

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive Internal Audit & ERM
Location Edmonton
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	P-Card	Meetings			346	350	696			
Jan-14	Expense Claim	Meetings		85		47	132			
Total			\$ -	\$ 85	\$ 346	\$ 397	\$ 828	\$ -	\$ -	\$ -

Total for the Month \$ 828

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

Instructions:

- 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

WHITE, RONDA	CHIEF AUDIT EXECUTIVE	
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period: <u>20/01/2014</u>
INTERNAL AUDIT & ENTERPRISE	FOCUS BUILDING	
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount: \$695.08
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA		
Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
07/01/2014	330103092	MPAR000020290U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	✓.00	.00	Parking at Seventh Street Plaza for Executive Meeting ①
08/01/2014	330423480	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	23.00	CAD	23.00	✓.00	.00	Taxi fare from Red Arrow to Delta South to attend L&P, IA & ERM meetings ②
10/01/2014	330033607	DELTA CALGARY SOUTH, DELTA HOTELS	\$46.78	CAD	\$46.78	✓.00	.00	Hotel Room for meetings in Calgary with Legal Team and INVERM team ③
13/01/2014	330048835	ASSOCIATED CABS LTD, LIMOUSINES AND TAXICABS	27.00	CAD	27.00	✓.00	.00	Taxi fare from Southport to Red Arrow to return to Edmonton ④
15/01/2014	340137364	RED ARROW EXPRESS LTD, BUS LINES	278.00	CAD	278.00	✓13.2	.00	2 Red Arrow Reservations for Travel to Calgary - one for AFAC; one for meeting with the Official Administrator ⑤
18/01/2014	340300068	MPAR000020109U, AUTOMOBILE PARKING LOTS AND GARAGES	4.00	CAD	4.00	✓.00	.00	Parking fee for Saturday session of the AFAC Executive Education Program ⑥


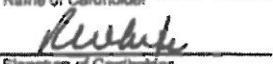


✓
PBO

ASL:and

RUN DATE: 01/22/2014

Proprietary and Confidential
Powered by BMO Spend & Payment Solutions

PAGE NO: 1

Signatures Cardholder Designate (If Applicable) By signing this statement: <ul style="list-style-type: none"> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>MACDONALD, Denise</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small> </div> <div style="width: 45%;"> <u>Administrative Coordinator</u> <small>Cardholder Designate Position/Title</small> <u>January 22/14</u> <small>Date of Signature</small> </div> </div>					
Cardholder By signing this statement: <ul style="list-style-type: none"> 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 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>WHITE, RONDA</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small> </div> <div style="width: 45%;"> <u>CHIEF AUDIT EXECUTIVE</u> <small>Cardholder Position/Title</small> <u>Jan 27/14</u> <small>Date of Signature</small> </div> </div>					
Approver Designate (If Applicable) By signing this statement: <ul style="list-style-type: none"> 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 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Susan BEST</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small> </div> <div style="width: 45%;"> <u>Executive Assistant</u> <small>Approver Designate Position/Title</small> <u>Jan. 27, 2014</u> <small>Date of Signature</small> </div> </div>					
Approver By signing this statement: <ul style="list-style-type: none"> 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 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. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>RHODES, Deborah</u> <small>Name of Approver</small>  <small>Signature of Approver</small> </div> <div style="width: 45%;"> <u>Interim Chief Financial Officer</u> <small>Approver Position/Title</small> <u>Jan. 28/14</u> <small>Date of Signature</small> </div> </div>					
Submit approved statement with attachments to Accounts Payable: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px; vertical-align: top;"> Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required 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 Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4 </td> </tr> </table>			Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required 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 Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
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Accounts Payable only: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Reference #:</td> <td style="width: 33%; padding: 5px;">Reviewed by:</td> <td style="width: 33%; padding: 5px;">Date:</td> </tr> </table>			Reference #:	Reviewed by:	Date:
Reference #:	Reviewed by:	Date:			

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time

06:00 PM
JAN 07, 2014

release Date/Time: 07:51am Jan 07, 2014

tot Parking: \$17.14

tot gar: \$0.00

tot Due: \$17.14

tot Paid: \$17.14

date #: [REDACTED]

