

## Official Administrator and Executive Expense Report

**Name** Ronda White  
**Title** Chief Audit Executive Internal Audit & ERM  
**Location** Edmonton  
 Expenses submitted during the month of March 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)
Mar-14	P-Card	Meetings	528		346	426	1,300			(6)
Mar-14	Expense Claim	Meetings		231	598	311	1,140			
<b>Total</b>			\$ 528	\$ 231	\$ 944	\$ 737	\$ 2,440	\$ -	\$ -	\$ (6)

**Total for the Month** \$ 2,434

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 200  
 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

# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>																																																																																														
<ul style="list-style-type: none"> <li>Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>				Expense Date From: 20-Feb-14 To 20-Mar-14 Travel Period from: _____ To _____ (if applicable) Out-of-Province Travel																																																																																										
Name: WHITE, Ronda		Position (Title): Chief Audit Executive																																																																																												
Location: Edmonton		Dept: Internal Audit	DOFA Level: _____ (if applicable)	Union: _____	Business Phone #: _____ Ext: _____																																																																																									
Employee # (E-People): _____																																																																																														
<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>																																																																																														
CAPITAL PROJECT CODING ONLY →		Project Number _____		Project Task Number _____																																																																																										
		Expenditure Organization _____		Expenditure Type _____																																																																																										
<b>Total - Section B: Travel - Pg 2</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Pg</th> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr> <td>2A</td> <td>101</td> <td>0006</td> <td>71110700000</td> <td>\$910.89</td> </tr> <tr> <td>2B</td> <td>101</td> <td>6006</td> <td>71110700000</td> <td>\$229.44</td> </tr> <tr> <td>2C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td><b>\$1139.53</b></td> </tr> </tbody> </table>					Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	2A	101	0006	71110700000	\$910.89	2B	101	6006	71110700000	\$229.44	2C					2D									<b>\$1139.53</b>	<b>Total - Section C&amp;D: Other &amp; Foreign Expenses - Pg 3</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Bal Unit</th> <th>Location</th> <th>Functional Centre (FC)</th> <th>Secondary/Expense</th> <th>Total Expense</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense																																														<b>TOTAL REIMBURSEMENT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Total Section B</td> <td>\$1139.53</td> </tr> <tr> <td>Total Section C&amp;D</td> <td></td> </tr> <tr> <td>Less Cash Advance</td> <td></td> </tr> <tr> <td><b>TOTAL CLAIM</b></td> <td><b>\$1139.53</b></td> </tr> </table>	Total Section B	\$1139.53	Total Section C&D		Less Cash Advance		<b>TOTAL CLAIM</b>	<b>\$1139.53</b>
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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 included 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 reasonable and supporting analysis is provided above.																																																																																														
I, by signing this form, attest that I am compliant in all the above statements. <b>Employee Signature:</b> <u>R. White</u> <b>Date:</b> _____																																																																																														
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Approved By (PRINT ONLY): <u>Deborah Rhodes</u> <b>DOFA Level:</b> _____ <b>Position #:</b> _____ <b>Phone #:</b> _____ <b>Ext:</b> _____ <b>Signature:</b> <u>[Signature]</u> <b>Title:</b> <u>Acting CFO</u> <b>Date:</b> <u>Mar 28/14</u>																																																																																														
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Health and Personal Information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 88(c) and 84(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procedure to Pay program.

## EXPENSE CLAIM DETAILS

Enter Finance Coding		101	0006	71110700000	Emp # (K-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, <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.												
<b>SECTION B: TRAVEL EXPENSES</b> <span style="float:right">NOTE: If expenses do not fall into these categories such as Hospitality, Working Session, Reunion, Continuing Education, Business Insurance go to SECTION C</span>												
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.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	Airfare	Hotel	Taxi			
18-Feb-14	Meal Allowance to attend APAC Calgary location		Meeting	Yes	D-\$20.75	\$20.75	✓					
19-Feb-14	Meal Allowance for attendance APAC, meetings with IAPRM, LMP teams		Meeting	Yes	A-\$41.55	\$41.55	✓					
19-Feb-14	Accommodation for Executive Education Residency		Educ	Yes	D-\$20.75	\$20.75	✓		\$200.00	✓		
20-Feb-14	Accommodation for Executive Education Residency		Educ	Yes	D-\$20.75	\$20.75	✓		\$200.00	✓		
21-Feb-14	Accommodation for Executive Education Residency		Educ	Yes	D-\$20.75	\$20.75	✓		\$197.90	✓		
22-Feb-14	Meal Allowance to attend Executive Education Residency		Educ	Yes	L-\$11.60	\$11.60	✓					
24-Feb-14	Meal Allowance while in Calgary for Holy Cross Arbitration		Meeting	Yes	BL-\$20.80	\$20.80	✓					
3-Mar-14	Travel to Red Deer for JHS Exec Education Prg. ALP working group \$0 from to line on ALP Project		Educ	Yes								308.00
<b>SUBTOTALS</b>						\$158.95			\$597.80			Total Km 308.00
<b>MEILEAGE - Business Mileage Rate for Personally-Owned Vehicle</b> → 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 table to the left)		\$0.505		
								Mileage \$		\$155.64		
								Travel \$ Subtotal		\$754.55		
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 fills on page 1 - TOTAL TRAVEL \$		\$910.09		
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)												

