

Board and Executive Expense Report

Name Ronda White
Title Chief Audit Executive
Location Edmonton
 Expenses submitted during the month of April 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)
April 2013	P-Card	Membership Fees/Registration					-	65		3,850
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65	\$ -	\$ 3,850

Total for the Month \$ 3,915

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>20/04/2013</u>
<u>INTERNAL AUDIT & ENTERPRISE</u> Cardholder's Dept	<u>FOCUS BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$3,915.46</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)
① 21/03/2013	312044581	CHARTERED ACCOUNTANTS, ASSOCIATIONS CIVIC, SOCIAL, AND	1,233.75	CAD	1,233.75	✓ .00	.00	2013/14 CICA Membership Dues
② 25/03/2013	312305382	THEIA.ORG(407)9371165, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	2,485.00	USD	2,616.71	✓ .00	.00	IA Audit Executive Center Dues
③ 04/04/2013	313275925	INSTITUTE OF CORPORATE, SCHOOLS AND EDUCATIONAL SERVICES	65.00	CAD	65.00	✓ 3.10	.00	CD Board Risk Session <i>Registration</i>



Institute of Chartered Accountants of Alberta
 580 Manulife Place
 10180 - 101 Street
 Edmonton, AB T5J 4R2

Ph. (780) 424-7391 (Edmonton); Toll Free 1-800-232-9406
 Fax (780) 425-8766
 Web site www.albertaCAs.ca

2013 / 2014 Member Fees



Member #: [REDACTED]
 GST Reg #: R107508533
 Invoice #: 1001272846

R.M. WHITE, CA
 Alberta Health Services
 [REDACTED] 9925 - 109 Street
 Focus Building
 Edmonton AB T5K 2J8

INVOICE

CICA (Paid to Alberta)	\$440.00
ICAA (Resident)	\$735.00
TOTAL MEMBERSHIP FEES:	\$1,175.00

DUE DATE: APRIL 1 - 61 Days to pay without penalty
LATE PAYMENT PENALTY IS 5% PER MONTH

Amount payable June 1 - June 30	\$1,295.44
Amount payable July 1 - July 31	\$1,357.13
Amount payable Aug. 1 - Aug. 31	\$1,418.82

FINAL PAYMENT DEADLINE: AUGUST 31
 Automatic suspension and publication if not paid by Aug. 31

INCOME TAX RECEIPT REQUIRED: No Yes

GST and/or HST** \$58.75

TOTAL AMOUNT DUE **\$1,233.75**

**GST: \$ 58.75 HST on CICA Fees: \$ 0.00

A. MEMBER DECLARATION - TO BE COMPLETED, SIGNED AND RETURNED WITH APPROPRIATE PAYMENT BY MAY 31

- My billing status is unchanged from that indicated above. My fees are enclosed (if applicable).
- My billing status is changed from that indicated above (proceed to sections B & C below - refer to information in enclosure).

B. CHANGED CICA OR ICAA FEES - COMPLETE BELOW

CICA fees change:

- CICA fees are deducted; they are now paid to the _____ provincial Institute.
- CICA fees are added, I wish to pay this fee through the Alberta Institute.

ICAA fees change:

- Non-resident fees are included (and resident fees deducted) since I no longer reside in Alberta and I am a member of another provincial Institute or a recognized foreign accounting organization.
- Resident fees are included (and non-resident fees deducted) since I now reside in Alberta or I am no longer eligible for non-resident fees.

C. FEES REDUCTION (INITIAL APPLICATION OR CHANGE) - CHECK ONLY ONE BOX BELOW

Active earnings criteria: Member is not gainfully employed such that earnings from all types of employment or business do not exceed \$30,000 (or \$30,000 plus annual tuition if enrolled in full-time university education).

- I declare that I meet the active earnings criteria (above). I have reduced my ICAA & CICA fee amounts by 50%, adjusted GST/HST and remitted accordingly.
- I declare that I meet the active earnings criteria (above) AND my age plus years of CA membership in a recognized accounting organization equals 90 or more. I have reduced my ICAA & CICA fee amounts by 75%, adjusted GST/HST and remitted accordingly.
- I declare that I meet the active earnings criteria (above) AND my age is 70 or more years. I have reduced my ICAA & CICA fee amounts by 100%.
- I declare that I meet the active earnings criteria (above) due to long term health problems. I have reduced my ICAA & CICA fee amounts by 100%.
- I no longer meet the active earnings criteria for a reduction in fees, my membership registration should return to my former fee paying rate. I have removed the reduction granted me and enclose the full ICAA & CICA fee amounts along with the appropriate GST/HST.

