

AHS Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & Enterprise Risk Management
Location Edmonton

Expenses submitted during the month of April 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-16	P-Card	Meetings			343		343	1,104		
Apr-16	Expense Claim	Meetings		53		107	160			
Total			\$ -	\$ 53	\$ 343	\$ 107	\$ 503	\$ 1,104	\$ -	\$ -

Total for the Month \$ 1,607

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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

<u>WHITE, RONDA</u> Cardholder's Name	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/04/2016</u>
<u>INTERNAL AUDIT & ERM</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,446.58</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

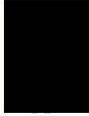
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/04/2016	424478894	DELTA CALGARY SOUTH, DELTA HOTELS	343.04	CAD	343.04	.00	.00	R.White (Accommodations March 30 and 31, 2016, for trip to Calgary to attending CRN course and attending various meetings)
14/04/2016	426650457	CHARTERED ACCOUNTANTS, ASSOCIATIONS CMIC, SOCIAL, AND	1,103.58	CAD	1,103.58	.00	.00	R. White (2016 / 2017 CPA Member Fees)

Signatures		
<p>Cardholder Designate (If Applicable) By signing this statement</p> <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. 		
<p><u>Audra Hunter Holt</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p>	<p><u>Executive Assistant</u> Cardholder Designate Position/Title</p> <p><u>April 25, 2016</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>WHITE, RONDA</u> Name of Cardholder</p> <p><u>R White</u> Signature of Cardholder</p>	<p><u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title</p> <p><u>April 25, 2016</u> Date of Signature</p>	
<p>Approver Designate (If Applicable) By signing this statement</p> <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. 		
<p>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>_____ Approver Designate Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Dr. Verna King</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>Interim President/CEO</u> Approver Position/Title</p> <p><u>April 26/16</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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) <p>And where applicable:</p> <ul style="list-style-type: none"> • 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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____



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

Alberta Health Services
Ms Ronda White

Room: 
Folio: 
Cashier: 
Arrival: 03-30-16
Departure: 04-01-16

Date	Description	Additional Information	Charges	Credits
03-30-16	Room Charge		154.00	
03-30-16	DMF		4.05	
03-30-16	Tourism Levy		5.56	
03-30-16	Rooms - GST		6.96	
03-30-16	Other - GST		0.95	
03-31-16	Room Charge		154.00	
03-31-16	DMF		4.05	
03-31-16	Tourism Levy		5.56	
03-31-16	Rooms - GST		6.96	
03-31-16	Other - GST		0.95	
04-01-16	Master Card			343.04

GST Summary	
Registration No:	895126332
Room	13.92
F&B	0.00
Other	21.12
Total	35.04

Total	343.04	343.04
Balance Due	0.00	CDN

*Mtg to attend ICD Crown Directors Effectiveness
Course - March 31/16
& I.A./ERM mtg with 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.

Audra Hunter Holt

From: CHARTERED ACCOUNTANTS AB [noreply@hostedcheckout.com]
Sent: Wednesday, April 13, 2016 4:02 PM
To: Audra Hunter Holt
Subject: Receipt from CHARTERED ACCOUNTANTS AB

Member Fee re: R.White

Receipt follows:

===== TRANSACTION RECORD ===== CHARTERED ACCOUNTANTS AB
580 10180 - 101 STREET NW
EDMONTON, AB T5J4R2
Canada
WWW.ICAA.CA

TYPE: Purchase

ACCT: Mastercard \$ 1,103.55 CAD

CARD NUMBER [REDACTED]
DATE/TIME : 13 Apr 16 15:59:28
REFERENCE # : [REDACTED]
AUTHOR. # : [REDACTED]
TRANS. REF. : Member Fee

Approved - Thank You 000

Please retain this copy for your records.

Cardholder will pay above amount to card issuer pursuant to cardholder agreement.