## 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, <b>DO NOT</b> separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.													
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					Meal Allowance								
					Meal Type with value	Allowance	Meal Type	with receipt	Airfare				Hotel
5-Mar-14	Meal Allowance while in Calgary for meetings with OA, WEPOT & LSP teams		Meeting		A-\$41.55	\$41.55	✓						
6-Mar-14	Meal Allowance while in Calgary for meetings with OA, WEPOT & LSP teams		Meeting		LD-\$32.35	\$32.35	✓						
14-Mar-14	Mileage for travel to Red Deer to attend LSP Core Planning Meeting		Meeting										338.00
<b>SUBTOTALS</b>						\$73.90							Total Mileage 338.00
<b>MILEAGE - Business Mileage Rate for Personally-Owned Vehicle</b> → 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					
					Mileage \$			\$165.54					
					Travel \$ Subtotal			\$73.90					
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 \$			\$229.44					
<b>Rationale is Required for expenses that are not Cost Effective</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)													



HOLIDAY INN EXPRESS  
HOTEL &  
1020 8 AVE SW  
CALGARY AB

day Inn  
Express  
Suites

CARD [REDACTED]  
CARD TYPE [REDACTED]  
DATE 2014/02/22  
TIME 2266 07:52:47  
RECEIPT NUMBER [REDACTED]

02-22-14

Ms Ronda White

Room No. : [REDACTED]  
Arrival : 02-19-14  
Departure : 02-22-14  
Conf. No. : [REDACTED]  
Rate Code : [REDACTED]  
Page No. : 1 of 1

PRE-AUTH COMPLETION  
TOTAL

\$676.44

Date			Charges	Credits
02-19-14	*Accommodation	[REDACTED]	217.55	
02-19-14	Tourism Levy	[REDACTED]	8.70	
02-19-14	Marketing Fee		2.18	
02-19-14	GST 5% 89482-3004		10.99	
02-20-14	*Accommodation		217.55	
02-20-14	Tourism Levy		8.70	
02-20-14	Marketing Fee		2.18	
02-20-14	GST 5% 89482-3004		10.99	
02-21-14	*Accommodation		179.55	
02-21-14	Tourism Levy		7.18	
02-21-14	Marketing Fee		1.80	
02-21-14	GST 5% 89482-3004		9.07	
02-22-14	American Express	[REDACTED]		676.44
Total			676.44	676.44
Balance			0.00	

APPROVED

AUTH# [REDACTED] 00-025  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

239.42  
\$200.00 Claimed ✓

239.42  
\$200.00 Claimed ✓

197.60 ✓

Guest Signature: \_\_\_\_\_

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Hotel for AHS Residency Program

note - cost / night ~~1100.00~~ exceeds - only claim max  
amt per policy for first 2 nights  
- ~~claim \$1100.00~~

Holiday Inn Express Calgary Downtown  
1020 8 Avenue SW Calgary, Alberta T2P 1J2  
Telephone: (403) 269-8282 Fax: (403) 269-4868  
G.S.T# 894823004RT0001

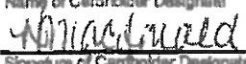
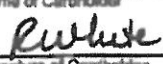
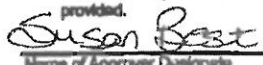

