

Official Administrator and Executive Expense Report

Name Ronda White
Title Chief Audit Executive Internal Audit & ERM
Location Edmonton
 Expenses submitted during the month of April 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-14	P-Card	Meetings			413	388	801			3,023
Apr-14	Expense Claim	Meetings		83		177	260			
Total			\$ -	\$ 83	\$ -	\$ 177	\$ 1,061	\$ -	\$ -	\$ 3,023

Total for the Month \$ 4,084

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 184
 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

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 20-Mar-14 To: 20-Apr-14
Travel Period from: To (if applicable)
Out-of-Province Travel

Name: WHITE, Ronda Position (Title): Chief Audit Executive
Location: Edmonton Dept: Internal Audit DOFA Level: (if applicable) Union: Business Phone #: Ext:
Employee # (E-People):

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY →					Project Number		Project Task Number	
					Expenditure Organization		Expenditure Type	
Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3			
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense
2A	101	0006	71110700000	\$259.64				
2B								
2C								
2D								
				\$259.64				
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D			

TOTAL REIMBURSEMENT	
Total Section B	\$259.64
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$259.64

SECTION F: AUTHORIZATION

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.
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.
Employee Signature: R. White Date: April 22/14

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.
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Dorothy Rhodes DOFA Level: Position #: Phone: Ext:
Signature: Dorothy Rhodes Title: Acting VPCorp Secy. + CFO Date: April 26/14

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.
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I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): DOFA Level: Position #: Phone #: Ext:
Signature: Title: Date:

Health and Personal Information on this form is collected by AHS under the authority of section 20(6) of the Health Information Act (HIA) and sections 33(1) and 36(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Practice to Play program.

EXPENSE CLAIM DETAILS

Enter Finance Coding

101 0006 7111070000

Emp # (E-People)

Page 2A

If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT** separate any taxes (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: TRAVEL EXPENSES

NOTE: If expenses do not fit into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expense were incurred (Out of N.America = Int'l)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is REQUIRED.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Completion of the "Cost Effective Method Used" Column is REQUIRED.
If you select "No" in this column,
Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mm-yy	Business Reason for Travel - Detailed Description Required (Include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)		If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)		
					Meal Allowance		Meal with Receipt		Airfare				Hotel	Taxi
					Meal Type with value	Allowance	Meal Type	with receipt						
8-Apr-14	Parking at Red Arrow Ticket Office to take bus to Calgary for meetings with the IASPM & LSP Teams and the CEO		Meeting	Yes							\$21.00	✓		
8-Apr-14	Meal Allowance while in Calgary to meet with IASPM, LSP teams and the CEO		Meeting	Yes	D-\$20.75	\$20.75								
8-Apr-14	Meal Allowance while in Calgary to meet with IASPM, LSP teams and the CEO		Meeting	Yes	A-\$41.55	\$41.55								
10-Apr-14	Meal Allowance while in Calgary to meet with IASPM, LSP teams and the CEO		Meeting	Yes	BL-\$20.80	\$20.80								
2-Apr-14	Return travel to Red Deer for ALP working group meeting		Meeting	Yes									308.00	
SUBTOTALS						\$83.10					\$21.00		Total Km 308.00	

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement
(see Mileage details to the left)

\$0.505

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Mileage \$ \$155.64

Travel \$ Subtotal \$104.10

Auto file on page 1 - TOTAL TRAVEL \$ \$259.64

Rationale is Required for expenses that are not Cost Effective

(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)

BEST WESTERN CEDAR PARK INN5116 Gateway Blvd.
Edmonton, AB T6H 2H4

(780) 434-7411

reservations@cedarparkinn.com

Registered To:

Parking (MUST be 0 Balance), PARK

Room #

Transfer To

Conf #

Arrival 04/08/14

Departure 04/08/14

Group

Room Type

Guests 0 / 0

Payment

Acct

Posting	Oper	AcctCo	Description	From	Reference	Amount
04/08/14	lillian	CH	PAYMENT CASH			\$21.00-

Parking e Redcurr

Balance Due	\$21.00-
-------------	----------

✓

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH BEST WESTERN® BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED.

