

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton
 Expenses submitted during the month of March 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
March 2013	P-Card	CICA Accounting Handbook renewal					-			156
Total							-			156
Total for the Month			\$ -		\$ -		\$ -		\$ -	
Total for the Month			\$ 156							

Maximum meal expense claimed in the month	\$ -
Maximum daily 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>20/03/2013</u>
<u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$156.45</u>
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Business Reason (Detailed Description Required)
15/02/2013	309214231	ECHAPTER.CA, ORGANIZATIONS, MEMBERSHIP	52.36	CAD	52.36	2.49		Webinar - Risk Mgmt
22/02/2013	308371575	ECHAPTER.CA, ORGANIZATIONS, MEMBERSHIP	-52.36	CAD	-52.36	-2.49		Credit for webinar - <i>Processed by Institute of Int. Auditing</i>
15/03/2013	311393227	CDN INST OF CHARTERED, ACCOUNTING, AUDITING, AND	156.45	CAD	156.45	7.45	.00	Renewal of CICA Handbook Subscription

Signatures

Cardholder Designate (if Applicable)
By signing this statement

I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder
By signing this statement

I hereby acknowledge that I have read and understood the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for personal expenses inadvertently charged has been obtained.

I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo.

I confirm that the expenses included in this claim have not been previously claimed by me or on my behalf from Alberta Health Services or any other organization.

WHITE, RONDA
Name of Cardholder

R White
Signature of Cardholder

CHIEF AUDIT EXECUTIVE
Cardholder Position/Title

March 21/13
Date of Signature

Approver Designate (if Applicable)
By signing this statement

I hereby acknowledge that I have read and understood the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for personal expenses inadvertently charged has been obtained.

I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo.

Name of Approver Designate

Approver Designate Position/Title

Signature of Approver Designate

Date of Signature

Approver
By signing this statement

I hereby acknowledge that I have read and understood the "Travel, Hospitality and Working Session Expenses Policy" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy and other AHS policies or directives.

I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and confirm that a personal cheque for personal expenses inadvertently charged has been obtained.

I certify that expenses submitted in this claim have been incurred using a cost effective method, otherwise rationale and supporting analysis is provided on a separate memo.

Deborah Rhodes
Name of Approver

Deborah Rhodes
Signature of Approver

Acting Chief Financial Officer
Approver Position/Title

Mar. 28/13
Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attachments:

- Original 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"
- Receipt, actual order or credit receipts
- Dispute letter
- Business reasons for travel require detailed descriptions - include where traveled to, who attended (if any), 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 T1J 3E4

Accounts Payable only:

Reference #: _____ Reviewed by: _____ Date: _____



The Canadian Institute of Chartered Accountants
 277 Wellington St. West, Toronto
 M5V 3H2
 Tel: 416-977-0748 Fax: 416-204-3416
 www.cica.ca <http://www.cica.ca>

L'Institut Canadien des Comptables Agréés
 277, rue Wellington Ouest, Toronto (Ontario) Canada
 M5V 3H2
 Tél. : 416-977-0748 Téléc. : 416-204-3416
 www.icca.ca <http://www.icca.ca>

Invoice / Credit Note No
 N° De Facture / Note de crédit
 290754

Date: 3/14/2013

To / À

Ms. Ronda M. White, CA
 Alberta Health Services, Internal Audit & Enterprise Risk Management
 Services
 [Redacted]
 Edmonton, AB T5K 2J8

Ship To / Destinataire

Ms. Ronda M. White, CA
 Alberta Health Services, Internal Audit & Enterprise Risk
 Management Services
 [Redacted]
 Edmonton, AB T5R 1C5

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 \$ Remises	Net Dollar Amount \$ Montant net
01860612	CICA HANDBOOK - ACCOUNTING AND ASSURANCE SUB. *Member (Subs No. 9856 : 1 copy, from: 4/16/2013 to: 4/15/2014)	1	\$125.00	\$0.00	\$125.00

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In paying this invoice, I consent to CICA collecting and using the above information and disclosing it to other third party service providers for the purposes of (1) providing me with the service for which I have contracted; (2) Providing me with information as to products and services CICA feels may be of interest to me. Should you have any questions on the collection, use and disclosure of your information, view the CICA's privacy policy at www.cica.ca. Please check the following box should you not wish your personal information to be used and disclosed for the purpose set out in (2) above. For a list of CICA eNewsletters, webinars, promotional material and opt-out information, visit www.cica.ca/emails/preferences.

Consentement à l'utilisation de vos renseignements personnels

En payant la présente facture, j'autorise ICCA 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 prévu 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 de vos renseignements personnels qui vous concernent, veuillez consulter la politique de ICCA sur la confidentialité à l'adresse www.cica.ca. Si vous ne souhaitez pas que vos renseignements personnels soient utilisés à ces fins énoncées en 2) ci-dessus, veuillez cocher la case suivante: Pour voir la liste des bulletins, séminaires et autres communications électroniques de ICCA et vous inscrire à des listes d'envoi ou vous en désinscrire, allez à www.cica.ca/preferences/consent.

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

SHIPPING & HANDLING CHARGE
 FRAIS DE MANUTENTION \$24.00

PAYMENT OPTIONS / MODE DE PAIEMENT

SUB-TOTAL
 TOTAL PARTIEL \$149.00

On-line payment at
www.cica.ca/Invoice
 Paiement en ligne à
www.icca.ca/Facture

Payment enclosed
 Paiement ci-joint



Local / Toronto (416) 977-0748
 Toll Free / Sans frais 1-800-265-3793

Fax / Téléc (416) 204-3416

GST \$7.45



CARD NO. - N° DE CARTE

EXPIRY DATE - DATE D'EXPIRATION

CARDHOLDER NAME - NOM DU TITULAIRE DE LA CARTE

SIGNATURE

SUB-TOTAL
 TOTAL PARTIEL \$156.45

LESS PAYMENT / CREDIT
 MOINS Paiement / CREDIT \$156.45

TOTAL \$0.00

**1 - 483 Dominion Street
Winnipeg, MB R3G 2N1**

Payment Received for Event Registration Fees

Receipt Number: 10215

Alberta Health Services
Ronda White
[REDACTED]
Edmonton, AB T2K 2J8

This Receipt is for Canadian Institute of Internal Auditors

**Event 44 Oversight of Management's Risk Appetite
and Tolerance**

Held on 27-Mar-13
Date Payment Received 15-Feb-13
Amount received **\$52.38**
Reference Number [REDACTED]
Invoice Number 14242

eChapter.ca
Registrar

Ronda White

From: echapter.ca [esp_receipt@moneris.com]
Sent: Friday, February 22, 2013 7:03 PM
To: Ronda White
Subject: Transaction Receipt - Do Not Reply

echapter.ca

APPROVED

TYPE PURCHASE CORRECTION

ORDER ID

[REDACTED]

AMOUNT (CAD)

\$52.38

CARD NUM
ACCOUNT

[REDACTED]
MC

DATE

Feb 22 2013 08:02PM

REF NUM

[REDACTED]

AUTH CODE

[REDACTED]

*- Credit processed as
11A will provide
seminar with no charge.*

*Rudette
March 2013*

APPROVED - THANK YOU 027

Please keep this email as your transaction receipt.

This receipt has been sent from an unmonitored email account.
Do not reply to this email.