**Instruction:**

- 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	CHIEF AUDIT EXECUTIVE	Billing Reporting Period:	20/03/2014
Cardholder's Name	Cardholder's Position/Title		
INTERNAL AUDIT & ENTERPRISE	FOCUS BUILDING	Total Statement Amount:	\$1,293.73
Cardholder's Dept	Cardholder's Site/Location		
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	██████████
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/02/2014	343570470	DELTA CALGARY SOUTH, DELTA HOTELS	172.89	CAD	172.89	.00	.00	Accommodation to attend AFAC Meeting and meet with L&P and IA/ERM teams
19/02/2014	343570471	WESTJET 8382196241133, Westjet Airlines	495.86	CAD	495.86	.00	.00	Return trip to attend Holy Cross Arbitration
20/02/2014	343570472	WESTJET 8382196256808, Westjet Airlines	32.55	CAD	32.55	.00	.00	Flight change fee to return on earlier flight
22/02/2014	343739471	CAPITAL TAXI LTD, LIMOUSINES AND TAXICABS	24.00	CAD	24.00	1.14	.00	Travel via Taxi from Red Arrow Edmonton to home
24/02/2014	343956858	CO-OP TAXI, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86	.00	Travel via Taxi from home to EDM airport
24/02/2014	344270661	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	66.00	CAD	66.00	3.14	.00	Taxi fare from Edmonton airport to home after Holy Cross Arbitration Meeting
25/02/2014	344051792	RED ARROW EXPRESS LTD, BUS LINES	139.04	CAD	139.04	6.62	.00	Round trip bus for attendance at AFAC and meetings with L&P and IA/ERM teams
26/02/2014	344270659	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	25.00	CAD	25.00	1.19	.00	Taxi fare from Red Arrow Calgary to Southport AFAC and meetings with L&P and IA/ERM teams
27/02/2014	344270660	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	30.00	CAD	30.00	1.43	.00	Taxi fare from Southport to Holiday Inn (Executive Education Residency accommodations)
28/02/2014	344695978	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	-6.00	CAD	-6.00	-.29	.00	Refund from clerical error entry from previous statement (disputed)
04/03/2014	345082471	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	46.00	CAD	46.00	2.19	.00	Taxi fare from Calgary Airport to Bennett Jones office - Holy Cross Arbitration
05/03/2014	345082470	CO-OP TAXI, LIMOUSINES AND TAXICABS	16.60	CAD	16.60	.79	.00	Taxi Fare from home to Red Arrow - trip to Calgary to meet with OA and IA/ERM & L&P teams
05/03/2014	345082472	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	24.90	CAD	24.90	1.19	.00	Taxi fare from Red Arrow to Southport - meetings with OA and IA/ERM & L&P teams
06/03/2014	345082473	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	37.90	CAD	37.90	1.80	.00	Taxi fare from Bennett Jones to Calgary Airport - Holy Cross Arbitration
06/03/2014	345082474	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	25.30	CAD	25.30	1.20	.00	Taxi fare from Southport to Red Arrow after meetings with OA, IA/ERM & L&P teams.
06/03/2014	345267332	YELLOW CAB, LIMOUSINES AND TAXICABS	24.84	CAD	24.84	1.18	.00	Taxi fare from Red Arrow to home after meetings with OA, IA/ERM & L&P teams.
06/03/2014	345267333	DELTA CALGARY SOUTH, DELTA HOTELS	172.89	CAD	172.89	.00	.00	Accommodations while in Calgary to meet with OA, IA/ERM & L&P teams.
11/03/2014	345489659	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.00	.00	Parking at SSP for ELT meeting
13/03/2014	345774196	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.43	.00	Parking for meeting with Deb Gordon's WMC office
18/03/2014	346294814	RED ARROW EXPRESS LTD, BUS LINES	-139.04	CAD	-139.04	-6.62	.00	Refund for purchase of Red Arrow ticket, trip cancelled
19/03/2014	346294815	MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.00	.00	Parking at SSP for March 19 AFAC and other meetings.

<b>Signatures</b> <b>Cardholder Designate (If Applicable)</b> 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.  <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>MARCH 24, 2014</u>  <small>Date of Signature</small> </div> </div>		
<b>Cardholder</b> 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.  <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>MARCH 23/14</u>  <small>Date of Signature</small> </div> </div>		
<b>Approver Designate (If Applicable)</b> 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.  <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>Exec. Assistant</u>  <small>Approver Designate Position/Title</small>  <u>MARCH 25, 2014</u>  <small>Date of Signature</small> </div> </div>		
<b>Approver</b> 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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Deborah Rhodes</u>  <small>Name of Approver</small>    <small>Signature of Approver</small> </div> <div style="width: 45%;"> <u>Acting CFO</u>  <small>Approver Position/Title</small>  <u>MARCH 28, 2014</u>  <small>Date of Signature</small> </div> </div>		
<b>Submit/Approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> • 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.	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:



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

AB HEALTH SERVICES  
Ms Rhonda White

Room: [REDACTED]  
Folio: [REDACTED]  
Cashier: [REDACTED]  
Arrival: 02-18-14  
Departure: 02-19-14

Date	Description	Additional Information	Charges	Credits
02-18-14	Room Charge		154.00	
02-18-14	DMF		4.62	
02-18-14	Room GST		7.93	
02-18-14	Tourism Levy		6.34	

<b>GST Summary</b>	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

<b>Total</b>	<b>172.89</b>	<b>0.00</b>
<b>Balance Due</b>	<b>172.89 CDN</b>	✓

*Hotel - attend AFAC only in Calgary*

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.