GST# 851767210RP0001

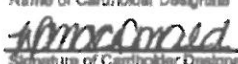
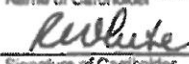
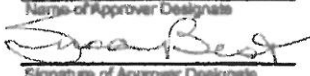
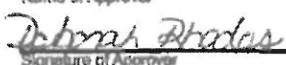
Instruction:

- 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	Billing Reporting Period: 20/04/2014
Cardholder's Name	Cardholder's Position/Title	
INTERNAL AUDIT & ENTERPRISE	FOCUS BUILDING	Total Statement Amount: \$3,824.38
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	
21/03/2014	346453041	MPARK00020280U, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.00	.00	Parking at SSP to attend the IA RFP Interviews and Continuing Care Task Force meetings	①
25/03/2014	34694800	RED ARROW EXPRESS LTD, BUS LINES	136.04	CAD	136.04	6.82		Return bus ticket to Calgary to attend meetings with the IVERM team, L&P, and the CEO	②
25/03/2014	34694801	RED ARROW EXPRESS LTD, BUS LINES	136.04	CAD	136.04	6.82		Return bus ticket to Calgary to attend AFAC and AHS Residency Program	③
27/03/2014	347200061	ITHSA.ORG(407)937-1166, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	2,492.00	USD	2,893.42	.00	.00	Payment to the IA for an Executive Member Subscription - resources are made available to the entire IA team	④
01/04/2014	347405161	CPA CANADA POS, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	142.00	CAD	142.00	.00	.00	Payment for subscription renewal of CPA Canada Standards & Guidance Collection	⑤
02/04/2014	347750720	EB *APRIL 16 2014-IA, BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	35.00	CAD	35.00	1.61	.00	Purchase for Luncheon ticket to the IA CAE Roundtable - April 16	⑥
05/04/2014	348339037	MPARK00020280U, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.00	.00	Parking at SSP to attend e-day Executive Meeting - April 8	⑦
08/04/2014	348487261	CHECKER CABS LTD, LIMOUSINES AND TAXICABS	25.10	CAD	25.10	1.22	.00	Ride from Red Arrow ticket office to the Delta Hotel to attend meeting with the CEO and IVERM & L&P Teams	⑧
10/04/2014	348812791	DELTA CALGARY SOUTH, DELTA HOTELS	413.18	CAD	413.18	.00	.00	Accommodations while in Calgary to meet with the IVERM and L&P teams	⑨
10/04/2014	349029237	MPARK00020280U, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.00	.00	Parking at SSP to attend all-day Executive meeting - April 15	⑩
15/04/2014	349157646	ASSOCIATED CABALLIES, LIMOUSINES AND TAXICABS	27.80	CAD	27.80	1.5	.00	Ride from Red Arrow ticket office from Southport office after meetings.	⑪

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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>MACDONALD, Denise</u> <small>Name of Cardholder Designate</small>  <small>Signature of Cardholder Designate</small> </div> <div style="width: 45%;"> <u>Administrative Coordinator</u> <small>Cardholder Designate Position/Title</small> <u>April 22, 2014</u> <small>Date of Signature</small> </div> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>WHITE, RONDA</u> <small>Name of Cardholder</small>  <small>Signature of Cardholder</small> </div> <div style="width: 45%;"> <u>CHIEF AUDIT EXECUTIVE</u> <small>Cardholder Position/Title</small> <u>April 22/14</u> <small>Date of Signature</small> </div> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>BEST, Susan</u> <small>Name of Approver Designate</small>  <small>Signature of Approver Designate</small> </div> <div style="width: 45%;"> <u>Executive Assistant</u> <small>Approver Designate Position/Title</small> <u>Apr. 25, 2014</u> <small>Date of Signature</small> </div> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>RHODES, Deborah</u> <small>Name of Approver</small>  <small>Signature of Approver</small> </div> <div style="width: 45%;"> <u>Acting VP Corp Services & CFO</u> <small>Approver Position/Title</small> <u>April 26/14</u> <small>Date of Signature</small> </div> </div>		
Submit approved statement with attachments to Accounts Payable:		
Attach: <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: • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Dispute 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, 10030-107 Street Edmonton, AB T5J 3E4	
Accounts Payable only:		
Reference #:	Reviewed by:	Date:

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Tuesday, March 25, 2014 1:33 PM
To: Denise MacDonald
Subject: Invoice