V #: 600012451104

atting Lot 256

sch Name: Meter 1

Rate: \$18.00-EarlyBird
Payment Type: Card

rel [REDACTED] MasterCard

Auth #: [REDACTED]

GST #667316638RT0001

Lot nudge SSP

RECEIPT

IMPARK LOT 256

NO IN AND OUT PRIVILEGES

expiration Date/Time: 06:00pm Jan 07, 2014

release Date/Time: 07:51am Jan 07, 2014

tot Parking: \$17.14

tot gar: \$0.00

tot Due: \$17.14

tot Paid: \$17.14

date #: [REDACTED]

atting Lot 256

sch Name: Meter 1

Rate: \$18.00-EarlyBird
Payment Type: Card

rel [REDACTED] MasterCard

Auth #: [REDACTED]

Merchant [REDACTED]

* TRANSACTION RECEIPT *

Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE: MasterCard

CARD: [REDACTED]

EXP: [REDACTED]

DATA: SWIPED

TerminalID: [REDACTED]

Transaction Reference

Number: [REDACTED]

DATE: 2014/01/08 22:03:35

AUTH: [REDACTED]

IFID: 9989570

DRV: 9311

VEH: 996

GST: 815000500

Meter Start Time:

21:48:03

Meter Stop Time:

22:02:53

Distance: 9.9 Km

FARE 1: \$ 19.33

FLAT: \$ 0.00

TAX: \$ 0.97

TOTAL FARE: \$ 20.30

PAYMENT AMOUNT: \$ 23.00

TIP: \$ 0.00

TOTAL PAYMENT: \$ 23.00

ta

TICKET VOID IF RE-SOLD

Parking Set Session
AHS Free Ed Program

IMPARK

PHONE: 780-420-1976

Weekend Parker

Meter: LOT 103

Time: 8:01A JAN 18

Price: \$ 4.00

Card: [REDACTED]

Exp: [REDACTED]

Expires: [REDACTED]

6:00AM SUN
JAN 14

INSTRUCTIONS ON BACK
GST No 667316638RT0001

THIS SIDE UP ON DASH

PLACE THIS SIDE UP ON DASH

ASSOCIATION CAL 1A 1M
287 - 17 AVE NW (403) 299-11
INSIST ON THE PROFESSIONALS

DATE
PIK UP TIME
DROP OFF TIME
TRIP ID
LOCATION
CAR NUMBER
CARD TYPE
CASH
EXPENSE
AUTH

287/01/18

16 35

18 33

185 68

679880-4624183787

183357

FARE (\$)
LTRA (\$)
SUBTTL (\$)

71 88

8 88

21 88

Southport to Red Arrow
Calgary

TOTAL (\$)

SIGNATURE:

FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE: WWW.ASSOCIATEDCAB.CA

CUSTOMER'S COPY

6

4

1

2



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

ALBERTA HEALTH

Ms Ronda White

Edmonton AB

Canada

Room: 0307

Folio:

Cashier: 122

Arrival: 01-08-14

Departure: 01-10-14

Date	Description	Additional Information	Charges	Credits
01-08-14	Room Charge		154.00	
01-08-14	DMF		4.62	
01-08-14	Room GST		7.93	
01-08-14	Tourism Levy		6.34	
01-09-14	Room Charge		154.00	
01-09-14	DMF		4.62	
01-09-14	Room GST		7.93	
01-09-14	Tourism Levy		6.34	
01-10-14	Mastercard			345.78

GST Summary	
Registration No: 895126332	
Room	15.86
F&B	0.00
Other	0.00
Total	15.86

Total	345.78	345.78
Balance Due	0.00	CDN

3

*Hotel for Jan 8-10 meetings in Calgary
with legal team & IAT/ERM team*

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.