## OUR LOCATIONS

### City Centre Locations

British Columbia - Vancouver, Burnaby

Alberta - Calgary (2), Edmonton (2)

Saskatchewan - Saskatoon, Regina

Manitoba - Winnipeg

Ontario - Sault Ste. Marie, London,  
Guelph, Kingston (Summer 2013), Mississauga,  
Toronto, Markham, Ottawa

Quebec - Montreal (2), Sherbrooke,  
Trois-Rivières, Saguenay, Quebec City

New Brunswick - Saint John, Moncton,  
Fredericton

Nova Scotia - Sydney, Halifax (2)

Newfoundland - St. John's

### Resort Locations

British Columbia - Victoria, Whistler,  
Kamloops, Kelowna

Alberta - Banff, Kananaskis Village

Prince Edward Island - Charlottetown

### Airport Locations

British Columbia - Richmond

Alberta - Calgary

Ontario - Toronto

## THANK YOU

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## Denise MacDonald

**From:** noreply@itinerary.westjet.com on behalf of WestJet Airlines [noreply@itinerary.westjet.com]  
**Sent:** Wednesday, February 19, 2014 1:31 PM  
**To:** Denise MacDonald  
**Subject:** Reservation Confirmation

(2)

WestJet  
22 Aerial Place N.E.,  
Calgary, Alberta,  
Canada  
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary. Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight. This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

### Booking Confirmation

Your reservation code is



Main contact: Ms Ronda White  
E-mail: Ronda.White@albertahealthservices.ca  
Phone Number:

For more information on flying with WestJet, including baggage fees, please visit Travel Info

### Guest

Ms. Ronda White      Flight      Edmonton (YEG)-Calgary (YYC), Calgary (YYC)-Edmonton (YEG)  
Ticket Number        
Seat      YEG-YYC: \*; YYC-YEG: \*

### Air Itinerary Details

WS232 WestJet	Edmonton, CA Mon 24 Feb, 2014 06:45 AM	Calgary, CA Mon 24 Feb, 2014 07:39 AM	Fare type: Econo Non-stop
WS153 WestJet	Calgary, CA Mon 24 Feb, 2014 08:00 PM	Edmonton, CA Mon 24 Feb, 2014 08:51 PM	Fare type: Flex Non-stop

### Fare breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
adult	CAD 379.00	CAD 24.00	CAD 92.86	CAD 495.86	x 1	CAD 495.86
						Total airfare: CAD 495.86

### Tax details

Rate code	Description	Amount
XG	Goods and Services Tax (GST)	CAD 23.61
CA	Air Travellers Security Charge (ATSC)	CAD 14.25
SQ	Airport Improvement Fee (AIF)	CAD 55.00
		Total taxes: CAD 92.86

### Fare family benefits

YEG-YYC: Econo Seat Sale Benefits

- One complimentary checked bag \*
- Fully refundable if cancelled within 24 hours of booking \*\*
- Advance seat selection - \$5-53.10\*
- \$75-88.50 itinerary change fee + applicable fare difference

- \$75-88.50 name change fee
- \$75-88.50 cancellation fee, balance credited toward future WestJet flight purchases-
- \* Not applicable on flights operated by our airline partners
- \*\* Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

## Fare family benefits

### YYC-YEG: Flex Seat Sale Benefits

- One complimentary checked bag \*
- Fully refundable if cancelled within 24 hours of booking \*\*
- Advance seat selection - \$5-53.10\*
- \$50-59 itinerary change fee + applicable fare difference
- \$50-59 name change fee
- \$50-59 cancellation fee, balance credited toward future WestJet flight purchases-
- \* Not applicable on flights operated by our airline partners
- \*\* Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

## Total

Charged to MASTERCARD

CAD 495.86 ✓

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### Rent a car

Reserve a car in three easy steps, compare side by side pricing at a glance and earn WestJet dollars® when you make your rental car reservation with WestJet. [Reserve now](#)

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QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airlines partners](#) ; it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
  - o [Fares, taxes and fees](#) (For change/cancel guidelines, baggage fees, service fees and other taxes and fees)
  - o [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
  - o [Seat selection](#) (How it works, changing your seat and more)
  - o [Inflight services](#) (Buy on board, up! magazine and more)



English Log In  
12 hrs display Sign up Now

3

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Print eTicket

## eTicket Receipt

Prepared For  
WHITE/RONDA MS

WESTJET RESERVATION CODE  
ISSUE DATE  
TICKET NUMBER  
ISSUING AIRLINE  
ISSUING AGENT

20Feb2014

WESTJET  
WestJet/GJM

## Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
24Feb	WESTJET WS 238	EDMONTON INTL AB, CANADA  Time 8:45am	CALGARY INTL AB, CANADA  Time 7:39am	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance 1PL Booking Status USED TO FLY Fare Basis MARSP1 Not Valid Before 24 FEB Not Valid After 24 FEB
24Feb	WESTJET WS 255	CALGARY INTL AB, CANADA  Time 4:35pm	EDMONTON INTL AB, CANADA  Time 5:26pm	Class ECONOMY Seat Number CHECK-IN REQUIRED Baggage Allowance 1PL Booking Status USED TO FLY Fare Basis YAR Not Valid Before 24 FEB Not Valid After 24 FEB

## Payment/Fare Details

Form of Payment

CREDIT CARD - MASTERCARD :