②



Invoice

Date: 2014-03-25

Ref To:

For our month or at

ALGARY ZONE

Lethbridge

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-03-25		-		2014-04-08	2014-04-10	-	

Travellers:

WHITE/RHONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 03A	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-04-08 at 16:45 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-04-08 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52
CEEXP 16:30 Assigned to: 08A	Departs Calgary (CALTO / Calgary Ticket Office) 2014-04-10 at 16:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-04-10 at 19:35	3 hrs 5 mins	Corporate 1	1	69.52	69.52

Payments Received

Date	From	Reference	Amount
2014-03-25	RHONDA WHITE		139.04 CAD

Base Price: 139.04 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 139.04 CAD
Commission: 0.00 CAD
Received: 139.04 CAD
Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

Red Arrow reserves the right to conduct baggage checks at any time.

When travelling with Red Arrow you may be asked for ID at any time. *****

GST# BN139981476

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES. PLEASE REMIT PAYMENT TO THE ADDRESS LISTED ON YOUR STATEMENT. THANK YOU.

IF YOU WISH TO MAKE ANY CHANGES TO THIS RESERVATION - time change, date change, or cancel for a full refund - we require 3 hours notice prior to P.M. departures and a half hour notice prior to A.M. departures. Wheelchair reservations & cancellation to travel bookings during our Christmas Blackout period (December 13, 2013 to January 6, 2014) require 24 hours notice. Failure to provide proper notice of time change or cancellation, and/or

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Tuesday, March 25, 2014 1:36 PM
To: Denise MacDonald
Subject: Invoice



Invoice

Date: 2014-03-25

BT 701

Your invoice is at

ALBERTA HEALTH SERVICES - CALGARY ZONE

Lethbridge

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-03-25		-		2014-04-22	2014-04-28	-	

Travelers:

WHITE/RHONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 18:30 Assigned to: 02A	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-04-22 at 18:45 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-04-22 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52
CEEXP 12:30 Assigned to: 03A	Departs Calgary (CALTO / Calgary Ticket Office) 2014-04-28 at 12:30 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-04-28 at 15:35	3 hrs 5 mins	Corporate 1	1	69.52	69.52

Payments Received:

Date	From	Reference	Amount
2014-03-25	RHONDA WHITE		139.04 CAD

Base Price: 139.04 CAD
Discounts: 0.00 CAD
Service Charges: 0.00 CAD
Invoice Total: 139.04 CAD
Commission: 0.00 CAD
Received: 139.04 CAD
Balance: 0.00 CAD

TERMS: DUE UPON RECEIPT

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GST# BN139981476

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The Institute of Internal Auditors
Progress Through Sharing

247 Maitland Avenue, Altamonte Springs, Florida 32701-4201, United States
Phone: +1-407-837-1100, Fax: +1-407-837-1108
E-mail: CustomerRelations@theiia.org
Web: www.theiia.org

④

Invoice

Ronda White
Alberta Health Services

CANADA

Alberta Health Services

CANADA

Customer ID	PO Number	Invoice #	Invoice Date	Terms
			2/5/2014	Due Upon Receipt
Quantity	Description	Unit Price	Amount	
1	Audit Executive Center - Advocate	\$2,495.00	\$2,495.00	
		Amount Paid (US Dollars)	\$0.00	
		Balance Due	\$2,495.00	

For resources available to the
entire Internal Audit, Enterprise Risk
Management & ICOFR team - 22^{all} members

= 2839.46 CON ✓

Please remit payment to:

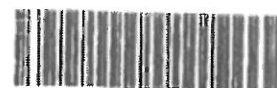
The Institute of Internal Auditors
CNL Bank
PO Box 31280
Tampa, FL 33631-3280
UNITED STATES

Return One Copy with Payment

Charge to:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> 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: 135592538 - Canadian GST: R124590001.

pd March 27/14





AUDIT EXECUTIVE CENTER

An invitation to renew your commitment with The IIA's Audit Executive Center

Dear Ronda,

Thank you for your membership in the Audit Executive Center and allowing The IIA to better serve you as an experienced and high-performing audit leader. Your Center membership expires **April 30, 2014** and I'd like to take this opportunity to invite you to continue your membership to help you stay empowered, connected, and relevant.

