

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive Internal Audit & ERM
Location Edmonton
 Expenses submitted during the month of February 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) |
| Feb-14 | P-Card | Meetings | | | 519 | 441 | 960 | | | |
| Feb-14 | Expense Claim | Meetings | | 148 | | 21 | 169 | | | |
| Total | | | \$ - | \$ 148 | \$ 519 | \$ 462 | \$ 1,129 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,129

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

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

| | | |
|--|---|---|
| WHITE, RONDA Cardholder's Name | CHIEF AUDIT EXECUTIVE Cardholder's Position/Title | Billing Reporting Period: 20/02/2014 |
| INTERNAL AUDIT & ENTERPRISE Cardholder's Dept | FOCUS BUILDING Cardholder's Site/Location | Total Statement Amount: \$990.25 |
| 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 |
|------------------|-----------|---|-----------------------|----------|--------------|-------|---------|---|
| 20/01/2014 | 340617842 | RED ARROW EXPRESS LTD, BUS LINES | -69.52 | CAD | 69.52 | 9.31 | | Reimbursement for cancellation of Calgary one-way ticket (1) |
| 20/01/2014 | 340617843 | RED ARROW EXPRESS LTD, BUS LINES | -69.52 | CAD | 69.52 | 9.31 | | Reimbursement for cancellation of Edmonton one-way ticket (2) |
| 22/01/2014 | 340841027 | MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES | 18.00 | CAD | 18.00 | .00 | .00 | Parking Fee to attend Executive Leadership Meeting (3) |
| 27/01/2014 | 341231878 | RED ARROW EXPRESS LTD, BUS LINES | 138.04 | CAD | 138.04 | 6.82 | | Bus Fare (return trip) to travel to Calgary to meet with the OA, LAP and I/AERM teams (4) |
| 28/01/2014 | 341358130 | RED ARROW EXPRESS LTD, BUS LINES | -69.52 | CAD | 69.52 | 9.31 | | Reimbursement for cancellation of one way travel to Calgary (5) |
| 28/01/2014 | 341358131 | MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES | 18.00 | CAD | 18.00 | .00 | .00 | Parking Fee at SSP to attend Executive Leadership Meeting (6) |
| 28/01/2014 | 341539878 | RED ARROW EXPRESS LTD, BUS LINES | 69.52 | CAD | 69.52 | 9.31 | | One way bus fare to travel to Calgary to meet with the OA, LAP and I/AERM team Jan 29 (7) |
| 29/01/2014 | 341539879 | CHECKER CABS LTD, LIMOUSINES AND TAXICABS | 23.50 | CAD | 23.50 | 1.12 | | Bus from Red Arrow Calgary to Southport (8) |
| 31/01/2014 | 341750348 | DELTA CALGARY SOUTH, DELTA HOTELS | 348.78 | CAD | 348.78 | .00 | .00 | Trip to Calgary to attend meeting with OA, LAP and I/AERM team Jan 29 - 31 (9) |
| 03/02/2014 | 341979633 | RED ARROW EXPRESS LTD, BUS LINES | 278.08 | CAD | 278.08 | 13.24 | | 2 return trips to Calgary 2-Feb 13-Feb 2014 to attend meeting with OA, LAP & I/AERM team (10) |
| 04/02/2014 | 341979634 | MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES | 18.00 | CAD | 18.00 | .00 | .00 | Parking Fee at SSP to attend Executive Leadership Meeting (11) |
| 06/02/2014 | 342207784 | ASSOCIATED CABALLIED, LIMOUSINES AND TAXICABS | 33.70 | CAD | 33.70 | 1.60 | | Receipted purchase was for \$27.70 dispute \$10 on charge (12) |
| 06/02/2014 | 342434643 | DELTA CALGARY SOUTH, DELTA HOTELS | 172.88 | CAD | 172.88 | .00 | .00 | Accommodations for meeting with the OA, LAP, I/AERM teams Feb 5-6 (13) |
| 11/02/2014 | 342768870 | ASSOCIATED CABALLIED, LIMOUSINES AND TAXICABS | 26.30 | CAD | 26.30 | 1.20 | | Bus Fare from Red Arrow to Southport Feb 5 (14) |
| 11/02/2014 | 342768871 | ASSOCIATED CABALLIED, LIMOUSINES AND TAXICABS | 27.00 | CAD | 27.00 | 1.28 | | Bus Fare from Red Arrow from Southport Feb 6 (15) |

✓
pfo

Signatures
Cardholder Designate (If Applicable)
By signing this statement

- 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.

