

## **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 February 2016

					Travel (1)					
ммм-үү	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Profession Developmo (2)		Other (4)
Feb-16	P-Card	Professional Development						- 3,	343	
Total			\$ -	\$ -	\$ -	\$ -	\$	- \$ 3,	343 \$ -	\$ -

Total for the Month

**h** \$ 3,343

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:  • Aflached ALL original detailed rece  • Cardholder AND Approver's aignate	icts and supporting documents in the sa	ime order as it appears on this state	arrient
WHITE, RONDA Cardholder's Name	CHIEF AUDIT EXECUTIVE Cardholder's Position/Title	Billing Reporting Period:	20/02/2016
INTERNAL AUDIT & ERM Cardholder's Dept	FOCUS BUILDING Cardholder's Site/Location	Total Statement Amount:	\$3,342.71
RONDA.WHITE@ALBERTAHEALTHSE Cardholder's e-mail address	RVICES.CA	Last 6 digits of the P-Card #:	

Transaction Date	Trans ID	Merchant Name & Description			Trans Amount	GST	Freigh Description
	416301867	CHARTERED ACCOUNTANTS.	Amount				
	710001001	ASSOCIATIONS CIVIC, SOCIAL, AND	661.25	CAD	551.25	.00	.00R. White: Training (Accounting, Auditing & Professional Practice Update: February &
22/01/2016	418512858	PEDTIA INTRINAUCITORS, BOCKS, PERIODICALS AND NEWSPAPERS	\$62.75	USD	1,481.40	.00	.00 Course Materials for CIA Exams and PD Reference Materials - ERM (R. White)
25/01/2016	418512357	AND EDUCATIONAL SERVICES	1,840.00	CAD	1,540.00	63.61	.OCCRN 3 Course Registration for March 31/ Calgary, AB (R. White) 4 4 4 5



P-Card details Online ® Cardholder Statement Report

Signatures	
Cardholder Designate (If Applicable)  By signing this statement  I hereby certify that I have reviewed and reconciled this statement in BMC Online to the best of my ability in a Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.	accordance to AHS Corporate Policies.
Name of Cardholder Designate  Figure 1 Cardholder Designate  Cardholder Designate	<del>st</del>
Signature of Commoder Designate  Date of Signature	_
Cardholder  By signing this statement  I stiest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" expenses being dislimed are in compliance with such policy.	
<ul> <li>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and to claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for charged is attached.</li> </ul>	a many personal expenses mediceramity
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided.  CHIEF AUDIT EXECUTIVE  WHITE BRONDA  CHIEF AUDIT EXECUTIVE	rationale and supporting analysis is
WHITE, RONDA  Name of Caronology  Cardholder Position/Title	
Rulite Feb 25/16	
Signature of Cardholder Date of Signature	
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) expenses being claimed are in compliance with such policy.	of Alberta Health Services and confirm
<ul> <li>I stiest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and it claimed by the deliment or on their behalf from Alberta Health Services or any other Organization. A persons charged has been obtained.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise provided.</li> </ul>	E CLIBICIDE IOL DEISOLET entheuses mentamental
Name of Approver Designate Position/Title	
Signature of Approver Designate	
Approver	
By signing this statement  I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122) expenses being claimed are in compliance with such policy.	of Alberta Health Services and confirm
<ul> <li>I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal charged has been obtained.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise</li> </ul>	in cueding for heracter exheuses arenvernes ma
Dr. Verra Name of Approver  Mar 9/16	HCED
Signature of Approver Data of Signature	
Submit approved statement with attachments to Accounts Payable:	
Attach:  Original (or scanned) itemized receipts with documented business reasons including names of participants where required	Address:  Alberta Health Services Accounts Payable
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 chaque payable to "Alberta Health Services"	7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
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.	
meal), why travel was necessary and detailed explanation of reason.  Accounts Payable only:	



From: website.assistance.no reply@icaa.ab.ca [mailto:website.assistance.no reply@icaa.ab.ca]

