

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 December 2015

					Travel (1)						
ммм-үү	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel		Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Professional Development & Meetings				9		9	262		
Total			\$ -	\$ -	\$ -	\$ 9	\$	9 \$	5 262	\$ -	\$ -

Total for

the Month \$ 271

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.

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							
WHITE, RONDA	CHIEF AUDIT EXECUTIVE						
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/12/2015				
INTERNAL AUDIT & ERM	FOCUS BUILDING						
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$270.88				
RONDA.WHITE@ALBERTAHEALTHSERVICES.CA							
Cardholder's e-mail address		Last 6 digits of the P-Card					

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	Freigh Description
24/11/2015	410711212	PBD*IIA INTRNLAUDITORS, BOOKS, PERIODICALS AND NEWSPAPERS	118.25	USD	162.13	.00	.00Resource Materials from IIA (\$114.75 US) \$162.13 CAD)
30/11/2015	411292212	MPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29	.00Parking @ Covenant Health for Audit Committee Meeting
04/12/2015	411821130	MPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	3.00	CAD	3.00	.14	.00Parking at Covenant Health attend meetin with President & CFO
08/12/2015	412163238	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	99.75	CAD	99.75	4.75	.00 CD Forum January 13, 2016, Governance and Leadership in the Public Sector

RUN DATE: 12/31/2015

Proprietary and Confidential Powered by BMO Spend & Payment Solutions



P-Card • details Online ® Cardholder Statement Report

Signatures						
Cardholder Designate (if Applicable)						
By signing this statement I hereby certify that I have reviewed and reconcile Program User Guide and Training. I have allocated	d this statement in BMO Online to the best of my ability in a difference tion(s) to the proper cost centre.	ecordance to AHS Corporate Policies.				
Name of Cardible Designate	Cardholder Designate Position/Title	ent				
Signature of Cardholder Designate	Date of Signature					
Cardholder						
By signing this statement I attest that I have read and understand the "Trave" Trave the statement are in complement with the	el, Hospitality and Working Session Expense Policy (1122)* uoh policy.	1				
claimed by me or on my behalf from Alberta Healt	r valid business purposes for Alberta Health Services and the Services of any other Organization. A personal cheque to	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
 I attest that expenses submitted in this claim have provided. 	been incurred by using a cost effective method, otherwise	ISSECTION OF STANDARD BUSINESS IN				
WHITE, RONDA	CHIEF AUDIT EXECUTIVE Cardholder Position/Title					
Name of Caronologr	Dec 17/15					
Ruleye Signatura of Cardholder	Date of Signature					
Approver Designate (if Applicable)						
	el, Hospitality and Working Session Expense Policy (1122)' uch policy.	of Alberta Health Services and confirm				
I attest the expenses enclosed in this claim are for claimed by the claimant or on their behalf from Al	r valid business purposes for Alberta Health Services and t berta Health Services or any other Organization. A persona					
 charged has been obtained. I attest that expenses submitted in this claim have provided. 	a been incurred by using a cost effective method, otherwise	rationale and supporting analysis is				
Name of Approver Designate	Approver Designate Position/Title					
Signature of Approver Designate	Date of Signature					
Approver By signing this statement						
 I attest that I have read and understand the "Travesceptises being claimed are in compliance with a 	rel, Hospitality and Working Session Expense Policy (1122) such policy.					
claimed by the claimant or on their behalf from A	or valid business purposes for Alberta Health Services and Iberta Health Services or any other Organization. A persons	o de la				
 charged has been obtained. I attest that expenses submitted in this claim have provided. 	e been incurred by using a cost effective method, otherwise	e rationale and supporting analysis is				
Name of Approver	Approver Position/Title					
Victue Taninh	Date of Signature					
Submit approved statement with attachments to Acc	ounte Payable					
Attach: * Original (or scanned) itemized receipts with docum where required	ented business reasons including names of participants	Address: Alberta Health Services				
	electronic signatures if signatures are not on report)	Accounts Payable 7th Street Plaza				
 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	Return, refund and/or credit receipts					
 Disputes letter Business reasons for travel require detailed descri 	otions - include where travelled to, who attended (If					
meel), why travel was necessary and detailed expl	anation of reason.					
Accounts Payable only:						



From:

Ronda White

Sent:

Tuesday, November 24, 2015 8:59 AM

To: Cc: **Audra Hunter Holt** Alicia Duncan

Subject:

Emailing: The IIA Research Foundation Bookstore Shopping Cart - The IIA Research

Foundation Bookstore.htm



Your Receipt - Invoice: Propriet Propriet

*Print for your records

Bill To

Ship To

Payment Details Ronda White

ronda.white@albertahealthservices.ca



Credit Card MC

Number:

Expires:

03 / 2019

Qty

Item Number

Member Price

Extended Price

1

The Evolving Role of the CAE: Taking on Compliance and ERM

Item N

\$35.00

\$35.00



\$40.00

\$40.00

Download File: The Balanced Scorecard - Applications in Internal Auditing and Risk Management - aBook