MACDONALD, Denise
Administrative Coordinator
Name of Cardholder Designate
Cardholder Designate Position/Title

Feb 24/14
Date of Signature
Cardholder
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 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.

WHITE, RONDA
CHIEF AUDIT EXECUTIVE
Name of Cardholder
Cardholder Position/Title
Signature of Cardholder
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 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.

Susan Best
Name of Approver Designate
Exec. Assistant
Approver Designate Position/Title

March 3, 2014
Date of Signature
Approver
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 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.

RHODES, Deborah
Acting VP Corporate Services & CFO
Name of Approver
Approver Position/Title

March 3/14
Date of Signature
Submit approved statement with attachments to Accounts Payable
Attach:

- 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

Address:

Alberta Health Services
 Accounts Payable
 7th Street Plaza
 10th Floor, North Tower, 10030-107 Street
 Edmonton, AB T5J 3E4

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Tuesday, January 28, 2014 3:10 PM
To: Denise Macdonald
Subject: Invoice



Invoice

Date: 2014-01-28

Bill To:

Your invoice is at:

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES

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

Travelers:

WHITE/RONDA

| Product | Details | Duration | Price Basis | Qty | Each | Billed |
|------------------|---|---------------|-------------|-----|------|-------------|
| CEEXP 16:30 | Departs Calgary (CALTO / Calgary Ticket Office) 2014-01-31 at 16:30 | | | | | |
| Assigned to: 03A | 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 | | 278.08 CAD |
| 2014-01-20 | RONDA WHITE | | -69.52 CAD ① ✓ |
| 2014-01-20 | RONDA WHITE | | -69.52 CAD ② ✓ |
| 2014-01-28 | RONDA WHITE | | -69.52 CAD ③ ✓ |

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

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 & cancellation 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

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Monday, January 27, 2014 11:24 AM
To: Denise Macdonald
Subject: Invoice

④

Invoice

Date: 2014-01-27

All Tax

You can reach us at:

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

Red Arrow Kiosk YYC
Departures Level @ Exit 11
Calgary

| Order# | Ordered | Customer# | P.O. | Group Name | Departing | Returning | Sales Rep | Sales Agent |
|--------|------------|-----------|------|------------|------------|------------|-----------|-------------|
| | 2014-01-27 | | - | - | 2014-02-05 | 2014-02-06 | - | |

Traveler:

WHITE/RONDA

| Product | Details | Duration | Price Basis | Qty | Each | Billed |
|------------------------------------|--|--------------|----------------|-----|-------|--------|
| ECEXP 06:00 Assigned to: 06A | Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-02-05 at 06:15 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-02-05 at 09:20 | 3 hrs 5 mins | Corporate 1 | 1 | 69.52 | 69.52 |
| CEEXP 16:30 Assigned to: 10A | Departs Calgary (CALTO / Calgary Ticket Office) 2014-02-06 at 16:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-02-06 at 19:35 | 3 hrs 5 mins | Corporate 1 | 1 | 69.52 | 69.52 |

Payments Received:

| Date | From | Reference | Amount |
|------------|-------------|------------|------------|
| 2014-01-27 | RONDA WHITE | MasterCard | 139.04 CAD |

Base Price: 139.04 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 139.04 CAD
Commission: 0.00 CAD
Received: 139.04 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

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 & cancellation 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

Denise MacDonald

7

From: Reservations [itinerary@redarrow.ca]
Sent: Wednesday, January 29, 2014 7:13 AM
To: Denise Macdonald
Subject: Invoice



Invoice

Date: 2014-01-29

Billing To:

You may reach us at

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES
P.O. BOX 1600

| Order# | Ordered | Customer# | P.O. | Group Name | Departing | Returning | Sales Rep | Sales Agent |
|--------|------------|-----------|------|------------|------------|------------|-----------|-------------|
| | 2014-01-29 | | - | - | 2014-01-29 | 2014-01-29 | - | |

Travellers:

WHITE/RONDA

| Product | Details | Duration | Price Basis | Qty | Each | Billed |
|---|--|--------------|----------------|-----|-------|--------|
| EDMCAL 15:30 YYC Assigned to: 05B | Departs Edmonton (EDMTO / Edmonton Ticket Office) 2014-01-29 at 15:30 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-01-29 at 19:35 | 4 hrs 5 mins | Corporate 1 | 1 | 89.52 | 89.52 |

Payments Received:

| Date | From | Reference | Amount |
|------------|-------------|-----------|-------------|
| 2014-01-29 | RONDA WHITE | | 89.52 CAD ✓ |

Base Price: 89.52 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 89.52 CAD
Commission: 0.00 CAD
Received: 89.52 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

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 & cancellation 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.