Endorsement / Restrictions

CAD410.00 NONREFUNDABLE NONREF - FEE FOR CHG/CXL

Fare Calculation Line

YEA WS .00WS YEA251.00CAD410.00END

Exchanged Ticket

Fare

CAD 410.00

Change Fee

CAD 0.00

Taxes/Fees/Carrier-imposed Charges

CAD 14.25 CA1 (AIR TRAVELLERS SECURITY CHARGE)

CAD 25.16 XG (GOODS AND SERVICES TAX (GST))

	CAD 55.00 SQ (AIRPORT IMPROVEMENT FEE (AIF))
	CAD 6.00 YQF (OTHER AIR TRANSPORTATION CHARGES)
	CAD 18.00 YQI (OTHER AIR TRANSPORTATION CHARGES)
<b>Total Fare</b>	CAD 528.41
<b>Total Additional Collection</b>	CAD 32.55 ✓

**Positive Identification required for airport check in**

**Notice:**

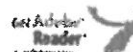
**Thank you for choosing WestJet**

**QST # 1202807956TQ0001 GST # 866112535**

- We look forward to welcoming you on board your upcoming WestJet flight.
- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#). It is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- **Positive Identification** is required at check-in; ensure the name on the reservation matches the guest's identification before departing for the airport. Make sure you have the proper identification and travel documents for each country on your itinerary as the documents you use on your departure may not be sufficient upon your return. The law is the law, and we'd hate it if you were unable to board your flight.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Should you miss the first flight on your booking, or fail to show up for another flight on a multi-segment booking, you'll lose your seat on remaining flights and the fare, fees, charges and taxes will not be refunded.
- For more information on your flight with WestJet visit [travel info](#) or go directly to the most common searches:
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  - [ID requirements](#) (For adults, children and infants on domestic, transborder and international flights)
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- We appreciate hearing about your experience with us. If you would like to provide us with feedback, please see our [contact us](#) page and select the give feedback tab. You may also send us a letter at: WestJet Campus, Attention Guest Relations, 22 Aerial Place N.E. Calgary, Alberta Canada T2E 3J1.



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virtually there



24 FEB 14

111  
V01

WS 255

GATE: D49  
PORTE:

WHI  
241

WHITE/ROBDA

PNR: ZNLWXT

DE: CALGARY, AB

4:51PM

ARR: EDMONTON, AB

5:25PM

KS YEGSS044

BOARDING TIME  
ETAT D'EMBARQUEMENT

4:00PM

AT/PLAT

23F

BOARDING PASS  
CARTE D'EMBARQUEMENT

ELECTRONIC/ELECTRONIQUE  
8382196256808/2

24 FEB 14

24 FEB 14

111  
V01

WS 238

GATE: 56  
PORTE:

WHI  
241

WHITE/ROBDA

PNR: ZNLWXT

DE: EDMONTON, AB

6:45AM

ARR: CALGARY, AB

7:59AM

KS YEGSS044

BOARDING TIME  
ETAT D'EMBARQUEMENT

6:10AM

AT/PLAT

13F

BOARDING PASS  
CARTE D'EMBARQUEMENT

ELECTRONIC/ELECTRONIQUE  
8382196256808/1

CAPITAL TAXI LTD  
9762 54 AVE NW  
EDMONTON, AB  
780-423-2425

TERMINAL ID: 488124WK  
MERCHANT ID: 180638844881245

M/C EMU  
EXP: [REDACTED] CHIP  
EMU SALE  
DATE: 080196 INU: [REDACTED]  
Feb 22, 2014 16:28  
BY: 6000000000000000  
TOL: 00 00 00 00  
TSL: 00 00  
TC: 2FE4F0E24C9C7  
KRI: 40387278335 AUTH: [REDACTED]

24.00

BY ENTERING A VERIFIED PIN, CARDHOLDER  
AGREES TO PAY ISSUER SUCH TOTAL IN  
ACCORDANCE WITH ISSUER'S AGREEMENT WITH  
CARDHOLDER

Taxi Red Arrow  
INFO@CAPITALTAXI.EDM.CA  
THANK YOU  
CAR 726

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 289-1111  
INSIST ON THE PROFESSIONALS

DATE: 2014/02/18  
PICK-UP TIME: 21:00  
DROP-OFF TIME: 21:18  
TRIP ID: 381238  
LOCATION: 873888-45824183787  
CAR NUMBER: [REDACTED]  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$): 25.88  
EXTRA (\$): 8.88  
SUBTTL (\$): 25.88

TIP (\$):  
Red Arrow  
to Delta  
South  
TOTAL (\$):

SIGNATURE: \_\_\_\_\_

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

CUSTOMER'S COPY

- TRANSACTION RECEIPT -

ALBERTA COOP TAXI  
10538 - 114 ST  
EDMONTON, AB T5H 3J7  
(780) 425-2525

ACCT TYPE: CREDIT CARD  
CARD NUMBER: [REDACTED]

CARD TYPE: [REDACTED]  
DATE/TIME:  
14/02/24 05:43:49  
AUTH: [REDACTED]