Sent: Wednesday, January 20, 2016 6:16 PM

To: Ronda White

Subject: ICAA Receipt - Order

## Institute of Chartered Accountants of Alberta

580 Manulife Place 10180 - 101 Street Edmonton Alberta, T5J 4R2 Canada

## **Invoice Address:**

Ronda WHITE

**G.S.T. REG #**:

Member #:

Order ID #:

Date

**GST** 

1/20/2016 6:16 PM

Credit Card Number:

Card Holders Name:

Ronda White

**Authorization Number:** 

Description Amount ACCOUNTING, AUDITING & PROFESSIONAL PRACTICE UPDATE \$525.00 PD. Course \$26.25

**Total Amount Due:** \$551.25 Total Tickets Due: 0 tickets



# ACCOUNTING, AUDITING & PROFESSIONAL PRACTICE **UPDATE**

You are registered for this offering.

Date & Time

Feb 08, 2016 8:30 AM

Format

Full Day

**CPD Hours** 

7

Facility

Days Inn & Suites West Edmonton

10010 - 179 A Street Edmonton, AB T5S 2T1 Phone: 780-444-4440

Fax:

Meeting Room Linden

Payment

\$551.25

**Offering Special Notes Facility Special Notes** 

# The IIA Research Foundation Bookstore Shopping Cart - The IIA Research Foundation B... Page 1 of 1

- My Digital Locker

(//www.fhalla.oru/bookstore/)

Your Receipt - Invoice

moderiocker) BIN To

Ronda White

G . Ubstate, firells, craft-pokatora/cart/cart.ctm).

der Number

Ship To

Ronda White

No.: 6088

# \*Print for your records **Payment Datells Credit Card MC** Number: Member Price **Extended Price** \$795.00 \$795.00 Course malenals for CIAEXEMS \$100.00 PD reference \$100.00

City item Number: 1160 The HA's CIA Learning System - 3 nort study guide with online review (florens.thelia.orm/books/orm/product/the-lies-ela-learning-eyete:n-3-partstudy-guide-with-online-review-1867.cfm) Jien: No.: 1150 1 Enterorise Risk Management: Today's Leading Research and Best Practices for Tomorrow's Executives makinal-ERM (Newey, theile, or of books to refore duction females - risk-man exementtodays-leading-research-and-basi-cracileus-for-tomorrows-exacutives-1617.c(m)

**Cart Summary** 

Items in Cart:

2

Sub Total: \$895.00

Tex:

\$44.75

Shipping (UPS Canada Ground):

\$63.00

Order Total :

2002.75

As the research sets of The IIA, The Foundation provides groundstasking reservois conducted by thought leaders in the profession. Through initiatives that explore current issues, emerging trends, and future meds. The Foundation has been a driving force behind the exclution of the profession.

FAQ

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Quantity Discounts

(http://www.thelis.org/ policy-1000.chm)

**Bookstore Hele** 

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IIA Horse (https://ne.thelis.org/004.cfm)

https://www.theiia.org/bookstore/cart/cart.cfm?mode=receipt&orderID=83447&accessKey= 1/20/2016

Customer #: Sales Order #:

Order Date:

1/21/16

Page #:

1

Invoice Date: 1/22/16

Internal Auditors

P.O. #: Ship Via:

UPS Canada Standard

Terms:

Bill To:



Ship To #:

Ship To: ALBERTA HEALTH SERVICES

770-442-8633 X.275 Fed Taxld# 59-1859804

RONDA WHITE

RONDA.WHITE@ALBERTAHEALTHSERVICES.CA

IIA DISTRIBUTION BOOKSTOKE

ALPHARETTA, GA 30004

1650 BLUEGRASS LAKES PARKWAY

TOLL FREE (US ONLY) 877-867-4957

UPS Canada Standard

QTY ORD	BACK ORDER	QTY SHP		ITEN	#	LOCATION		DESCRIPTIO	N	LIST PRICE	DISC. PRICE	EXT. PRICE
The abo	NS ove kit	consi	EA sts	1150 of the	following c	mponents	ND I	LACIA LEARNING	SYSTEM 3PT	795.00	795.00	795.00
The abo	ove Item	n will	be	fulfill	ed separate	ly from anot	her d	istribution cer	ter.			
	NS		EA	1147			ND I	IACIA LEARNING	SYS PART 1			
the abo	ove Item	a will	be	fulfill	ed separate	ly from anot	her d	istribution cer	ter.			
	ns		EA	1148			ND I	IACIA LEARNING	SYS PART 2			
the abo	ve Ite	will	be	fulfill	ed separate	ly from anoti	her d	istribution cen	ter.			
	NS		EA	1149			ND I	LACIA LEARNING	SYS PART 3			
he abo	ve Item	will	be	fulfill	ed separate	y from anoth	her d	istribution cen	ter.			
1		1	EA	6086	(	906A	ND E	NTERPRISE RISK Y'S LEADING RES	MANAGEMENT EARCH	100.00	100.00	100.00
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Fotal Wg	jht:	6.65	LB	# items :	ihipped:			Delivery Instru	ctions:		-	
Return I	Policy:	See Re	ver	se Side								
	Plea	se teal	alo	ng dotte	l line and incl	ude with your	paym	ent. Please refere	nce your invo	ice # on y	our payme	nt.

IIAWEB 1/22/16 18:01:50 Job:PRINTER14F/718735 User:SCHEDULER 28-362906 00010 31272385 Page:00065

**REMIT TO:** 

**CUSTOMER #: INVOICE DATE: INVOICE #: SALES ORDER #:** 

TERMS: **TOTAL AMOUNT DUE:** 



PAYMENT METHOD (Choose one):

CHECK ENCLOSED

PLEASE CHARGE TO MY CREDIT CARD: CARD TYPE (Circle One): VISA MASTERCARD AMEX

**EXPIRATION DATE:** 

SIGNATURE





## **RECEIPT**

2701-250 Yonge Street Toronto, ON M5B 2L7

Invoice No. 47544

Sold To:

Ms Ronda White **Chief Audit Executive**  Ship

Ms Ronda White

Chief Audit Executive

Account No.		Purchase Order N	No. C	order Date	Order	Number		Terms	Invoice Date
			1	/22/2016			Upoi	n Receipt	1/28/2016
Qty	Descri	ption						Unit Price	Extended Price
1	Calga 3/31/2 Calga CALC	ry CRN 3 ry CRN 3 2016 - 3/31/2016 ry, AB RN003/CRNREG e Registration						900.00	900.00
Line Item	Total	Other	Tax	Subtota		Amount Re	ceived	Amo	unt Due
900.0	00		45.00	945.00		945.0	0	(	.00

Total GST/HST:45.00 Total PST/QST:0.00

GST Remittance Number:12179 8201 QST Remittance Number: 1204855478 Membership @ 395.00

1340,00



2701-250 Yonge Street Toronto, ON, M5B 2L7 Tel: (416) 593-7741 Fax: (416) 593-0636 Website: www.icd.ca Email; admin@icd.ca

## **RECEIPT**

	Receipt Date	Member ID
Received From:	22-Jan-2016	
Ms Ronda White		
Business Address: Ho	me Address:	
9th Floor, 9925-109 Street		
Email: ronda.white@albertahealthservices.ca		
Receipt for: Individual Membership (SCP) / Adhésion individuelle (PD	J), 02/01/2016 - 01/31/2017 (\$	395.00)
Payment Type and Amount:	V	V_MC \$395.00
THANK YOU FOR YOUR CONTINUED SUPPORT		
GST# 12179 8201		
QST# 12048 55478		
Please vieit our website at www.icd.ca to update your personal profile.	,	
Address information contained in your profile is used for mailing purposes.	2/24/	

Note: Hembership fee

4 390.00 is being

neimbursed as Ronda

has been included in

our corporate membership.

Will be reflected on Herch

Prand Statement.