

Executive Expense Report

Name Ronda White

Title Chief Audit Executive, Internal Audit & Enterprise Risk Management

Location Edmonton

Expenses submitted during the month of October 2013

							Travel	(1)						
Source Date Document		Purpose	Ai	rfare	N	4eals	Accommo	dation	ther ravel	To Tra		Professio Developm (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Oct-2013 P-Card Oct-2013 Expense Claim	Meetings Meetings					118		864	(70) 159		794 277			
Total			\$		\$	118	\$	864	\$ 89	\$:	1,071	\$	 \$ -	\$

Total for the

Month \$ 1,071

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

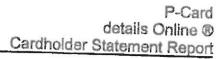
3) Hosting and Hospitality expenses

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report





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WHITE, RONDA	CHIEF AUDIT EXECUTIVE		
Carcholdar's Name	Cardholder's Position/Title	Billing Reporting Period:	20/10/2013
NTERNAL AUDIT & ENTERPRISE	FOCUS BUILDING		20710/2013
Sardholder's Dept	Cardholder's She/Location	Total Statement Amount:	\$794,93
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Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans	Amount	GST	Preigi	Description
20/09/2013	828969632	NED ANGOW EXPINESS LTD, BUS LINES	-69.60	CAD	V	-è0.52	-3.31		result from Flad Arrow as corpociac resulting from meetings in Colory
20/09/2013	128050833	LTAC LUNYSCUTH, DETAILOTELS	\$46.78	CAD	7	345.78	15.66	.00	Reversed Charge
0/10/2013	151203614	LIACALGANY SOUTH, IN LIATION LLU	516.67	CAD	7	518.67	20.75	.00	to C y to mark a private IA in

P-Card details Online ® Cardholder Statement Report

Signatures										
Cardholder Dasignatu (If Applicable)										
By signing this statement	clied this statement in BMO Online to the best of my ability	5								
Program User Guide and Training. I have alloc	aled the transaction(s) to the proper cost centre.	in accordance to AHS Corporate Policies.								
Denise MacDonald	Administrative Coordinator									
Name of Cardholder Designate	Cardholder Designate Position/Trie	-								
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ACTIOG UNOVO	UHC0017-28/13	_								
Signature of Cardholder Designate	Date of Signeture									
Cardholder										
By signing this statement	- I time to the second	min 420 4 10 m								
expenses paint disjund the ju combinate with	evel, Hospitality and Working Session Expense Polloy (112)	2)" of Albura Health Services and comm								
 I attent the expenses enciosed in this claim are 	for valid business runness for Alberta Health Sarvings on	d that this risks has not have results at								
claimed by me or on my behalf from Alberta He charged is etsched.	eith Services or any other Organization, A personal cheque	for any personal expenses inadvertantly								
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provided,		en resonate and supporting armyan is								
WHITE, RONDA	CHIEF AUDIT EXECUTIVE									
Revente	Cardinitier Position/Title									
- Revaile	Oct 28113	_								
Signature of Caroholder	Date of Signature									
Approver Designate (if Applicable)										
By signing this statement										
 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 superses analoged in this cigim are cigimed by the distresh or on their behalf from. 	for valid business purposes for Alberta Health Services and Alberta Health Services or any other Organization, A person	if that this claim has not been previously								
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Signature of Approver Designate	Date of organization									
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expenses being claimed are in compliance with	such policy.	c) or servering Linearity Contactors and Countill								
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cuirred by the ciriment or on their behalf from a	Alberta Health Services or any other Organization. A person	mi chaque for personal expenses (nedvertently								
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provided.	the second state of the second	toose and supporting analysis is								
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	NOV. 1, 2013									
Signature of prover	Nov. 1, 2013 Date of Signature	•								
Submit approved statement with attachments to Ap-										
Attech:		Address:								
 Original (or scanned) familized receipts with docum 	ented business reasons including names of porticipants	Address.								
where required		Albertu Health Services								
 Signed Cardholder Statement Raport (or copies of 	electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza								
And where applicable: * Copies of pre-approvals for travel	•	10th Floor, North Tower, 10030-107 Street								
Personal chaque psyable to "Alberta Hesiti Services" Edmonton, AB T6J 3E4										
 Return, refund and/or credit receipts 	Return, refund endfor credit receipts									
Disputes letter										
 Business reasons for invest require detailed descri- mest), why travel was necessary and detailed expl 										
•	and the sale									
Accounts Payable only:										
Reference #:	Reviewed by:	Defe:								
	. =									

RUN DATE: 10/28/2013

Denise Macdonald

From: Sent: Reservations [itinerary@redarrow.ca] Friday, September 20, 2013 7:36 AM

To:

Denise Macdonald

Subject:

Invoice



Invoice

Date: 2013-09-20

Bill To

You can reach us at

ALBERTA HEALTH SERVICES - CALGARY ZONE ALBERTA HEALTH SERVICES P.O. BOX 1600 EDMONTON,ABT5J 2N9 304 - 35 Avenue NE Calgary,AB Phone: 1-800-232-1958

