

Board and Executive Expense Report

Name Ronda White Title

Chief Audit Executive

Location Edmonton

Expenses submitted during the month of January 2013

		Travel (1)									
Date	Source Document	Purpose	Airfar	e	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January	P-Card	COW meeting									
2013 January	P-Card	Training for new EA					139	139	ı		
2013		Training for new Ex					139	139			
Total			\$	- \$	-	\$ -	\$ 278	\$ 278	\$ -	· \$ -	\$
Total for the Month	\$ 278	3									
		imed in the month	\$	_							
Maximum da	aily hotel rate cl	aimed 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

Non economy air travel in the month

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



 Cardholder AND Approver's signal 	tures required where Indicated below	ame order as it appears on this state	
WHITE, RONDA	CHIEF AUDIT EXECUTIVE		
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/01/2013
INTERNAL AUDIT & ENTERPRISE	FOCUS BUILDING		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$278.08
RONDA.WHITE@ALBERTAHEALTHSE	ERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #:	

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freight	Description
19/12/2012	304380606	RED ARROW EXPRESS LTD, BUS LINES	278.08	CAD	278.08	13.24		travel to calgary - ronda and

(see notes on of DM attached docs)

AHS.rod

RUN DATE: 01/22/2013



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 Sign	nature	-					
Cardholder By signing this statement I hereby certify that the P-Card issued to be we Program User Guide.								
 I acknowledge that the above Cardholder Design 	inate has completed reviews and	reconciliation in BMO de	fails Online® on my behalf (if applicable).					
WHITE, RONDA	CHIEF AUD	IT EXECUTIVE						
Name of Cardholder	Cardholder	Position/Title	-					
Signature of Cardholder	Qan Pate of Sign	22/13 lature	_					
Approver Designate (If Applicable) By signing this statement I hereby certify that I have reviewed and approved and Guide and Training on behalf of a authorized approved.	ed this statement in BMO details prover.	Online® in accordance to	o AHS Corporate Policies, Program User					
Name of Approver Designate	Approver De	signate Position/Title	-					
Signature of Approver Designate	Date of Sign	ature	•					
Approver By signing this statement I hereby certify that the P-card issued to be was Program User Guide and hereby approve the triangle is acknowledge that the above Approver Designation	ansactions as listed.							
DEBORAH RHODES		g cFo	(i applicatio).					
Name of Approver	Approver Po		-					
Signature of Approver	Jän Date of Sign							
Submit approved statement with attachments to Ac	counts Payable:							
Attach:	Addres	5:						
 Original itemized receipts Signed Cardholder Statement Report (or copies signatures if signatures are not on report) And where applicable: 	Account 7th Stre	Alberta Health Services Accounts Payable 7th Street Plaza						
 Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Ser 		or, North Tower, 10030-1 on, AB T5J 3E4	U7 Street					
 Return, refund and/or credit receipts Disputes letter 								
Accounts Payable only:								
reserved i alana and								
Reference #:	Reviewed by:		Date:					

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RUN DATE: 01/22/2013

ALBERTA HEALTH SERVICES - CALGARY ZONE ALBERTA HEALTH SERVICES

Order#	Customer#	Group Name	Sales	Rep	Sales Agent		
987357			_				
served for Travelle IACDONAL			JL				
roduct	Details		Seat	Price Basis			
Coach Seat ECEXP 06:00 hrs 5 mins	2013-01-16 at 06:15 departs: Edmonton (Best 2013-01-16 at 09:20 arrives: Calgary (Calgary	Western Cedar Park Inn) Ticket Office)	04A	Corporate 1			
					Net Fare :	139.04	
					Taxes:	0.0	
oach Seat EEXP 16:30 hrs 5 mins	2013-01-17 at 16:30 departs: Calgary (Calgary 2013-01-17 at 19:35 arrives: Edmonton (Best V	Western Cedar Park Inn)	03A	Corporate 1	Total : Balance Due ;	139.04 0.00	
	Travel for Denise	(new EA) to vise	Calgary	for hau	rug		
d Arrow relation travell	Javel for Denise eserves the right to conduct bag-	gage checks at any time. sked for ID at any time.	with a	ilicia Di	urcan on	IA/E	
****				*****	*****	****	

LIABILITY - Red Arrow is not responsible for baggage loss or damage however caused. Maximum baggage liability is \$100.00. Any damage must be reported to Red Arrow within 24 hours or claims will be refused.

If you wish to make any changes to this reservation - time change, date change, or cancel for a full refund - we only require 3 hours notice prior to p.m. departures and a half hour notice prior to a.m. departures. Wheelchair reservations and reservations during our Christmas Blackout season (mid-December through mid-January) require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or failure to arrive on time for departure, will result in the forfeiture of funds paid and the ability to get a refund. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

Thank you for choosing Red

Our Core Values:

Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

Invoice

Date: 2013-01-22

RHONDA WHITE

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returni	ng Sales	Rep	Sales	Agent	
987357	2012-12-19	9	ALICA DUNCAN		2013-01-16			1 -		30	
Travellers: WHITE/R	HONDA						<u>v.</u>				
Product		Details				Duration	Price Basis	Qty	Each	Billed	
EDMCAL 15:: Assigned to: (Departs: Edmonton (I Arrives: Calgary (Calg	Edmonton Ticket Office) 20 gary Ticket Office) 2013-01	013-01-29 at 15:30 -29 at 19:35		4 hrs 5 mins	Corporate 1	1	69.52		
CEEXP 16:30 Assigned to:		Departs: Calgary (Cal Arrives: Edmonton (E	lgary Ticket Office) 2013-0 dmonton Ticket Office) 201	1-31 at 16:30 13-01-31 at 19:50	4	3 hrs 20 mins	Corporate 1	1	69.52	69.52	
Paymenta Received:						Ba	se Price:		139	0.04 CAD	
Date	From		Reference	Amo	ount] Di	0.00 CAD				
2012-12-19	RHON	NDA WHITE	MasterCard		278.08 CAL	Service Charges:			0.00 CAD		
			- includes		In:	voice Total:		139	.04 CAD		
				un	ve for	Co	ommission:		C	.00 CAD	
					Dende.	Re	eceived:		278	.08 CAD	

Red Arrow reserves the right to conduct baggage checks at any time. When travelling with Red Arrow you may be asked for ID at any time. GST# BN139981476

-> trip to Calgary to attend COW mtg re: Enterprise Risk Mgmt