

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 April 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)
Apr-15	P-Card	Resource material and Membership fees						\$ 4,550		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,550	\$ -	\$ -

Total for the Month \$ 4,550

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.

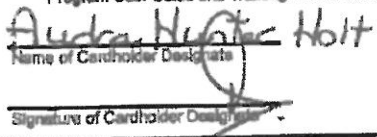
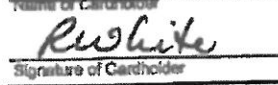
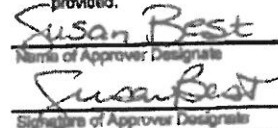

4) Other

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:			
<ul style="list-style-type: none"> • 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:	20/04/2015
Cardholder's Name	Cardholder's Position/Title		
INTERNAL AUDIT & ERM	FOCUS BUILDING	Total Statement Amount:	\$4,550.26
Cardholder's Dept	Cardholder's Site/Location		
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	XXXXXXXXXX
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
28/03/2015	384972807	CPA CANADA POS, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	156.45	CAD	156.45	7.45	.00	CPA Canada Standards & Guidance Subscription for all audit staff
31/03/2015	385436376	CHARTERED ACCOUNTANTS, ASSOCIATIONS CIVIC, SOCIAL, AND	1,170.75	CAD	1,170.75	55.75	.00	R. White 2015-16 CA Member Renewal
15/04/2015	386836579	THE INST OF INT AUDITO, ORGANIZATIONS, CHARITABLE AND	2,495.00	USD	3,223.06	.00	.00	Access to IIA resources for all audit staff

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.		
Name of Cardholder Designate <u>Audrey Hester Holt</u> Signature of Cardholder Designate 	Cardholder Designate Position/Title <u>Executive Assistant</u> Date of Signature <u>April 21, 2015</u>	
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.		
Name of Cardholder <u>White, RONDA</u> Signature of Cardholder 	Cardholder Position/Title <u>CHIEF AUDIT EXECUTIVE</u> Date of Signature <u>April 22/15</u>	
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.		
Name of Approver Designate <u>Susan Best</u> Signature of Approver Designate 	Approver Designate Position/Title <u>Exec. Assistant</u> Date of Signature <u>April 24/15</u>	
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.		
Name of Approver <u>Deborah Rhodes</u> Signature of Approver 	Approver Position/Title <u>VP Corp Services + CFO</u> Date of Signature <u>April 27/15</u>	
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 • 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, 10090-107 Street Edmonton, AB T6J 3E4	
Accounts Payable only		
Reference #: _____	Reviewed by: _____	Date: _____



Chartered Professional Accountants of Canada
 277 Wellington Street West Toronto CANADA M5V 2Z2
 T. 416 977.9748 F. 416 294.3418
 1 800 263.3793 www.cpa.ca

Comptables professionnels agréés du Canada
 277, rue Wellington Ouest Toronto ONTARIO M5V 2Z2
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Invoice / Credit Note No
N° De Facture / Note de crédit

Date: 3/26/2015

To / À

Ms. Ronda M. White, CA

Ship To / Destinataire

Ms. Ronda M. White, CA

Customer Purchase Order Number N° de bon de commande	Ship To Customer No À expédier au client n°	Bill To Customer No À facturer au client n°
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Stock No N° de Particule	Description	Qty. Qnt.	Unit Price Prix unitaire	Discount % Remise %	Net Dollar Amount Montant net
	CPA CANADA STANDARDS & GUIDANCE COLLECTION - Member Subscription	1	\$125.00	\$0.00	\$125.00

On April 1, the assets and liabilities of The Canadian Institute of Chartered Accountants (CICA) and The Society of Management Accountants of Canada (SMAC) formally were transferred to CPA Canada, which was created under the name of the new legal corporation. Effective January 1, 2014, CPA Canada now provides member benefits previously provided directly by CICA and SMAC-Canada. CPA Canada requests members of the Canadian Institute and SMAC-Canada to update their membership information by using the CPA Canada website.