Over the past year, your Advocate membership provided the following benefits:

- Access to over 800 pieces of thought leadership and more than 1,500 tools and resource documents through the Center's website
- 24 issues of *CAE Bulletin*
- CAE Member Directory
- New 15% discount on IIA Seminars for you and your staff, below IIA Member pricing
- 15 hours of CPE opportunity through Center-Exclusive CAE forums and webinars
- Discounted rates on IIA's CIA Learning System
- New Discount - On-Site Training, below IIA member pricing
- CAE Forum and Annual Networking Event at GAM
- Complimentary GAIN Benchmarking Report with participation
- Complimentary Annual Compensation Study Report with participation
- Five postings to IIA Career Center
- All your staff having access to the Center and receiving bi-weekly communications
- Internal Audit Skills Assessment for your organization

We are excited to have recently launched an enhanced Center website with easier navigation, as well as an exclusive LinkedIn group for Center members only. In 2014, the Center will be re-launching its exclusive CAE visits to IIA Headquarters in an effort to learn more about the individual needs of our CAE members and their organizations so we may further enhance services to our members.

I hope as part of this process you'll allow us to continue to serve you for what promises to be an even more valuable program in the year ahead. Your invoice is enclosed for your convenience or you may renew online at <https://aec.theiia.org>

As always, if you have any questions, feedback, or would like to upgrade your membership to the Ambassador level and receive a complimentary GAM registration and even more great benefits. Please contact [REDACTED] You may also contact any member of the CAE Services team at cae@theiia.org

I look forward to working with you again this year.

Sincerely,

[REDACTED]
Gina Eubanks, CIA, CRMA, CCSA, CISA
Vice President, Professional Services

**CPA**

Chartered Professional Accountants of Canada
277 Wellington Street West Toronto ON CANADA M5V 3B2
T: 416 977-0745 F: 416 304-3416
1 800 268-3795 www.cpa.ca

Comptables professionnels agréés du Canada
277, rue Wellington Ouest Toronto (ON) CANADA M5V 3B2
T: 416 977-0745 Téléc. 416 304-3416
1 800 268-3795 www.cpa.ca

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

Date: 2/28/2014

To / À

Ship To / Destinataire

Mr. Ronald M. White, CA

Mr. Ronald 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°	
RENEWAL					
Stock No N° de l'article	Description	Qty. Qte.	Unit Price Prix unitaire	Discount \$ Remise	Net Dollar Amount \$ Montant net
	CPA CANADA STANDARDS & GUIDANCE COLLECTION - Member Subscription (Note: As of November 1, 2013, the title of the CICA Standards and Guidance Collection has been changed to CPA Canada Standards and Guidance Collection. Print Handbook publications may contain the previous title until updated versions are released.) (Subs No. 9856 : 1 copy, from: 4/16/2014 to: 4/15/2015)	1	\$125.00	\$0.00	\$ 125.00

Subscription Renewal

On April 1, the name and address of The Canadian Institute of Chartered Accountants (CICA) and The Institute of Management Accountants of Canada (CMA) have been 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 respects all information of the Canadian accounting profession under the CPA Privacy Policy, a policy shared by more than 70% of Canadian associations.

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Le 1er avril, les noms et les adresses de l'Institut canadien des Comptables Agréés (ICCA) et de l'Institut des Comptables en Gestion du Canada (ICMG) ont été transférés à CPA Canada, qui a été créée en vertu de la Loi sur les sociétés à but non lucratif le 1er janvier 2015. CPA Canada fournit désormais les services auparavant fournis directement par l'ICCA et l'ICMG Canada. CPA Canada respecte l'information de la profession comptable canadienne sous la politique de confidentialité de CPA Canada, une politique partagée par plus de 70 % des associations canadiennes.