VEH/DRV: [REDACTED]  
GST#: [REDACTED]  
TXN ID: 2001208

FARE: \$ 57.14  
FLAT: \$000.00  
EXTRAS: \$000.00  
TAX: \$ 2.86  
FA+FL+EX+TAX: \$ 60.00  
TIP: \$000.00  
DISCOUNT: \$000.00  
TOTAL: \$ 60.00

SIGNATURE: Edm  
Taxi to airport

AIRPORT TAXI SERVICE  
4608-101-ST T06588  
EDMONTON AB  
22295883  
042229588330

#### PURCHASE ####  
02-24-2014 18:22:15  
Acct # [REDACTED] C  
Exp Date [REDACTED] Card Type MC  
Name: RONDA WHITE  
A0000000041010 MasterCard  
Trace # 701 Operator 244  
Inv. # [REDACTED]  
Auth # [REDACTED] RRR 001092003

Total \$66.00  
(00) APPROVED-THANK YOU  
Taxi Edm Airport  
to Home  
Retain this copy for your  
records

Customer copy

GST 896599123 RT  
780-890-7070

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 289-1111  
INSIST ON THE PROFESSIONALS

DATE: 2014/02/18  
PICK-UP TIME: 18:11  
DROP-OFF TIME: 18:31  
TRIP ID: 38537  
LOCATION: 873888-45824183787  
CAR NUMBER: [REDACTED]  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]

FARE (\$): 38.88  
EXTRA (\$): 8.88  
SUBTTL (\$): 38.88

TIP (\$):  
Taxi South  
to Holiday Inn  
Express  
TOTAL (\$):

SIGNATURE: \_\_\_\_\_

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

DUPLICATE -  
DRIVER'S COPY

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 289-1111  
INSIST ON THE PROFESSIONALS

DATE: 2014/02/24  
PICK-UP TIME: 07:52  
DROP-OFF TIME: 08:33  
TRIP ID: 0  
LOCATION: 073000-45024103707  
CAR NUMBER: [REDACTED]  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]  
FARE (\$): 46.30  
EXTRA (\$): 0.00  
SUBTTL (\$): 46.00

TIP (\$): *Taxi from*

TOTAL (\$): *Calgary Airport*

SIGNATURE: *to return*

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

CUSTOMER'S COPY

ASSOCIATED CAB ALTA LTD  
387 - 41 AVE NE (403) 289-1111  
INSIST ON THE PROFESSIONALS

DATE: 2014/02/24  
PICK-UP TIME: 14:26  
DROP-OFF TIME: 14:15  
TRIP ID: 0  
LOCATION: 073000-45024103707  
CAR NUMBER: [REDACTED]  
CARD TYPE: [REDACTED]  
CARD: [REDACTED]  
EXPIRY: [REDACTED]  
AUTH: [REDACTED]  
FARE (\$): 34.00  
EXTRA (\$): 0.00  
SUBTTL (\$): 34.00

TIP (\$): *3.00*

TOTAL (\$): *37.90* ✓

SIGNATURE: *Taxi Bennett*

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

DUPLICATE -  
CUSTOMER'S COPY

= TRANSACTION RECEIPT =

ALBERTA COOP TAXI  
10638 - 114 ST  
EDMONTON, AB T5H 3J7  
(780) 426-2626

ACCT TYPE: CREDIT CARD  
CARD NUMBER: [REDACTED]

CARD TYPE: MC  
DATE/TIME: 14/03/06 05:46:17  
AUTH#: [REDACTED]

VEH/DRV: [REDACTED]  
GST#: [REDACTED]  
TXN ID: 2026350

FARE: \$ 13.91  
FLAT: \$000.00  
EXTRAS: \$000.00  
TAX: \$ 0.69

FA+FL+EX+TAX: \$ 14.60  
TIP: \$ 2.00  
DISCOUNT: \$000.00

TOTAL: \$ 16.60 ✓

SIGNATURE: [REDACTED]

TRANSACTION RECEIPT =

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

ACCT TYPE: CREDIT CARD  
CARD NUMBER: [REDACTED]

CARD TYPE: MC  
DATE/TIME: 14/03/06 15:42:15  
AUTH#: [REDACTED]

VEH/DRV: [REDACTED]  
GST#: 832350300  
TXN ID: 10403100

FARE: \$ 21.24  
FLAT: \$000.00  
EXTRAS: \$000.00  
GST: \$ 1.06

FA+FL+EX+TAX: \$ 22.30  
TIP: \$ 3.00  
DISCOUNT: \$000.00

TOTAL: \$ 25.30 ✓

SIGNATURE: [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: 000015572CAF

Transaction Reference

Number: [REDACTED]

DATE: 2014/03/05 09:43:25

AUTH: [REDACTED]

IFID: [REDACTED]

DRV: [REDACTED]

VEH: [REDACTED]

