

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive, Internal Audit & ERM
Location Edmonton
 Expenses submitted during the month of June 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)
Jun-15	P-Card	Resource materials subscription					-	\$ 115		
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 115	\$ -	\$ -

Total for the Month \$ 115

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

<u>WHITE, RONDA</u> Cardholder's Name	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2015</u>
<u>INTERNAL AUDIT & ERM</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$114.71</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u> </u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
21/05/2015	590760265	CPA CANADA POS, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	114.71	CAD	✓ 114.71	5.48	.00	Resource Materials for the entire Team - CPA Canada Public Sector Accounting Handbook

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>Audra Hunter Holt</u> Name of Cardholder Designate	<u>Executive Assistant</u> Cardholder Designate Position/Title	
<u>[Signature]</u> Signature of Cardholder Designate	<u>June 23, 2015</u> Date of Signature	
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>[Signature]</u> Signature of Cardholder	<u>June 23, 2015</u> Date of Signature	
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>Executive Assistant</u> Approver Designate Position/Title	
<u>[Signature]</u> Signature of Approver Designate	<u>June 25/15</u> Date of Signature	
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>[Signature]</u> Signature of Approver	<u>June 25/15</u> Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach:	Address:	
<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. 	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: _____



Chartered Professional Accountants of Canada
 277 Wellington Street West Toronto ON CANADA M5V 2H2
 T. 416 977.0748 F. 416 204.3418
 1 800 263.3793 www.cpacanada.ca

Comptables professionnels agréés du Canada
 277, rue Wellington Ouest Toronto (ON) CANADA M5V 2H2
 T. 416 977.0748 Télno. 416 204.3418
 1 800 268.3793 www.cpacanada.ca

Invoice / Credit Note No
N° De Facture / Note de crédit

Date: 5/15/2015

To / À

Ms. Ronda M. White, CA
 Alberta Health Services, Internal Audit & Enterprise Risk Management
 Services

Ship To / Destinataire

Ms. Ronda M. White, CA
 Alberta Health Services, Internal Audit & Enterprise Risk
 Management Services

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 l'article	Description	Qty. Qta.	Unit Price Prix unitaire	Discount \$ Remise	Net Dollar Amount \$ Montant net
04200612	CPA CANADA PUBLIC SECTOR ACCOUNTING HANDBOOK SUBSCRIPTION (Subs No. : 1 copy, from: 5/9/2015 to: 5/8/2016)	1	\$95.00	\$0.00	\$95.00

On April 1, the assets and obligations of The Canadian Institute of Chartered Accountants (CICA) and The Society of Management Accountants of Canada (CMA Canada) were transferred to CPA Canada, which was created under the Canada Not-for-profit Corporations Act on January 1, 2015. CPA Canada now provides services that were previously provided directly by CICA and CMA Canada. CPA Canada supports utilization of the Canadian accounting profession under the CPA banner a vision shared by more than 80% of Canadian accountants.

Le 1er avril, les actifs et les obligations de l'Institut Canadien des Comptables Agréés (ICCA) et de la Société des Comptables en Management du Canada (CMA Canada) ont été transférés à CPA Canada, organisation constituée en vertu de la Loi sur les sociétés sans but lucratif le 1er janvier 2015. CPA Canada fournit désormais les services auparavant fournis directement par l'ICCA et la CMA Canada. CPA Canada soutient l'utilisation de la profession comptable canadienne sous la bannière CPA, une vision à laquelle adhèrent plus de 80 % des comptables canadiens.

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En payant le présent facture, j'autorise CPA Canada à recueillir et à utiliser les renseignements indiqués précédemment et à communiquer à des tiers fournisseurs de services, afin qu'ils puissent 1) me fournir le service payé au contrat et 2) me transmettre de l'information sur les produits et services qui, selon lui, pourraient m'intéresser. Si vous avez des questions au sujet de la collecte, de l'utilisation et de la communication des renseignements personnels qui vous concernent, veuillez consulter le politique de CPA Canada sur la confidentialité à l'adresse cpacanada.ca/privacy-policy. Si vous ne souhaitez pas que l'utilisation et de la communication des renseignements personnels qui vous concernent soit divulguée en (2) ci-dessus, veuillez cocher la case suivante: Pour voir la liste des affiliations, des membres et autres renseignements détaillés de CPA Canada et vous inscrire à des listes d'envoi ou vous en retirer, visitez cpacanada.ca/affiliations

TERMS: Due Upon Receipt
 CONDITIONS: Le paiement est exigible dès réception de la facture

SHIPPING & HANDLING CHARGE
FRAS DE MANUTENTION \$14.25

SUB-TOTAL
TOTAL PARTIEL \$109.25

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Fax / Télno
 (416) 204-3418

CARD NO. - N° DE CARTE _____

EXPIRY DATE - DATE D'EXPIRATION _____

CARD HOLDER NAME - NOM DU TITULAIRE DE LA CARTE _____

SIGNATURE _____

GST/TPS \$5.46

SUB-TOTAL
TOTAL PARTIEL \$114.71

LESS PAYMENT / CREDIT
MOINS PAIEMENT / CRÉDIT \$114.71

TOTAL \$0.00