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
PACE N	2013-09-10		-		2013-09-18	2013-09-18	-	

Travellers

WHITE/RHONDA

Product	Details		Price Basis	Qty E	ach	Billed
ECEXP 16:30 Assigned to: 05C	Departs: Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2013-09-18 at 16:45 Arrives: Calgary (CALTO / Calgary Ticket Office) 2013-09-18 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52

Date	From	Reference	Amount
2013-09-10	RHONDA WHITE	MasterCard	139.04 CAD
2013-09-20	RHONDA WHITE	MasterCard	-69.52 CAD

Base Price:	69.52 CAD
Discounts:	0.00 CAD
Service Charges:	0.00 CAD
Invoice Total:	69.52 CAD
Commission:	0.00 CAD
Received:	69.52 CAD
Balance:	0.00 CAD

TERMS: DUE UPON RECEIPT

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 failure to arrive on time for departure will result in 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 Arrow.

Our Core Values: Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication

Page: 1 of 1



CALGARY SOUTH

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

GOVT AB Ms Ronda White

Edmonton AB Canada

Total

Room: Folio:

0401

Cashler: Arrival:

240

Departure:

09-18-13 09-20-13

Date	Description	Additional Information	Charges	Credits
09-18-13	Room Charge			Ciedia
09-18-13	DMF		154.00	
09-18-13	Room GST		4.62	
09-18-13	Tourism Levy		7.93	
09-19-13	Room Charge		6.34	
09-19-13	DMF		154.00	
09-19-13	Room GST		4.62	
09-19-13			7.93	
Name and American Company	Tourism Levy		6.34	
09-20-13	Mastercard			345.78
GST Sum		Total	345.78	345.78
Registration No: 895126332		Balance Due	0.00 CD	N
F&B	0.00	The state of the s		
Other	0.00			

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- altered Exert & Privacy France - meet un the 1st teams in Colgany

15.86

Guest Signature:

Page: 1 of 1



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

GOVT AB
Ms Rhonda White
Room; 0809
Folio;
Edmonton AB
Canada
Canada
Room; 0809
Folio;
Cashier: 122
Arrival: 10-07-13
Departure: 10-10-13

Date	Description	PRO (A) WILDING A MAN A CONTROL OF THE CONTROL OF T	Additional Information		Charges	Credits	·I
10-07-13	Room Charge				154.00		≟
10-07-13	DMF				4.62		
10-07-13	Room GST				7.93		
10-07-13	Tourism Levy				6.34		
10-08-13	Room Charge				154.00		
10-08-13	DMF				4.62		
10-08-13	Room GST				7.93		
10-08-13	Tourism Levy						
10-09-13	Room Charge				6.34		
10-09-13	DMF				154.00		
10-09-13	Room GST				4.62		
10-09-13	Tourism Levy			•	7.93		
10-10-13	Mastercard				6.34		
10-10-10		4				518.67	
GST Sum			Total		518.67	518.67	V
Room	on No: 895126332 23.79		Bala	nce Due	0.00 CD	N	
F&B	0.00		<u> </u>			Bernanda	ĺ
Other	0.00						
Total	23.79						

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N meet se: heigh RFP

Meeting note De connect - and amenitation

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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.



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

Best and property of a good and Employee 8 (Fe-Popole) if your purpose is not provided to the New E-Popole your purpose of the Popole is provided to the New E-Popole your purpose of the Popole is provided to the New E-Popole your purpose of the Popole is provided to the New E-Popole your purpose of the Popole is provided to the New E-Popole your purpose of the Popole your purpose of the Popole your will great an a new employee and your popular as Annual Popole is the Popole your will great an a new employee and your popular as E-Popole your will great your purpose of the Popole your your your purpose of the Popole your will great your your your your your your your your	SECTION A:	EMPLO'	EE DETAILS	for AHS Staff O	NLY)								
Constitute Efforcation Dept. Informal Audit DOFA Levels (r. applicable) Unifor: Business Phone 9: Ext:	Enter empIndicate NIf you are	oloyee # (old VA in the En a new empl	d) and Employee # (nployee # (E-People	E-People) if your pa	yroff has n	and for firm Morne I	- Danala annu	and an artist		Travel Period from: To		То	
Ext: Ext: Ext: Ext: Ext: Ext: Ext: Ext:	Name: Ronga	White							Chief Audit Execu	The second of th	arei		
Employee \$ (E-People): SECTION E: FINANCE CODING ONLY > Expenditure Organization				Dept: Internal Au	dit	DOFA Level	i: 🔳	(if applicable)	Union:	Busine	as Phone #:	Fr Fr	t·
CAPITAL PROJECT CODING ONLY	Employee # (E-	People):											**
CAPITAL PROJECT CODING ONLY	SECTION E.	SECTION ETFINANCE CODING & TOTAL CLAIM											
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2B 2C 2D	2A 101	0006			Unix	-			Expense	Expense	Total Section E	1	\$276.88
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advest their expenses submitted in this claim have been incurred by using a cost effective method, otherwise net expenses and supporting energials to provided aboves. Irane. Hospitality and Workins Sension Bruenzes Policy - Document# 1122	SECTION F: A	UTHORIZ d understand the	ZATION Trevel, Hospitelity and Woodles	Seeder C. D. T. C.								-	
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Employee Signature: Approved List will have read and understand the Travel, Horself as and Working Bassian beause Policy (1122) of America Insulant the Companies and Approved List will be sured as purposes for Alberta Health Survices and that this claim is not been previously claimed by the Companies as purposes of the Companies and the survices and that this claim is not been previously claimed by the Companies as purposes of the Companies and the survices and that this claim is not been previously that the companies as a purpose of the Companies and the survices and the companies and the claim are for valid business prepares for Alberta Health Services and companies that the companies and companies and companies that the companies and companies and companies and companies and the companies and the companies and the companies and the claim the companies and the companies and the companies and the claim the companies and the claim the companies and the companies and the companies and the claim the companies and the companies and the companies and the claim the companies and the compan				The state of the s	o nellionale and as	opporting energels is pro-	Writing aboves, .	Iravel.	Hospitality and Working S	Session Expenses Policy - D	couments 1122		
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Signature:	20 CO						DOFA Level		Position#		Phone#		Ext
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Approved By (PRINT ONLY): DOFA Level Position# Phone # Ext 1, bry signing this form, when it that I am compliant to all the above statements	I attract that expenses submitted that the expenses submitted that expenses submitted that the expenses are submitted to the e	ic in this claim are i	or velid business perposes for A	merts Hissith Services and that the	ils cisim has not i	men previously claimed is	the classical or on th	eir behalf from Allerta Health	Services of any officer Organiza	etion			
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	I, by signing this form, e			**************************************	·		Title		-				