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Thursday, February 20, 2014 8:05 AM
To: Denise MacDonald
Subject: Invoice

(10)



Invoice

Date: 2014-02-20

ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES

You own events on net

Lebridge

| Order# | Ordered | Customer# | P.O. | Group Name | Departing | Returning | Sales Rep | Sales Agent |
|--------|------------|-----------|------|------------|------------|------------|-----------|-------------|
| | 2014-02-03 | | - | | 2014-02-18 | 2014-03-08 | - | |

Travellers:

WHITE/RHONDA

Travel for AFAC, Executive Ed Residency Program

| Product | Details | Duration | Price Basis | Qty | Each | Billed |
|---|--|---------------|----------------|-----|-------|--------|
| ECEXP 18:30 Assigned to: 07A | Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-02-18 at 18:45 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-02-18 at 19:50 | 3 hrs 5 mins | Corporate 1 | 1 | 69.52 | 69.52 |
| CALEDM 15:30 YYC Assigned to: 06C | Departs Calgary (CALTO / Calgary Ticket Office) 2014-02-22 at 15:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-02-22 at 19:20 | 3 hrs 50 mins | Corporate 1 | 1 | 69.52 | 69.52 |
| ECEXP 06:00 Assigned to: 05A | Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-03-05 at 08:15 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-03-05 at 09:20 | 3 hrs 5 mins | Corporate 1 | 1 | 69.52 | 69.52 |
| CEEXP 18:30 Assigned to: 06A | Departs Calgary (CALTO / Calgary Ticket Office) 2014-03-08 at 18:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-03-08 at 19:35 | 3 hrs 5 mins | Corporate 1 | 1 | 69.52 | 69.52 |

Strategic Leadership - OA + 1A / CRM + LP team mtg

Payments Received:

| Date | From | Reference | Amount |
|------------|--------------|-----------|------------|
| 2014-02-03 | RHONDA WHITE | | 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. *****


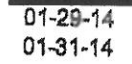
GST# BN139981476




135 Southland Drive S.E. Calgary, Alberta, T2J 6X5
Tel: 403-278-5050 Fax: 403-225-5834

(9)

AB HEALTH SERVICES
Ms Ronda White

Room: 
Folio: 
Cashier:
Arrival: 01-29-14
Departure: 01-31-14

| Date | Description | Additional Information | Charges | Credits |
|----------|--------------|---|---------|---------|
| 01-29-14 | Room Charge | | 154.00 | |
| 01-29-14 | DMF | | 4.82 | |
| 01-29-14 | Room GST | | 7.93 | |
| 01-29-14 | Tourism Levy | | 6.34 | |
| 01-30-14 | Room Charge | | 154.00 | |
| 01-30-14 | DMF | | 4.82 | |
| 01-30-14 | Room GST | | 7.93 | |
| 01-30-14 | Tourism Levy | | 6.34 | |
| 01-31-14 | Mastercard |  | | 345.78 |

| | |
|----------------------------|--------------|
| GST Summary | |
| Registration No: 895128332 | |
| Room | 15.86 |
| F&B | 0.00 |
| Other | 0.00 |
| Total | 15.86 |

| | | |
|--------------------|--------|--------|
| Total | 345.78 | 345.78 |
| Balance Due | 0.00 | CDN |

*Trip to Calgary Jan 29-31
to attend mtg with OA, NLP team,
and IA/ECM Calgary team*

Guest Signature: _____


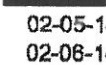
I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.



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

⑬

AB HEALTH SERVICES
Ms Ronda White

Room: 
Folio: 
Cashier:
Arrival: 02-05-14
Departure: 02-06-14

| Date | Description | Additional Information | Charges | Credits |
|----------|--------------|------------------------|---------|---------|
| 02-05-14 | Room Charge | | 154.00 | |
| 02-05-14 | DMF | | 4.62 | |
| 02-05-14 | Room GST | | 7.93 | |
| 02-05-14 | Tourism Levy | | 6.34 | |

| | |
|----------------------------|-------------|
| GST Summary | |
| Registration No: 895126332 | |
| Room | 7.93 |
| F&B | 0.00 |
| Other | 0.00 |
| Total | 7.93 |

| | | |
|--------------------|-------------------|-------------|
| Total | 172.89 | 0.00 |
| Balance Due | 172.89 CDN | |

*Meeting with DA, LA & ERM & legal & Planning
teams in Calgary Feb 5 & 6*

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.