Denise Macdonald

From: Reservations [itinerary@redarrow.ca]
Sent: Thursday, January 16, 2014 8:18 AM
To: Denise Macdonald
Subject: Invoice

**Invoice****Date:** 2014-01-16

Bill To:

Your own needs are at

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES
P.O. BOX 1600
EDMONTON, AB T5J 2N9

5116 Gateway Boulevard
Edmonton, AB

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-01-15		-	-	2014-01-21	2014-01-31	-	

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 03A	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2014-01-21 at 18:30 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-01-21 at 21:50	3 hrs 20 mins	Corporate	1	1	69.52 69.52
CEEXP 16:30 Assigned to: 11C	Departs Calgary (CALTO / Calgary Ticket Office) 2014-01-23 at 16:30 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2014-01-23 at 19:50	3 hrs 20 mins	Corporate	1	1	69.52 69.52
ECEXP 16:30 Assigned to: 03C	Departs Edmonton (EDMTO / Edmonton Ticket Office) 2014-01-29 at 16:30 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-01-29 at 19:50	3 hrs 20 mins	Corporate	1	1	69.52 69.52
CEEXP 16:30 Assigned to: 03A	Departs Calgary (CALTO / Calgary Ticket Office) 2014-01-31 at 16:30 Arrives Edmonton (EDMTO / Edmonton Ticket Office) 2014-01-31 at 19:50	3 hrs 20 mins	Corporate	1	1	69.52 69.52

Payments Received:

Date	From	Reference	Amount
2014-01-15	RONDA WHITE	MasterCard	278.08 CAD

Base Price: 278.08 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 278.08 CAD
Commission: 0.00 CAD
Received: 278.08 CAD
Balance: 0.00 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

5

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, 2013 to January 6, 2014) 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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- 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)

Expense Date From: 20-Dec-13 To 20-Jan-14

Travel Period from: To (if applicable)

Out-of-Province Travel

Name: Ronda White

Position (Title):

Chief Audit Executive

Location: Edmonton

Dept: Internal Audit

DOFA Level:

(if applicable)

Union:

Business Phone #:

Ext:

Employee # (E-People):

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

Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense
2A	101	0006	7111070000	\$132.45
2B				
2C				
2D				
				\$132.45

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense

**User to enter Coding & \$ Amounts

NOTE: These fields do not automatically fill for Section C & D

TOTAL REIMBURSEMENT

Total Section B \$132.45

Total Section C&D

Less Cash Advance

TOTAL CLAIM \$132.45

SECTION F: AUTHORIZATION

I attest that I have read and understood 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 expenses submitted 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.

I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise relevant and supporting analysis is provided above.

Travel, Hospitality and Working Session Expense Policy - Document 1122

I, by signing this form, attest that I am compliant to all the above statements

Employee Signature:

R. White

Date:

Jan 27/14

I attest that I have read and understood 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 expenses submitted 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.

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Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deborah Rhodes

DOFA Level

Position #

Phone #

Ext

Signature:

Deborah Rhodes

Title

Acting Leader, Corporate Services & CFO

Date

Jan. 28/14

I attest that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.

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Approved By (PRINT ONLY):

DOFA Level

Position #

Phone #

Ext

Signature:

Title

Date

Health and Personal Information on this form is collected by AHS under the authority of section 20(2) 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.

EXPENSE CLAIM DETAILS

Enter Finance Coding		101 0006 71110708000	Emp # (E-People)		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													
Select from dropdown (column Prev) 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.													
Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column, Further Explanation is REQUIRED in the "Rationale is Required" section on this page													
Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended (if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt						
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare				Hotel
8-Jan-14	Parking at Cedar Park Inn to catch the Red Arrow for travel to Calgary to meet Legal & Privacy, INGRAM team; Meal Allowance		Meeting	Yes	D-\$20.75	\$20.75	✓				\$21.00	✓	
9-Jan-14	Meal Allowance while in Calgary to attend meetings with L&P, IA and ERM teams		Meeting	Yes	LD-\$32.35	\$32.35	✓						
10-Jan-14	Meal Allowance while in Calgary to attend meetings with L&P, IA and ERM teams		Meeting	Yes	LD-\$32.35	\$32.35	✓						
16-Jan-14	Parking fee to attend AHS Executive Education Residency		Educ	Yes							\$13.00	✓	
17-Jan-14	Parking fee to attend AHS Executive Education Residency		Educ	Yes							\$13.00	✓	
SUBTOTALS						\$85.45					\$47.00		Total Km
MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement					Enter \$0.505 km, \$0.47 km OR rate per Union Agreement (see Allowance details to the left)			\$0.505					
					Mileage \$								
					Travel \$ Subtotal			\$132.45					
Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3					Auto fill on page 1 - TOTAL TRAVEL \$			\$132.45					
Rationale is Required for expenses that are not Cost Effective (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)													