=====

*** Duplicate ***



CPA

CHARTERED
PROFESSIONAL
ACCOUNTANTS
ALBERTA

CPA Alberta
580 Marulite Place
10180 - 101 Street
Edmonton, AB T6J 4R2

T. 780.424.7391 F. 780.425.8766
Toll Free 1-800-232-9405
Website www.cpaalberta.ca

2016 / 2017 Member Fees

Member #: [REDACTED]
GST Reg #: 106904287RT0003
Invoice #: [REDACTED]



INVOICE

CPA Canada (Paid to Alberta)	\$380.00
CPA Alberta (Full Member)	\$671.00
TOTAL MEMBERSHIP FEES:	\$1,051.00

R.M. WHITE, CPA, CA
Alberta Health Services



DUE DATE: MAY 31
LATE PAYMENT PENALTY IS \$150

GST and/or HST** \$52.55

Amount payable June 1 - June 30 \$1,253.55

TOTAL AMOUNT DUE **\$1,103.55**

FINAL PAYMENT DEADLINE: JUNE 30
Automatic suspension and publication if not paid by June 30th

**GST: \$ 52.55 HST on CPA Canada Fees: \$ 0.00

INCOME TAX RECEIPT REQUIRED: No Yes

A. MEMBER DECLARATION - TO BE COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE PAYMENT BY MAY 31

- My billing status is unchanged from that indicated above. My fees are enclosed (if applicable).
- My billing status is changed from that indicated above (proceed to sections B & C below - refer to information in enclosure).

B. CHANGED CPA CANADA OR CPA ALBERTA FEES - COMPLETE BELOW

CPA Canada fees change:

- CPA Canada fees are deducted; they are now paid to the _____ CPA provincial body.
- CPA Canada fees are added; I wish to pay this fee through CPA Alberta.

CPA Alberta fees change:

- Affiliate member fees are included (and full member fees deducted) since I no longer reside in Alberta and I am a member of another CPA provincial body or a recognized foreign accounting organization.
- Full member fees are included (and affiliate member fees deducted) since I now reside in Alberta or I am no longer eligible for affiliate member fees.

C. FEES REDUCTION (INITIAL APPLICATION OR CHANGE) - CHECK ONLY ONE BOX BELOW

Active earnings criteria: Member is not gainfully employed such that earnings from all types of employment or business do not exceed \$30,000. Please note, "active earnings" include all earnings from employment, business, professional corporations and director's fees. Active earnings include both accounting and non-accounting related income, but exclude employment insurance (EI) benefits, long-term disability benefits, investment or pension income.

- I declare that I meet the active earnings criteria (above). I have reduced my CPA Alberta and CPA Canada fee amounts by 75%, adjusted GST/HST and remitted accordingly.
- I declare that I am permanently withdrawn from gainful employment, such that active earnings from all types of employment or business are nil, and have reduced my CPA Alberta and CPA Canada fee amounts by 100%.
- I no longer meet the active earnings criteria for a reduction in fees. I have removed the reduction granted me and enclose the full CPA Alberta and CPA Canada fee amounts along with the appropriate GST/HST.

D. IMPORTANT INFORMATION

These membership fees cover the period April 1, 2016 to March 31, 2017.

R White
Member signature

April 12/16
Date

MAKE CREDIT CARD PAYMENTS AT www.cpaalberta.ca OR REMIT THIS COPY FOR PAYMENT BY CHEQUE

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
WHITE, RONDA	Chief Audit Executive, Internal Audit & ERM	Edmonton	160.2