Health and Personal information on this form is conscised 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 administrating AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

	nter Finance Coding 101 0006	71110700			Emp # (E-P			Mr. (1985)						ge ZA		
if expenses \$ amount o	incurred are for multiple FC's please use pages 28 n slip, <u>DO NOT</u> separate any taxes (eg. GST). Sec	,2C,2D (a ondary/E)	ter pg3) ea opense cod	there sho les are not	uld be one F required in t	C per page his section	OR it	f more lines y are pre-dat	are required ermined by th	for the same e system.	FC use the	ese addition	al pages. El	nter total		
SECTION	B: TRAVEL EXPENSES NOTE: If superior	as do not ful	l into these c	alagorias suci	h sa Hospitality.	Working See	ion, Rei	location, Continu	ing Education, E	lusiness Insure	ice go to SECT	TON C			1	
Select from dropdown (column Prev) where expenses were incurred (Out of N.America = Interf) Ensure separate lines are used for claim items that other in Province, US and Out of North America.					Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column,											
		Prov, US, or Out of NAmor where expenses incurred?	What is travel related to?		Further Explanation is REQUIRED in the "Retionale is Required" section on this page											
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if ment), why travel was necessary and detailed explanation of meson) A description of just "Meeting" will be returned for clarification			Cont Effective Method Used? Y/N	Meal (Allowance OR Receipt Meal Allowance Meal with Re			ecsipt) with Receipt	If amount being clai policy limit stated		endlx A	Rental Carl Bus/LRT/	Per Diem	Mileage		
					Meel Type with value	Aflowance	Mexi Type	with receipt	Airfare	enale is requi	Text	Parking / Fuel	Allowance	(km)		
7-Oct-13	Travel to Cale any for ANS Legal & Privacy and EARM Meetings			Yes	D-\$20.75	\$20.75										
8-Oct-13	Meetings with AHS Lagal & Privacy & IAS/EHM and			Yes	LD-\$32.35	\$32,35										
9-Oct-13	Medings with AHS Legal & Privacy & IAS/ERM staff & the Official Administrator			Yes	LD-\$32.35	\$32.35										
10-Od-13	Meetings with AHS Legal & Privacy & IAS/ERM staff / Return to Edmonton			Yes	LD-832.35	\$32.35									1	
10-Oct-13	Travel to/from Ceigary by car (see rationals before)			No						-				315,00		
	SUBTOTALS			\$117.80								315,00	1			
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle										Enter \$0.505 km, \$0.47 km QR rate per Union Agreement (see Mileage details to the lart)						
	Rates applicable \$0.505 per km for under 5.000 km		Mileege \$ \$159.0						/							
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3										Travel \$ Subtotal \$117.80						
No.	ote: Total will acto in thio pg 1, Second E, it form com	Auto fille on page 1 - TOTAL TRAVEL \$ \$276.88						Vic								
Rational (Any ana Most cost of the accu	is Required for expense that are not Cost E lysis supporting the method to essess cost of effective method of travel is Red Arrow bus (schedulis mulated mileage as an equivalent. Savingo of the cost	fective fectivening with Re	es should d Arrow di pi fars	d be atta	ched to the with my sch	claim for edule). Rou ~ ¶40	nì nd tri	p via Red Am	ow is \$139.04 ng @ R	, round trip of	laiming mile	nge is \$318	.15. Am clai	ming half		
<u></u>				programme a selection	24 -4 2										J	