Le 1er avril, les actifs et les passifs de l'Institut canadien des comptables agréés (ICCA) et de la Société des comptables de gestion du Canada (SCGC) ont été transférés à l'organisme de droit de la Loi canadienne sur les sociétés par actions qui s'appelle CPA Canada, organisme constitué au nom de la Loi canadienne sur les sociétés par actions le 1er janvier 2014. CPA Canada fournit désormais les services auparavant fournis directement par l'ICCA et SMAC-Canada. CPA Canada demande aux membres de l'Institut canadien des comptables agréés et de la Société des comptables de gestion du Canada de mettre à jour leurs renseignements de membres en utilisant le site Web de CPA Canada.

For the complete website of CPA Canada products and services and to register for email newsletters, visit www.cpa.ca.
 In paying this invoice, I warrant to CPA Canada nothing and using the above information and nothing is or other party's liability for the purpose of (C) providing me with the services for which I have contracted, (D) providing me with information as to products and services CPA Canada has or may be interested in or (E) providing me with any questions as to the validity, use and disclosure of your information. View the CPA Canada privacy policy at www.cpa.ca/privacy-policy. Please consult the following list should you not wish your personal information to be used and disclosed for the purposes set out in (C) above. For a list of CPA Canada publications, brochures, promotional material and e-newsletters, visit www.cpa.ca/publications.

En payant cette facture, je garantis à CPA Canada rien et en utilisant les renseignements ci-dessus et rien d'autre, je ne suis pas responsable de (C) fournir les services pour lesquels j'ai contracté, (D) fournir des renseignements sur les produits et services que CPA Canada a ou peut être intéressé à offrir, ou (E) fournir des renseignements sur la validité, l'utilisation ou la divulgation de vos renseignements. Consultez la politique de confidentialité de CPA Canada sur www.cpa.ca/privacy-policy. Si vous ne souhaitez pas que vos renseignements personnels soient utilisés et divulgués aux fins énoncées à l'énoncé (C) ci-dessus, veuillez consulter la liste suivante Pour une liste de publications, brochures, matériel promotionnel et e-newsletters de CPA Canada et vous inscrire à des listes d'envoi de newsletters, visitez www.cpa.ca/publications.

TERMS: CONDITIONS: One Year Receipt La période de validité des réceptions de la facture	SHIPPING & HANDLING CHARGE FRAIS DE MANUTENTION \$24.00
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PAYMENT OPTIONS / MODE DE PAIEMENT		SUB-TOTAL TOTAL PARTIEL
<input type="checkbox"/> On-line payment of accounts receivable Paiement en ligne à www.cpa.ca/online <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Payment enclosed Paiement en espèces <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$149.00
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$7.45
		\$156.45
		\$156.45
		TOTAL \$0.00

Audra Hunter Holt

From: Ronda White
Sent: Monday, March 30, 2015 7:41 AM
To: Audra Hunter Holt
Subject: FW: ICAA Receipt



For my pcard.

From: website.assistance.no_reply@icaa.ab.ca [mailto:website.assistance.no_reply@icaa.ab.ca]
Sent: Monday, March 30, 2015 7:40 AM
To: Ronda White
Subject: ICAA Receipt

Thank You, Transaction Successful

Your transaction has been successfully processed.

Please find your receipt below. We recommend you print a copy for your records.

Institute of Chartered Accountants of Alberta
580 Manulife Place
10180 - 101 Street
Edmonton Alberta, T5J 4R2
Canada

Invoice Address:
R.M. WHITE, CA
Alberta Health Services



G.S.T. REG #: [Redacted]
Member #: [Redacted]
Order ID #: [Redacted]
Date: 3/30/2015 7:40 AM
Card Number: [Redacted]
Card Holders Name: Ronda White
Authorization Number: [Redacted]

Payment Received:

Description	Amount
2015/2016 Member Fees	\$1,170.75



Total Received: \$1,170.75

(Canadian funds)



The Institute of Internal Auditors

Progress Through Sharing

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

3

Receipt

Ronda White
 Alberta Health Services



Alberta Health Services



Customer ID	PO Number	Invoice #	Invoice Date	Terms
[Redacted]	[Redacted]	[Redacted]	4/14/2015	Due Upon Receipt
Quantity	Description		Unit Price	Amount
1	Audit Executive Center - Advocate		\$2,495.00	\$2,495.00
			Amount Paid (US Dollars)	\$2,495.00
			Balance Due	\$0.00

\$3223.06 Canadian Funds

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: VISA MasterCard AMEX

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@theiia.org for complete account information and instructions. Federal I.D. Number: 135532538 - Canadian GST: R124590001.