BEST WESTERN CEDAR PARK INN5116 Gateway Blvd.
Edmonton, AB T6H 2H4

(780) 434-7411

reservations@cedarparkinn.com

Registered To:

Parking (MUST be 0 Balance), PARK

Room # HOUSE ACCOUNT

Transfer To

Conf #

Arrival 01/08/14

Departure 01/08/14

Group

Room Type

Guests 0 / 0

Payment

Acct

Posting	Oper	AcctCo	Description	From	Reference	Amount
01/08/14	SM	CH	PAYMENT CASH			\$21.00-

Balance Due

\$21.00-

Pd Cash -

*Parking e-Red arrow
for trip to Calgary Jan 8-10
meeting with legal & A/BEN team*

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.

GST# 851767210RP0001

Parking - AHS EXCC Ed RAO

Impark
 IMPERIAL PARKING
 CANADA CORPORATION
 10288 - 107TH STREET
 EDMONTON, ALBERTA 420-1878

READ CONDITIONS CAREFULLY
 • Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
 • Vehicles and contents left at owner's risk. • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:	
OUT:	
IN:	13.00
AMOUNT:	13.-

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT ON VALIDATION
 IMPERIAL PARKING
 CANADA CORPORATION
 10288 - 107TH STREET
 EDMONTON, ALBERTA 420-1878

Impark 068482

RECYCLABLE

TAXES INCLUDED (S.S.T. REG. #R1731 0688 RT0001)
 VISIT OUR WEBSITE AT www.Impark.com

Parking - AHS EXCC Ed RAO

Impark
 IMPERIAL PARKING
 CANADA CORPORATION
 10288 - 107TH STREET
 EDMONTON, ALBERTA 420-1878

READ CONDITIONS CAREFULLY
 • Vehicles not displaying Valid Ticket on dash will be towed or charged at owner's expense.
 • Vehicles and contents left at owner's risk. • Maximum Daily Rate charged on lost tickets. • Vehicles parked over 24 hours will be subject to towing and storage fees unless attendant is notified. • We reserve the privilege of moving vehicles to other section of lot. • Ticket is non-transferable. • No in and out privileges.

LIC. NO.:	
OUT:	
IN:	13.00
AMOUNT:	13.-

PLACE THIS SIDE UP ON DASH

DETACH THIS PORTION FOR VALIDATION

RECEIPT ON VALIDATION
 IMPERIAL PARKING
 CANADA CORPORATION
 10288 - 107TH STREET
 EDMONTON, ALBERTA 420-1878

Impark 068558

RECYCLABLE

TAXES INCLUDED (S.S.T. REG. #R1731 0688 RT0001)
 VISIT OUR WEBSITE AT www.Impark.com

From: Denise MacDonald
Sent: Friday, February 07, 2014 10:58 AM
To: Public Disclosure
Cc: Sunantha Srinivasan; Darlene Babiy
Subject: RE: January 2014 Expense Report Ronda White

Ronda has approved the redacted documents. Thank you!

Denise MacDonald
*Executive Administrative Coordinator
to Ronda White, Chief Audit Executive
Internal Audit & Enterprise Risk Management
Alberta Health Services
9925 109 Street
Edmonton, Alberta T5K 2J8*

Tel: (780) 735-1160
Email: Denise.Macdonald@albertahealthservices.ca

"When we are no longer able to change the situation, we are challenged to change ourselves"

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From: Darlene Babiy
Sent: Friday, February 07, 2014 10:43 AM
To: Denise MacDonald
Cc: Sunantha Srinivasan
Subject: January 2014 Expense Report Ronda White

Hi Denise

Attached are the redacted expense file and summary reports for Ronda's expenses. Please have her review and provide approval for disclosure by sending an email to Public_Disclosure@albertahealthservices.ca

Thank you
Darlene

Darlene Babiy, CMA
**Director, Public Expense Disclosure and Reporting
Financial Operations**
Seventh Street Plaza, North Tower, 10th Floor
10030 107 Street
Edmonton, AB T5J 3E4

tel: 780-735-0515 **cell:** 780-904-3727 **fax:** 780-735-0347

Alberta Health Services

www.Darlene.Babiy@albertahealthservices.ca

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