Ethics and Compliance: Challenges for Internal Auditing - eBook

-1

No shipping charges applied

\$30.00

\$30.00

Download File: Ethics and Compliance: Challenges for Internal Auditing - sBook

Cart Summary

- e Items in Cart :3
- Sub Total :\$105.00
- Tax: \$1.75
- Shipping (UPS Canada Ground):\$8.00
- Order Total :\$114.75

(\$162.13 CAD

Bookstore Help

Return Policy

Permissions

Become An Author



From:

Ronda White

Sent:

Tuesday, November 24, 2015 9:00 AM

To:

Audra Hunter Holt

Subject:

FW: Thank you for your order at The IIA Research Foundation Bookstore

From: liapubs@pbd.com [mailto:iiapubs@pbd.com]

Sent: Tuesday, November 24, 2015 8:59 AM

To: Ronda White

Subject: Thank you for your order at The IIA Research Foundation Bookstore

Sent from The IIA Research Foundation Bookstore on 11/24/2015 @ 10:59 AM

Dear Ronda White,

Thank you for your recent order from The IIA Research Foundation Bookstore!

Your invoice number is:

You can view the details and status of your order in your bookstore account. Please click on below link to log-in.

NOTE: Your log-in information is the email address and password you used when placing your order. //www.theiia.org/bookstore/cart/cart.cfm?mode=receipt&orderid=82117 (click on the link or copy and paste it into your browser).

If your order contained digital downloadable products:

Download instructions:

1) Please click on the below link or copy and paste it into your browser to log-in.

My Account

- 2) Once logged in, click on "My Digital Locker" on the navigation menu.
- 3) Click each link to open and or save the downloadable file.

If you have any questions, please give us a call or email us.

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Phone: +1-877-867-4957 Email: iiapubs@pbd.com

Thank You

The IIA Research Foundation Bookstore

Questions? iiapubs@pbd.com

HKING RECEIPT PARKING RECEIPT

Covenant Mrs + CFO

RECEIPT IMPARK LOT 262 NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

03:41 PM DEC 04, 2015

Purchase Date/Time: 02:11cm Dec 04, 2016
Total Parking: \$2.86
Total GST: \$0.14
Total Due: \$3.00
Total Paki: \$3.00
Rate: \$3
Payment Ty

Rate: \$3 - 15 Hours Payment Type: Card

Ticket (S/N #: 500013351256 Setting: Lot 262 Mach Name: Meter 2

MasterCard

GST #887315638RT0001 MPARK LOT 262



PARKING RECEIPT PARKING RECEIPT

Parking e Coverson't skalte. - A combe on to

MECEIPT IMPARIC LOT 262 NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

11:30 AM NOV 30, 2015

Purchase Date/Time: 08:30am Nov 30, 2015
Total Parking: \$5.71
Total SST: \$0.29
Total Dum: \$5.00
Total Paid: \$5.00
Rate: \$5
Payment Typ

Ticket #: SAI #: 500013351286 Setting: Lot 262 Mach Hane: Histor 2

Rate: \$5 - 3 Hours Payment Type: Card

HasterCard

Auth A

GST #887316636FT0001 MPARK LOT 262



From:

Ronda White

Sent:

Monday, December 07, 2015 9:35 AM Audra Hunter Holt; Alicia Duncan

To: Subject:

FW: Order Confirmation

From: admin@icd.ca [admin@icd.ca]
Sent: December 7, 2015 9:06 AM
To: Ronda White; orders@icd.ca
Subject: Order Confirmation

Institute of Corporate Directors

2701-250 Yonge Street, Toronto, ON M5B 2L7

Order Number

Order Date

12/7/2015

Order Total

99.75

Purchase Order

Payment Method Master Card

Name on Card

Ronda White

Ship To

Shipping Method

Qty	Item	Price	Total	
1	Governance and Leadership in the Publi When: 1/13/2016 - 1/13/2016	ic Sector - Ronda White 95.00	95.00	
	Where: Mayfair Country Club 9450 Gr	oat Rd NW Edmonton, AB		
	Item Total		95.00	
	Shipping		0.00	
	Handling		0.00	
	GST		4.75	
	Tax			
	Item Grand Total			
	Invoice Total			
	Transaction Grand Total		99.75 🗸	

GST# 12179 8201 QST# 12048 55478



From:

admin@icd.ca

Sent:

Monday, December 07, 2015 9:07 AM

To: Subject: Audra Hunter Holt Order Confirmation

Institute of Corporate Directors

2701-250 Yonge Street, Toronto, ON M5B 2L7

Order Number

Order Date

12/7/2015

Order Total

99.75

Payment Method Master Card

22.1

Name on Card

Ronda White

Qty	Item	Price	Total
-----	------	-------	-------

1 Governance and Leadership in the Public Sector - Ronda White 95.00 95.00

When: 1/13/2016 - 1/13/2016

Where: Mayfair Country Club 9450 Groat Rd NW Edmonton, AB

Item Total	95.00
Shipping	0.00
Handling	0.00
GST	4.75
Transaction Grand Total	99.75

GST# 12179 8201

QST# 12048 55478