

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & Enterprise Risk Management
Location Edmonton
 Expenses submitted during the month of March 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Mar-15	P-Card	Meetings					-	\$ 171		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 171	\$ -	\$ -

Total for the Month \$ 171

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 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: <u>20/03/2015</u>
INTERNAL AUDIT & ERM Cardholder's Dept	FOCUS BUILDING Cardholder's Site/Location	Total Statement Amount: <u>\$170.79</u>
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
17/03/2015	983741857	THE INST OF INT AUDITO, ORGANIZATIONS, CHARITABLE AND	130.00	USD	170.79	.00	.00	R. White (Institute of Internal Auditors Membership)



Signatures		
Cardholder Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>Audrey Hunter Holt</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	<u>March 23, 2015</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder Designate		
Cardholder By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>WHITE, RONDA</u> Name of Cardholder	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title	<u>March 29/15</u> Date of Signature
<u>[Signature]</u> Signature of Cardholder		
Approver Designate (If Applicable) By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Susan Best</u> Name of Approver Designate	<u>Exec. Assistant</u> Approver Designate Position/Title	<u>April 6, 2015</u> Date of Signature
<u>[Signature]</u> Signature of Approver Designate		
Approver By signing this statement <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<u>Deborah Rhodes</u> Name of Approver	<u>VP Corp Services + CFO</u> Approver Position/Title	<u>Apr. 6 / 2015</u> Date of Signature
<u>[Signature]</u> Signature of Approver		
Submit approved statement with attachments to Accounts Payable:		
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <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. 		Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4
Accounts Payable only:		
Reference #:	Reviewed by:	Date:



247 Maitland Avenue, Altamonte Springs, Florida 32701-4201, United States
Phone: +1-407-937-1100, Fax: +1-407-937-1108
E-mail: CustomerRelations@theia.org
Web: www.theia.org

Receipt

Ronda White
Alberta Health Services

CANADA

Customer ID	PO Number	Invoice #	Invoice Date	Terms	
			3/16/2015	Due Upon Receipt	
Quantity	Description			Unit Price	Amount
1	Government Audit Group (Canada)- Staff Addition			\$130.00	\$130.00
				Payments	\$130.00
				Balance Due	\$0.00

Renewal for Ronda White - *required for IIA course/webinar participation & newsletter*

Please remit payment to:

The Institute of Internal Auditors, Inc.
C/O SunTrust Banks, Inc.
PO Box 919460
Orlando, FL 32891-9460
UNITED STATES

Return One Copy with Payment

Charge to:			
Name as it appears on Credit Card			
Account #		Exp. Date	
Signature (as it appears on card)			

All payments must be made in US dollars (No foreign currency will be accepted). All checks must be drafted via a bank in the United States or Canada. To pay by Bank/Wire transfer, please contact CustomerRelations@theia.org for complete account information and instructions.
Federal I.D. Number: 135532538 - Canadian GST: R124580001.

