

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 2013

							Travel (1)						
Date	Source Document	Purpose	Air	fare	Meal	S	Accommodation	Other Trave		Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug 2013 Aug 2013	Expense Claim P-Card	Meetings Meetings				53	346		45 39	98 485			
Total			\$		\$	53	\$ 346	\$ 1	84	\$ 583	\$ -	\$ -	\$ -
Total for the Month	\$ 583												
	neal expense clair laily hotel rate cla	ned in the month imed in the month	\$ \$	21 154									

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



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

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EXPENSE CLASS DETAILS

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Signatures		
Cardholder Designate (if Applicable) By signing this statement I hereby certify that I have reviewed and reconciled this statement. Program User Guide and Training. I have allocated the transaction	in BMO Online to the best of my ability (s) to the proper cost centre.	in accordance to AHS Corporate Policies.
Denise MacDonald Name of Cardholder Designate	Administrative Coordinator Carcholder Designate Position/Title	-
Signature of Cardholder Designate	August 22, 2013 Date of Signature	-
Cardholder By signing this statement I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business p	urposes for Alberta Health Services and	d that this claim has not been now downly.
claimed by me or on my behalf from Alberta Health Services or any charged is attached. I attest that expenses submitted in this claim have been incurred by	other Organization. A personal chaque	for any personal expenses inadvertently
provided. WHITE, RONDA	CHIEF AUDIT EXECUTIVE Cardholder Position/Tide	se rationale and supporting analysis is
Signature of Cardholder	August 22, 2013 Dete of Signature	
Approver Designate (if Applicable) By signing this statement I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business proclaimed by the claimant or on their behalf from Alberta Health Servic charged has been obtained. I attest that expenses submitted in this claim have been incurred by provided.	urposes for Alberta Health Services and cas or any other Organization. A persor	i that this claim has not been previously nal chaque for personal expenses inadvertently
Name of Approver Designate	Approver Designate Position/Title	
Signature of Approver Designate	Date of Signature 33, 201	3
Approver By signing this statement I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy.	Working Session Expanse Policy (1122	")" of Alberta Health Services and confirm
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Name of Appliover Signature comprover	EVP and CFO Approver Poelition/Title Oug. 26, 2013 Date of Signifiance	3
Submit approved statement with attachments to Accounts Payable:		
Attach: * Original (or scanned) itemized receipts with documented business reas where required	ons including names of participants	Address: Alberta Health Services
 Signed Cardholder Statement Report (or copies of electronic signature And where applicable; Copies of pre-approvals for travel Personal chaque payable to "Alberta Health Services" 	s if signatures are not on report)	Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4

 Business reasons for travel require detailed descriptions – include where travelled to, who attended (if
med), why travel was necessary and detailed explanation of reason. Accounts Payable only

· Disputes letter

. Return, refund and/or credit receipts

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Ι_

Denise Macdonald

From: Sent: Reservations [itinerary@redarrow.ca] Tuesday, August 06, 2013 8:50 AM

To:

Denise Macdonald

Subject:

Invoice



Invoice

Date: 2013-08-06

ART TOO

ALBERTA HEALTH SERVICES - CALGARY ZONE

ALBERTA HEALTH SERVICES

P.O.

EDMONTON_ABT5J 2NB

304 - 35 Avenue NE Calgary,AB Phone: 1-800-232-1958

Order# Ordered	Customen# P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
2013-08-06			2013-08-14	2013-08-16	- 1	Table 1

Travedore:

WHITE/RONDA

Product	Details	Duration	Price Basis	1042	75	
ECEXP 16:30 Assigned to: 03A	Departs: Edmonton (EDMCEDAR / Best Western Cedar Park Inn)-2013-08-14 at 16:45 Arrives: Calgary (CALTO / Calgary Ticket Office) 2013-08-14 at 19:50	3 hrs 6 mins	Corporate 1	1	69.52	38led 69.52
CEEXP 16:30 Assigned to: 06A	Departs: Calgary (CALTO / Calgary Ticket Office) 2013-08-16 at 16:30 Arrives: Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2013-08-16 at 19:35	3 hrs 5 mins	Corporate	1	69.52	69.52

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Date From Reference Amount
2013-08-06 RONDA WHITE MasterCard 139.04 CAD

TERMS: DUE UPON RECEIPT

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

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. PLEASE REMIT PAYMENT TO THE ADDRESS LISTED ON YOUR STATEMENT. THANK YOU.

IF YOU WISH TO MAKE ANY CHANGES TO THIS RESERVATION - time change, date change, or cancel for a full refund - we require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures. Wheelchair reservations & cancelation to travel bookings during our Christmas Blackout period (December 13, 2012 to January 3, 2013) require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or

Page: 1 of 1



CALGARY SOUTH

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

AB HEALTH SERVICES
Ms Ronda White

Edmonton AB T5R 1C5 Canada Room:

0705

Folio: Cashier:

259

Arrival:

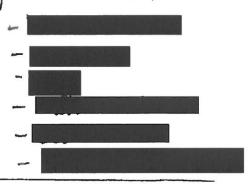
259 08-14-13

Departure:

08-16-13

Date	Description	Additional Information	Charges	Credits
08-14-13	Room Charge		154.00	
08-14-13	DMF		4.62	
08-14-13	Room GST		7.93	
08-14-13	Tourism Levy		6.34	
08-15-13	Room Charge		154.00	
08-15-13	DMF		4.62	
08-15-13	Room GST		7.93	
08-15-13	Tourism Levy		6.34	
08-16-13	Mastercard			345.78
GST Sum		Total	345.78	345.78
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F&B	0.00			
Other	0.00			
Total	15.86			

Hotel for tup to Calgary to meet with Legal Pirms & Legal a Privacy team Aug 15/16 2013 Letys held with external consul:



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 falls to pay for any part of or the full amount of these charges.