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GST	\$7.45
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LEARN PAYMENT / CREDIT MONTANT PAIEMENT / CREDIT	\$0.00
TOTAL	\$156.45

GST
exempt

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Event

April 15, 2014 - IIA Edmonton Luncheon - CFO Panelist Discussion

Eventbrite

275998169348924615001



Date/Time

Location

Order

Tuesday, 15 April 2014 from
12:00 PM to 1:00 PM (MDT)

Westin Hotel
10135 100 Street Northwest
Edmonton, AB T5J 1P7
Canada

Ronda White

Payment Status

Eventbrite
Completed

Order Info

Ordered by Ronda White on 1 April 2014 6:40 AM

Total

April 15, 2014 Luncheon Ticket \$35.00



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275998169348924615001

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9

AB HEALTH SERVICES

Canada

Room:
Folio:
Cashier:
Arrival: 04-08-14
Departure: 04-10-14

Date	Description	Additional Information	Charges	Credits
04-08-14	Room Charge		184.00	
04-08-14	DMF		5.52	
04-08-14	Room GST		9.48	
04-08-14	Tourism Levy		7.58	
04-09-14	Room Charge		184.00	
04-09-14	DMF		5.52	
04-09-14	Room GST		9.48	
04-09-14	Tourism Levy		7.58	
04-10-14	Mastercard			413.16
GST Summary			Total	413.16
Registration No. [REDACTED]			Balance Due	0.00 CDN
Room 18.96				
F&B 0.00				
Other 0.00				
Total 18.96				

206.53
and tax

Note - only rooms available
A Delta. Cost is slightly
higher than maximum
for hotel costs but other
accommodation would
require taxi fares to/from
Southport. Overall cost is
reasonable.

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS

DATE: 2014/04/10
PICK-UP TIME: 13:13
DROP-OFF TIME: 13:33
TRIP ID: 658288
LOCATION: 873838-45824183787
CAR NUMBER: [REDACTED]
CARD TYPE: [REDACTED]
CARD: [REDACTED]
EXPIRY: [REDACTED]
AUTH: [REDACTED]

FARE (\$): 24.19
EXTRA (\$): 8.86
SUBTTL (\$): 24.18

TIP (\$): 3.50

TOTAL (\$): 27.60

SIGNATURE:

Taxi to Red Army
Prima Southport
FOR ONLINE TAXI BOOKINGS VISIT
OUR WEBSITE WWW.ASSOCIATEDCAB.COM

CUSTOMER'S COPY

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
APR 15, 2014

Purchase Date/Time: 07:24am Apr 15, 2014
Total Parking: \$18.10
Total get: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
SN #: [REDACTED]
Settings: Lot 256
Mach Name: Meter 1

Card: [REDACTED]

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Apr 15, 2014
Purchase Date/Time: 07:24am Apr 15, 2014
Total Parking: \$18.10
Total get: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
Settings: Lot 256
Mach Name: Meter 1

Card: [REDACTED]

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
APR 08, 2014

Purchase Date/Time: 07:35am Apr 08, 2014
Total Parking: \$18.10
Total get: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
SN #: [REDACTED]
Settings: Lot 256
Mach Name: Meter 1

Card: [REDACTED]

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Apr 08, 2014
Purchase Date/Time: 07:35am Apr 08, 2014
Total Parking: \$18.10
Total get: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
Settings: Lot 256
Mach Name: Meter 1

Card: [REDACTED]

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
MAR 21, 2014

Purchase Date/Time: 06:53am Mar 21, 2014
Total Parking: \$18.10
Total get: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
SN #: [REDACTED]
Settings: Lot 256
Mach Name: Meter 1

Card: [REDACTED]

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

Expiration Date/Time: 06:00pm Mar 21, 2014
Purchase Date/Time: 06:53am Mar 21, 2014
Total Parking: \$18.10
Total get: \$0.90
Total Due: \$19.00
Total Paid: \$19.00
Ticket: [REDACTED]
Settings: Lot 256
Mach Name: Meter 1

Card: [REDACTED]

* TRANSACTION RECEIPT *
Checker/Yellow Cabs
316 Meridian Road SE
Calgary, AB, T2A 1X2
403-299-9999

Taxi Service

TYPE

CARD

EXP

DATA

TerminalID: 000014722410

Transaction Refer

Number :

DATE: 2014/04/08 20:25:59

AUTH:

IFID:

DRV :

VEH :

GST :

Meter Start Time:

20:07:04

Meter Stop Time:

20:24:29

Distance: 10.3 Km

FARE 1:

FLAT :

TAX :

TOTAL FARE:

PAYMENT AMOUNT:

TIP:

TOTAL PAYMENT: \$ 25.10

Purchase Auth Complete

✓