GST: 822505311

Meter Start Time: 09:24:06

Meter Stop Time: 09:42:13

Distance: 10.4 Km

FARE 1: \$ 21.90

FLAT: \$ 0.00

TAX: \$ 0.00

TOTAL FARE: \$ 21.90

PAYMENT AMOUNT: \$ 21.90

TIP: \$ 3.00

TOTAL PAYMENT: \$ 24.90

Purchase Auth Complete

>-----<

Term Id: 45024124702296  
Item #1330  
MasterCard  
PURCHASE  
Or Id  
Card [REDACTED]

AID: A00000000041010

APPROVED

AMOUNT CAD\$21.60

TIP CAD\$3.24

TOTAL CAD\$24.84 ✓

Ref. N: C  
Auth. N: [REDACTED]  
Resp. Code: 00  
TUR: 400000000  
TSI: E000

BOOK ON LINE AT EDMTAXI.COM  
THANK YOU FOR BEING OUR GUEST

GST 100403070

Date: 2014/03/06 Time: 20:11:47  
Response: AUTH 221147

\*\*\*CUSTOMER COPY\*\*\*

Parking @ SSP for ELT  
PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time  
06:00 PM  
MAR 11, 2014

Purchase Date/Time: 07:24am Mar 11, 2014  
Total Parking: \$17.14  
Total gst: \$0.66  
Total Due: \$18.00  
Total Paid: \$18.00  
Ticket #: [REDACTED]  
SN #: [REDACTED]  
Setting: Lot 256  
Mach Name: Meter 1  
Rate: \$18.00-EarlyBird  
Payment Type: Card

Card: [REDACTED] MasterCard  
Auth: [REDACTED]  
GST #667316630RT001

RECEIPT

IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Mar 11, 2014  
Purchase Date/Time: 07:24am Mar 11, 2014  
Total Parking: \$17.14  
Total gst: \$0.66  
Total Due: \$18.00  
Total Paid: \$18.00  
Ticket #: 60665103  
Setting: Lot 256  
Mach Name: Meter 1  
Rate: \$18.00-EarlyBird  
Payment Type: Card

Card: [REDACTED] MasterCard  
Auth: [REDACTED]

Parking @ SSP for MAC  
PLACE FACE UP ON DASH  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time  
06:00 PM  
MAR 19, 2014

Purchase Date/Time: 07:15am Mar 19, 2014  
Total Parking: \$17.14  
Total gst: \$0.66  
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 #667316630RT001

RECEIPT

IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Mar 19, 2014  
Purchase Date/Time: 07:15am Mar 19, 2014  
Total Parking: \$17.14  
Total gst: \$0.66

Total Due: \$18.00  
Total Paid: \$18.00  
Ticket #: 02698610  
Setting: Lot 256  
Mach Name: Meter 1  
Rate: \$18.00-EarlyBird  
Payment Type: Card

Card: [REDACTED] MasterCard  
Auth: [REDACTED]

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

13/03/14 04:35 PM \$9.00

LEAVE ON DASH - THIS SIDE UP

EXPIRATION DATE

13/03/14 06:35 PM

AMOUNT PAID

\$9.00 76340000 04:35 PM

Alberta Health Services  
CHARGES ARE FOR USE OF INPATIENTS ONLY ALBERTA  
HEALTH SERVICES INCORPORATES THE PROPERTY  
OF ITS PROVIDERS AND WILL NOT BE RESPONSIBLE FOR LOSS  
OR DAMAGE TO OUR CONTENTS.

5233447

Alberta Health Services

NON TRANSFERABLE

5233447

Alberta Health Services

RECEIPT

Alberta Health Services

**Denise MacDonald**

**From:** Reservations [itinerary@redarrow.ca]  
**Sent:** Tuesday, March 04, 2014 1:37 PM  
**To:** Denise MacDonald  
**Subject:** Invoice

(7)

**Invoice****Date:** 2014-03-04

BIF To:

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

You can reach us at:

Lethbridge

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-02-25		-	-	2014-03-18	2014-03-21	-	

Travelers:

**WHITE/RONDA**

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 07A	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-03-18 at 16:45 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-03-18 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52
CALEDM 14:00 Assigned to: 03A	Departs Calgary (CALTO / Calgary Ticket Office) 2014-03-21 at 14:00 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-03-21 at 17:35	3 hrs 37 mins	Corporate 1	1	69.52	69.52

## Payments Received:

Date	From	Reference	Amount
2014-02-25	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



#10 on March  
stmt.

Disputing  
charge as  
discrepancy in  
amount.

✓ \$6.00 more  
charged.