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

Expiration Date/Time
06:00 PM
JAN 22, 2014

Purchase Date/Time: 07:21am Jan 22, 2014
Total Parking: \$17.14
Total get: \$0.65
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
SN #: 6000246704
Setting: Lot 256
Mach Name: Meter 1

Rate: \$18.00-EarlyBird
Payment Type: Card

Card: [REDACTED] MasterCard
Auth #: [REDACTED]
GST #867316639RT0001

Parking at SSP - *Red Army*

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Jan 22, 2014
Purchase Date/Time: 07:21am Jan 22, 2014
Total Parking: \$17.14
Total get: \$0.65
Total Due: \$18.00
Total Paid: \$18.00

Rate: \$18.00-EarlyBird
Payment Type: Card

DATE: 2014/02/05
PICK-UP TIME: 15:47
DROP-OFF TIME: 15:47
TRIP ID: 8
LOCATION: 073888-45324103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

ASSOCIATED CAB LTD
387 - 41 AVE NE (403) 288-1111
INSIST ON THE PROFESSIONALS

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

Expiration Date/Time
06:00 PM
JAN 29, 2014

Purchase Date/Time: 07:30am Jan 29, 2014
Total Parking: \$17.14
Total get: \$0.65
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
SN #: 6000246704
Setting: Lot 256
Mach Name: Meter 1

Rate: \$18.00-EarlyBird
Payment Type: Card

Card: [REDACTED] MasterCard
Auth #: [REDACTED]
GST #867316639RT0001

Parking @ SSP - *ELT*

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Jan 29, 2014
Purchase Date/Time: 07:30am Jan 29, 2014
Total Parking: \$17.14
Total get: \$0.65
Total Due: \$18.00
Total Paid: \$18.00

Rate: \$18.00-EarlyBird
Payment Type: Card

FARE (\$): 27.00
EXTRA (\$): 0.00
SUBTTL (\$): 27.00
TIP (\$):
TOTAL (\$):
SIGNATURE:

Taxi to Red Army from Supt

Taxi Red Army
Calgary to Supt
* 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: 00001556F298
Transaction Reference Number: [REDACTED]
DATE: 2014/01/29 20:20:45
AUTH: [REDACTED]
IFID: 181300993
DRV: [REDACTED]
VEN: 594
GSI: 834801243
Meter Start Time: 20:02:01
Meter Stop Time: 20:19:58
Distance: 9.8 Km

FARE: \$ 20.50
TAX: \$ 0.00
TOTAL FARE: \$ 20.50
PAYMENT AMOUNT: \$ 20.50
TIP: \$ 3.00

TOTAL PAYMENT: \$ 23.50
Purchase Auth Complete
Cardholder Conv

ASSOCIATED CAB LTD
387 - 41 AVE NE (403) 288-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/02/05
PICK-UP TIME: 09:20
DROP-OFF TIME: 09:45
TRIP ID: 320133
LOCATION: 073888-45324103707
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 25.30
EXTRA (\$): 0.00
SUBTTL (\$): 25.30

Taxi from
Red Army
to Supt

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES
Expiration Date/Time
06:00 PM
FEB 04, 2014

Purchase Date/Time: 07:04am Feb 04, 2014
Total Parking: \$17.14
Total get: \$0.65
Total Due: \$18.00
Total Paid: \$18.00
Ticket #: [REDACTED]
SN #: 6000246704
Setting: Lot 256
Mach Name: Meter 1

Card: [REDACTED] MasterCard
Auth #: [REDACTED]
GST #867316639RT0001

Parking @ SSP - *ELT*

RECEIPT

IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Feb 04, 2014
Purchase Date/Time: 07:04am Feb 04, 2014
Total Parking: \$17.14
Total get: \$0.65
Total Due: \$18.00
Total Paid: \$18.00

Rate: \$18.00-EarlyBird
Payment Type: Card

Card: [REDACTED] MasterCard
Auth #: [REDACTED]
GST #867316639RT0001

Disputing
charge as
discrepancy in
\$ amount.
\$6.00 more
charged.

