof of payment breakdown. Many thanks.
 Billing Reference:
 Credit Card Charge:
 Comments Billing: Need copy of amount that went through the credit card.
 Date of transaction mm dd yy: 09 02 2012
 Phone Number: 780 735 1169
 Fax:
 Travel date mm dd yy:

Ronda White

From: Air Canada [confirmation@aircanada.ca]
Sent: Tuesday, October 09, 2012 2:30 PM
To: Ronda White
Subject: alicia duncan is sending you the itinerary for your next trip from Edmonton to Calgary.

Follow Up Flag: Follow up
Flag Status: Completed

***** PLEASE DO NOT REPLY TO THIS E-MAIL *****



Itinerary/Receipt

From: [alicia duncan](#)

Here is your Air Canada booking for Thursday.

Scan this barcode to check in at any Air Canada check in kiosk.



Hotels in Calgary	
Why book your hotel stay at aircanada.com?	
<p>Hotels provided by MWTRIS.</p>	<ul style="list-style-type: none"> ▪ Lowest price guaranteed ▪ Great choice of hotels ▪ Aeroplan Mile offer exclusive to aircanada.com

Want travel insurance? Protect yourself and your family against unforeseen circumstances.

Need a car in Calgary? Great rates and additional Aeroplan Miles.

Looking for ground transportation or attractions?

Booking Information

Booking Reference: **MGMH85**

Customer Care

Air Canada
1-888-247-2262
Flight Arrivals and Departures
1-888-422-7533

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Ms Ronda White
ronda.white@albertahealthservices.ca
Mobile:
Work:

Online Services

- Manage** my booking online (view/change my booking; select seats*).
- Alert me** of flight status changes directly to my mobile phone or email.
- Flight Arrivals & Departures** - check online if my flight is on time.
- Check-in online** and print my boarding pass.

*- used a credit
+ they charged for a portion of costs.*

* Can my booking be changed online?

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Upgrade status
AC8133 ¹	Edmonton, Edmonton Int'l (YEG) Thu 11-Oct 2012 07:00	Calgary (YYC) Thu 11-Oct 2012 07:52	0	0hr52	DH3	-
AC8158 ¹	Calgary (YYC) Thu 11-Oct 2012 19:30	Edmonton, Edmonton Int'l (YEG) Thu 11-Oct 2012 20:22	0	0hr52	DH3	-

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Ms Ronda White : Adult (16+), Ticket Number: 0142112987704

Air Canada - XXXXXXXXXX Meal Preference : **Regular**
Aeroplan : XXXXXXXXXX
Payment Card: XXXXXXXXXX Special Needs: **None**
Seat Selection: **None**

enRoute City Guide

Calgary

Calgary grew up fast through successive energy booms, so it still feels a lot like a small prairie town - albeit a small prairie town with more than a million people that's now Western Canada's engine of commerce...



 [Read the complete guide](#)

What do you think of our new City Guide feature?

Important Information

Please review this Itinerary/receipt and, should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) page for important information on identification required for travel.

Baggage Policy

[Carry-on baggage](#) | [Checked baggage](#)

Flight confirmation

Although reconfirmation of flights is not required, we strongly recommend that you check your [flight status online](#) at aircanada.com or by calling our flight information system at 1-888-422-7533 prior to your departure.

Travel insurance

Protect your travel investment and also protect yourself against the high cost of medical expenses while out of province. Purchase travel insurance online from RBC Travel Insurance Company via Air Canada or

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A: Employee Details (for AHS Staff ONLY)	Travel Period from: 1-Oct-12 to 21-Oct-12
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- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name Ronda	Position (Title) Chief Audit Executive	Employee # (E-People) [REDACTED]	Employee # (Legacy) [REDACTED]
Location Focus Bldg Edmonton	Dept Internal Audit/ERM	Union	Business Phone # [REDACTED] Ext [REDACTED] Out-of-Province Travel No

What is your former legacy region (prior to AHS consolidation)?	Please click in cell and select from dropdown menu
	East Central

SECTION E: Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY →	Project Number _____	Project Task Number _____
	Expenditure Organization _____	Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total		
2A	101	0006	71110700000	\$360.85							
2B											
2C											
2D											
				\$360.85							

**User to enter Coding & \$ amounts
NOTE: These fields do not automatically fill for Section C&D

SECTION F: Authorization

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY)	Phone #	Ext
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I hereby acknowledge that I have read the "Travel, Hospitality and Hosting Expense Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature <i>R. White</i>	Date <i>Oct 26/12</i>
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I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) <i>Deborah Rhodes</i>	DOFA Level	Position #	Phone #	Ext
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Signature <i>Deborah Rhodes</i>	Title <i>Acting CFO</i>	Date
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Approved By (PRINT ONLY)	DOFA Level	Position #	Phone #	Ext
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Signature	Title	Date
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Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 • 0006 • 71110700000

Emp # (E-People)

Emp # (Legacy)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: Travel Expenses

NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter!).
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt	w/o receipt or per diem						
11-Oct-12	Op meetings in calgary (7 am dept/7:30 return)	AB	Meeting	A		\$43.00	\$23.00					
11-Oct-12	Taxi to southport from airport	AB	Meeting							\$55.50		
11-Oct-12	taxi to airport from SSP <i>Southport AK</i>	AB	Meeting							\$52.50		
11-Oct-12	mileage to airport and return	AB	Meeting									60.00
12-Oct-12	Investigation Coordination Team meeting - Red Deer	AB	Meeting									\$310.00
SUBTOTALS												
												\$43.00
												\$23.00
												\$108.00
												Total Kms
												370.00

MEAL PER DIEM RATES

B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

Enter \$0.505 OR rate per Union Agreement

\$0.505

Mileage \$

\$186.85

Travel \$ Subtotal

\$174.00

Enter on page 1 TOTAL TRAVEL \$

\$360.85

Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2a can be found at end of form

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 1st Fl 11/10/12 20:48
Receipt 042310

Short-term parking tkt
DL - No. 072808
11/10/12 06:09 -
12/10/12 06:08 -
Period 1d0h0' \$23.00
(Tax) -----
Total \$23.00

Payment Received
VISA \$23.00

Merch: 82005340013
Auth: 017571
Type: Swiped

Sub Total \$21.90
Tax 5% 1.10

ASSOCIATED CAB ALTA LTD
307 - 41 AVE NE (403) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2012/10/11
PICK-UP TIME: 17:02
DROP-OFF TIME: 17:40
TRIP ID: 0
LOCATION: 073800-45024103707
CAR NUMBER: 8138
CARD TYPE: VISA S
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP034532

FARE (\$): 52.50
EXTRA (\$): 0.00
SUBTTL (\$): 52.50

TIP (\$): _____

TOTAL (\$): Taxi to airport
from SSP
Southport

SIGNATURE: _____

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY

DATE: 2012/10/11
PICK-UP TIME: 07:56
DROP-OFF TIME: 08:41
TRIP ID: 0
LOCATION: 073800-45024103707
CAR NUMBER: 8138
CARD TYPE: VISA S
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: AP066929

FARE (\$): 55.50
EXTRA (\$): 0.00
SUBTTL (\$): 55.50

TIP (\$): _____

TOTAL (\$): _____

SIGNATURE: Taxi from
airport to
Southport SSP

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE@WWW ASSOCIATEDCAB CA

CUSTOMER'S COPY