DATE: 2/14/01/01  
PICK-UP TIME: 12:22  
DROP-OFF TIME: 12:40  
TRIP ID: 201303  
LOCATION: 073000-SEM14777  
CAR NUMBER:  
CARD TYPE:  
CARD:  
EXPIRY:  
AUTH:

FARE (S): 27.70  
EXTRA (S): 6.00  
SMYTL (S): 27.70

TIP (S):

TOTAL (S): 33.70 ✓

Toyi to Red arrow  
SIGNATURE: from  
Southport

FOR ONLINE TAXI BOOKINGS VISIT  
OUR WEBSITE: MY ASSOCIATES.COM CA

CUSTOMER'S COPY

(12)



DELTA

CALGARY SOUTH

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

(11)

AB HEALTH SERVICES  
Ms Rhonda White

Room: [REDACTED]  
Folio: [REDACTED]  
Cashier: [REDACTED]  
Arrival: 03-05-14  
Departure: 03-06-14

Date	Description	Additional Information	Charges	Credits
03-05-14	Room Charge		154.00	
03-05-14	DMF		4.62	
03-05-14	Room GST		7.93	
03-05-14	Tourism Levy		6.34	

<b>GST Summary</b>	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
<b>Total</b>	<b>7.93</b>

<b>Total</b>	<b>172.89</b>	<b>0.00</b>
<b>Balance Due</b>	<b>172.89</b>	<b>CDN</b>

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.

## OUR LOCATIONS

### City Centre Locations

British Columbia - Vancouver, Burnaby

Alberta - Calgary (2), Edmonton (2)

Saskatchewan - Saskatoon, Regina

Manitoba - Winnipeg

Ontario - Sault Ste. Marie, London,  
Guelph, Kingston, Mississauga,  
Toronto, Markham, Ottawa

Quebec - Montreal, Sherbrooke,  
Trois-Rivières, Saguenay, Quebec City

New Brunswick - Saint John, Moncton,  
Fredericton

Nova Scotia - Sydney, Halifax (2)

Newfoundland - St. John's

### Resort Locations

British Columbia - Victoria, Whistler,  
Kamloops, Kelowna

Alberta - Banff, Kananaskis Village

Prince Edward Island - Charlottetown

### Airport Locations

British Columbia - Richmond

Alberta - Calgary

Ontario - Toronto

## THANK YOU

for choosing Delta Hotels and Resorts.



**DELTA**

HOTELS AND RESORTS

1.800.268.1133 [deltahotels.com](http://deltahotels.com)



20

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]  
Sent: Tuesday, March 18, 2014 7:13 AM  
To: Denise MacDonald  
Subject: Invoice



# Invoice

Date: 2014-03-18

TO:

ALBERTA HEALTH SERVICES - CALGARY ZONE  
ALBERTA HEALTH SERVICES  
P.O. BOX 1800  
EDMONTON, AB T5J 2N9

You can reach us at:

Lethbridge

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-02-25		-	-	2014-03-21	2014-03-21	-	

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
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Payments Received:

Date	From	Reference	Amount
2014-02-25	RONDA WHITE	MasterCard	139.04 CAD
2014-03-18	RONDA WHITE	MasterCard	-139.04 CAD

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

## TERMS: DUE UPON RECEIPT

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GST# BN139981476

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

## Sunantha Srinivasan

---

**From:** Denise MacDonald  
**Sent:** Thursday, April 03, 2014 12:10 PM  
**To:** Public Disclosure  
**Subject:** FW: Ronda white Expenses March 2014  
**Attachments:** Rhonda White Redaction\_Redacted.pdf; Ronda White Executive Expense.xlsx

Ronda has approved the attached documents for disclosure.

### ***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](mailto:Denise.Macdonald@albertahealthservices.ca)

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

Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied or disclosed to anyone else. The document(s) in this communication may contain personal, confidential, or privileged information. If you received this communication in error, please notify the sender immediately. Thank you for your cooperation and assistance.

---

**From:** Sunantha Srinivasan  
**Sent:** Thursday, April 03, 2014 7:53 AM  
**To:** Denise MacDonald  
**Subject:** FW: Ronda white Expenses March 2014

Hi Denise,

Attached are the redacted expense file and summary reports for Ronda White expenses. Please have Ronda White review and provide approval for disclosure by sending an email to [Public\\_Disclosure@albertahealthservices.ca](mailto:Public_Disclosure@albertahealthservices.ca)

Sunantha Srinivasan  
Financial Analyst  
[Tel:780-735-0334](tel:780-735-0334)

---

**From:** Darlene Babiy  
**Sent:** Thursday, April 03, 2014 7:52 AM  
**To:** Sunantha Srinivasan  
**Subject:** FW: Ronda white Expenses March 2014

Sunantha



Please forward for approval to disclose.


Thank you  
Darlene

---

**From:** Sunantha Srinivasan  
**Sent:** Wednesday, April 02, 2014 11:28 AM  
**To:** Darlene Babiy  
**Subject:** Ronda white Expenses March 2014

Hi Darlene,  
For review.

Sunantha Srinivasan  
Financial Analyst  
Public Expense Disclosure & Reporting  
Financial Operations, Seventh Street Plaza  
Alberta Health Services  
Tel: 780-735-0334  
Email: [sunantha.srinivasan@albertahealthservices.ca](mailto:sunantha.srinivasan@albertahealthservices.ca)

 Please consider the environment before printing this email.

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