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/30/2016	Attended ICD Course in Calgary		Meals Per Diem	20.75			Dinner	1			
3/30/2016	Attend ICD Course on Crown Directors Effectiveness and meetings with Calgary Team IA/ERM	AB - Other Zones	Taxi	25.96			Taxi from Red Arrow Downtown Calgary to Delta South Hotel to attend ICD Course on March 31, University of Calgary and attend meetings with Calgary team IA/ERM	1			
3/30/2016	Attended ICD Course	AB - Local	Parking - Lot or Parkade	21.00			Parking at Cedar Park, Edmonton to board the Red Arrow and travel to Calgary on March 30, 3016	1			
3/31/2016	Attended ICD Course	AB - Other Zones	Taxi	30.59			Taxi from Delta South Hotel to University of Calgary to attend ICD course	1			
3/31/2016	Attended ICD course	AB - Other Zones	Miscellaneous	3.15			CTrain to Southport from the University of Calgary	1			
3/31/2016	Attended ICD course in Calgary		Meals Per Diem	20.75			Dinner	1			
4/1/2016	Meetings with Calgary IA/ERM Team		Meals Per Diem	11.60			Lunch	1			
4/1/2016	Attended ICD Course	AB - Other Zones	Taxi	26.40			Taxi from Southport Office to Red Arrow, downtown Calgary to return Edmonton	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		12-May-16							

*Cab from Red Arrow
+ Southport*
CALGARY UNITED CABS
5660 10TH ST NE
SUITE 8
CALGARY AB T2E 8W7
(403) 777-1111

DEBIT SALE

MID: 6367788 GST: 794386326RT0001
TID: [REDACTED] REF#: [REDACTED]
Batch: [REDACTED] SEQ: 009001001033
03/30/16 18:27:37
APPR CODE: [REDACTED]
DEBIT/CHEQUING
[REDACTED]

AMOUNT \$23.60
TIP \$2.36
TOTAL \$25.96

00 - APPROVED - 001

Interac
AID: A0000002771010
TVR: 00 80 00 80 00
TSI: F8 00

CUSTOMER COPY

*Cab from Delta
to ICD Cause - U of C
Downtown*
316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID: 314-665-922
MERCHANT ID: [REDACTED]
VEHICLE ID: [REDACTED]
DRIVER ID: [REDACTED]
GST ACCOUNT N: [REDACTED]
TRIP NUMBER: [REDACTED]
PASSENGERS: 1

03/31/2016
START: 07:14 END: 07:37
DISTANCE: 112.00 RATE: 1

FARE AMOUNT: \$ 25.33

TAX AMOUNT: \$ 1.27
TIP AMOUNT: \$ 3.99

TOTAL : \$ 30.59

INTERAC : [REDACTED]
APPROVAL NUMBER : [REDACTED]

306306 PASSENGER COPY 306306

THANK YOU
(403) 299-9999
WWW.THECHECKERGROUP.COM



16:23

3.15

EFT

16.03.31

144 8thStSW
Adult Regular

*Train to
Southport from
ICD 00.00
Cause Downtown*

*Cab from Southport
to Red Arrow*
ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299 1111

DEBIT SALE

MID: 4189233
TID: RQ189233 REF#: [REDACTED]
Batch #: 085 SEQ: [REDACTED]
04/01/16 13:47:22
APPR CODE: [REDACTED]
DEBIT/CHEQUING
[REDACTED]

AMOUNT \$24.00
TIP \$2.40
TOTAL \$26.40

00 - APPROVED - 001

Interac
AID: A0000002771010
TVR: 00 80 00 80 00
TSI: F8 00

THANK YOU

CUSTOMER COPY

Best Western CEDAR PARK INN

5116 Gateway Blvd.
Edmonton, AB T6H 2H4



(780) 434-7411
reservations@cedarparkinn.com

Registered To:

Parking (MUST be 0 Balance), PARK

Room #	[REDACTED]
Transfer To	[REDACTED]
Conf #	
Arrival	03/30/16
Departure	03/30/16
Group	
Room Type	
Guests	0 / 0
Payment	
Acct	

Posting Date	Oper	AcctCoc	Description	From	Reference	Amount
03/30/16	[REDACTED]	[REDACTED]	PAYMENT CASH			\$21.00-
Balance Due						\$21.00-

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

Signature