

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 May 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
May-16	P-Card	Meetings				6	6	139		
Total			\$ -	\$ -	\$ -	\$ 6	\$ 6	\$ 139	\$ -	\$ -

Total for the Month \$ 145

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

<u>WHITE, RONDA</u> Cardholder's Name	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/05/2016</u>
<u>INTERNAL AUDIT & ERM</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$144.86</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
29/04/2016	427448304	CPA CANADA POS, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	138.86	CAD	138.86	6.94	.00	CPA Accounting Handbook Subscription ✓
20/05/2016	429940452	MPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	6.00	CAD	6.00	.29	.00	Meeting with Covenant Health - CEO / COO (May 20/16) ✓



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>Nella Turlione</u>	<u>Executive Assistant</u>	
Name of Cardholder Designate	Cardholder Designate Position/Title	
<u>Nella Turlione</u>	<u>May 26, 2016</u>	
Signature of Cardholder Designate	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>	<u>CHIEF AUDIT EXECUTIVE</u>	
Name of Cardholder	Cardholder Position/Title	
<u>R White</u>	<u>May 26, 2016</u>	
Signature of Cardholder	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. 		
_____	_____	
Name of Approver Designate	Approver Designate Position/Title	
_____	_____	
Signature of Approver Designate	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>Dr. Verma Ginn</u>	<u>Interim President + CEO</u>	
Name of Approver	Approver Position/Title	
<u>[Signature]</u>	<u>May 30 / 16</u>	
Signature of Approver	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 T5J 3E4	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____



Chartered Professional Accountants of Canada
 277 Wellington Street West Toronto ON CANADA M5V 3H2
 T. 416 977.0748 F. 416 204.3416
 1 800 268.3793 www.cpacanada.ca

Comptables professionnels agréés du Canada
 277, rue Wellington Ouest Toronto ON CANADA M5V 3H2
 T. 416 977.0748 Téléc. 416 204.3416
 1 800 268.3793 www.cpacanada.ca

PAID - April 21, 2016

Invoice / Credit Note No
 N° De Facture / Note de crédit
 [REDACTED]

Date: 3/31/2016

To / À

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

Ship To / Destinataire

Ms. Ronda M. White, CPA, CA
 Alberta Health Services, Internal Audit & Enterprise Risk
 [REDACTED]

Customer Purchase Order Number N° de bon de commande RENEWAL	Ship To Customer No À expédier au client n° [REDACTED]	Bill To Customer No À facturer au client n° [REDACTED]
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Stock No N° de l'article	Description	Qty. Qte.	Unit Price Prix unitaire	Discount \$ Remises	Net Dollar Amount \$ Montant net
[REDACTED]	CPA CANADA PUBLIC SECTOR ACCOUNTING HANDBOOK SUBSCRIPTION (Subs No. 76400 : 1 copy, from: 5/9/2016 to: 5/8/2017)	1	\$115.00	\$0.00	\$ 115.00

Subscription Renewal

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, 2013. CPA Canada now provides services that were previously provided directly by CICA and CMA Canada. CPA Canada supports unification of the Canadian accounting profession under the CPA banner, a vision shared by more than 85% 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 canadienne sur les organisations à but non lucratif le 1er janvier 2013. CPA Canada fournit désormais les services auparavant fournis directement par l'ICCA et CMA Canada. CPA Canada soutient l'unification de la profession comptable canadienne sous la bannière CPA, une vision à laquelle souscrivent plus de 85 % des comptables canadiens.

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TOTAL \$138.86

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CARD NO. - N° DE CARTE _____ EXPIRY DATE - DATE D'EXPIRATION _____

CARD HOLDER NAME - NOM DU TITULAIRE DE LA CARTE _____ SIGNATURE _____

mtg with Covenant H.
CEO/COO

RECEIPT
IMPARK LOT 262
NO IN AND OUT PRIVILEGES

License Plate Number

[REDACTED]

Expiration Date/Time

03:56 PM
MAY 20, 2016

Purchase Date/Time: 12:56pm May 20, 2016

Total Parking: \$5.71

Total GST: \$0.29

Total Due: \$6.00

Total Paid: \$6.00

Ticket # [REDACTED]

S/N #: 500013351200

Setting: Lot 262

Mach Name: Meter 2

Rate: \$6 - 3 Hours

Payment Type: Card

[REDACTED] MasterCard

Auth # [REDACTED]

GST #887315638RT0006

IMPARK LOT 262

ING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT PARKING RECEIPT