DATE: 2014/01/31
PICK-UP TIME: 13:22
DROP-OFF TIME: 13:46
TRIP ID: 291306
LOCATION: 873000-45824183787
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 27.78
EXTRA (\$): 8.00
SUBTTL (\$): 27.78

TIP (\$): _____

TOTAL (\$): 33.70 ✓

Taxi to Red arrow

SIGNATURE: from
Southern

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

CUSTOMER'S COPY

(12)



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)

Name: Ronda White

Location: Edmonton

Dept: Internal Audit

DOFA Level:

Position (Title):

Chief Audit Executive

Employee # (E-People):

(if applicable)

Union:

Business Phone #:

Ext:

Expense Date From: 20-Jan-14 To: 20-Feb-14
Travel Period from: To: (if applicable)
Out-of-Province Travel

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →

Project Number

Expenditure Organization

Project Task Number

Expenditure Type

Total - Section B: Travel - Pg 2

| Pg | Bal Unit | Location | Functional Centre (FC) | Total Expense |
|----|----------|----------|------------------------|---------------|
| 2A | 101 | 0003 | 7111070000 | \$168.80 |
| 2B | | | | |
| 2C | | | | |
| 2D | | | | |
| | | | | \$168.80 |

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 |
|----------|----------|------------------------|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

TOTAL REIMBURSEMENT

| | |
|--------------------|-----------------|
| Total Section B | \$168.80 |
| Total Section C&D | |
| Less Cash Advances | |
| TOTAL CLAIM | \$168.80 |

SECTION F: AUTHORIZATION

I affirm that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1182)" of Alberta Health Services and certify expenses being claimed are in compliance with such policy.

I affirm that 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 affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise no note and supporting receipts is provided above.

Travel, Hospitality and Working Session Expense Policy - Document 1182

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

Employee Signature:

Ronda White

Date: Feb 25/13

I affirm that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1182)" of Alberta Health Services and certify expenses being claimed are in compliance with such policy.

I affirm that 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.

I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise no note and supporting receipts is provided above.

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

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

Signature:

Deborah Rhodes

Title

Acting VP Corporate Services & CFO

Date

I affirm that I have read and understood the "Travel, Hospitality and Working Session Expense Policy (1182)" of Alberta Health Services and certify expenses being claimed are in compliance with such policy.

I affirm that 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.

I affirm that expenses submitted in this claim have been incurred by using a cost effective method, otherwise no note and supporting receipts is provided above.

Approved By (PRINT ONLY):

DOFA Level

Position #

Phone #

Ext

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

Signature:

Title

Date

Health and Personnel information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(b) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act.

EXPENSE CLAIM DETAILS

| Enter Finance Coding | | 101 0006 71110700000 | 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 | | | | | | | | | | | | | | |
| NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C | | | | | | | | | | | | | | |
| Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Int'l) 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.Amer 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 | | Airfare | | | | Hotel | Taxi |
| | | | | | Meal Type with value | Allowance | Meal Type | with receipt | | | | | | |
| 29-Jan-14 | Parking at Cedar Park Inn to catch the Red Arrow for travel to Calgary to meet the OA, L&P and IA/ERM teams; Meal Allowance | | Meeting | Yes | D-\$20.75 | \$20.75 | | | | | \$21.00 | | | |
| 30-Jan-14 | Meal Allowance while in Calgary to attend meetings with the OA, L&P, IA and ERM teams | | Meeting | Yes | LD-\$32.35 | \$32.35 | | | | | | | | |
| 31-Jan-14 | Meal Allowance while in Calgary to attend meetings with the OA, L&P, IA and ERM teams | | Meeting | Yes | L-\$11.60 | \$11.60 | | | | | | | | |
| 5-Feb-14 | Meal Allowance while in Calgary to attend meetings with the OA, L&P, IA and ERM teams | | Meeting | Yes | A-\$41.55 | \$41.55 | | | | | | | | |
| 6-Feb-14 | Meal Allowance while in Calgary to attend meetings with the OA, L&P, IA and ERM teams | | Meeting | Yes | A-\$41.55 | \$41.55 | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| SUBTOTALS | | | | | | \$147.80 | | | | \$21.00 | | Total Kms | | |
| 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 Mileage details to the left) | | \$0.505 | | | | | |
| Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3 | | | | | | | Mileage \$ | | | | | | | |
| | | | | | | | Travel \$ Subtotal | | \$168.80 | | | | | |
| | | | | | | | Auto fills on page 1 - TOTAL TRAVEL \$ | | \$168.80 | | | | | |
| 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

Room # [REDACTED]
Transfer To [REDACTED]Conf #
Arrival 01/29/14
Departure 01/29/14
GroupRoom Type
Guests 0 / 0Payment
Acct**Registered To:**

Parking (MUST be 0 Balance), PARK

| Posting | Oper | AcctCo | Description | From | Reference | Amount |
|----------|------|--------|--------------|------|-----------|----------|
| 01/29/14 | AS | CH | PAYMENT CASH | | | \$21.00- |

| | |
|-------------|----------|
| Balance Due | \$21.00- |
|-------------|----------|

*Parking @ Cedar Park
to take Red Arrow
to Calgary*

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.

EACH BEST WESTERN® BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED.

GST# 851767210RP0001