R White
 Member signature

March 19/13
 Date

REMITTANCE COPY - PLEASE RETURN WITH YOUR PAYMENT



1. CURRENT CONTACT DETAILS

The details displayed in the "Current Contact Information" below were extracted from the Institute's current database records. Please clearly print any changes to your contact information in the "Updated Contact Information" below.

CURRENT CONTACT INFORMATION

HOME:

Home Address: [REDACTED]

Home City, Prov. Edmonton, AB

Home Postal Cd: [REDACTED]

Home Phone: [REDACTED]

Home E-Mail:

Home Fax:

Home Cell:

BUSINESS:

Employer Name: Alberta Health Services

Business Address: [REDACTED] 9925 - 109 Street
Focus Building

Bus. City, Prov.: Edmonton, AB

Bus. Postal Cd: T5K 2J8

General Phone: 780-

General Fax:

General E-Mail:

Direct Phone: [REDACTED]

Direct Fax:

Direct E-Mail: Ronda.White@albertahealthservices.ca

Position/Title: Chief Audit Executive

Seniority Level: Executive

Sector/Subsector: Sector: Government Subsector: Provincial

UPDATED CONTACT INFORMATION

HOME DETAILS TO BE UPDATED:

Home Address:

Home City, Prov.

Home Postal Cd:

Home Phone:

Home E-Mail:

Home Fax:

Home Cell:

BUSINESS DETAILS TO BE UPDATED:

Employer Name:

Business Address:

Bus. City, Prov.:

Bus. Postal Cd:

General Phone:

General Fax:

General E-Mail:

Direct Phone:

Direct Fax:

Direct E-Mail:

Position/Title:

Seniority Level:

Sector/Subsector: Sector: Subsector:

2. MAIL PREFERENCES

Please check your current mail preferences. If you wish to alter your preference, please check (✓) the appropriate box in the right-hand column. For more details on the types of mailings listed below, please see the schedule attached.

MAIL PREFERENCES - (see attachment for detailed description of mail preferences)

CURRENT MAIL PREFERENCES:

<u>Mail Type:</u>	<u>Current Preferences:</u>
Catalog	Post - Bus.
Courier/Freight Delivery	Post - Bus.
CPD Confirmation	E-Mail - Bus.
General Correspondence	E-Mail - Bus.
Monthly Mailing Package	E-Mail - Bus.
Publication	Post - Bus.
Regulatory Information	Post - Bus.
Invoice	Post - Bus.
Urgent Member Notices	E-Mail - Bus.

MAIL PREFERENCES TO BE UPDATED:

<u>Distribution Method:</u> (Select one only)	<u>Preferred:</u> (Select one only)	<u>Suppress:</u>
<input type="checkbox"/> Post <input type="checkbox"/> E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	<input type="checkbox"/> s
<input type="checkbox"/> Post	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	n/a
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	n/a
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	n/a
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	<input type="checkbox"/> s
<input type="checkbox"/> Post	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	<input type="checkbox"/> s
<input type="checkbox"/> Post	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	n/a
<input type="checkbox"/> Post	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	n/a
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Home <input type="checkbox"/> Bus.	<input type="checkbox"/> s

Location: Home > Receipt

Thank You, Transaction Successful

Your transaction has been successfully processed.

Please find your receipt below. We recommend you print a copy for your records.

Institute of Chartered Accountants of Alberta

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

Invoice Address:

R.M. WHITE, CA
Alberta Health Services
9925 - 109 Street
Focus Building
Edmonton AB, T5K 2J8
CANADA

G.S.T. REG #: 107508533
Member #: [REDACTED]
Order ID #: [REDACTED]
Date: 3/21/2013 9:21 AM
Card Number: [REDACTED]
Card Holders Name: Ronda White
Authorization Number: [REDACTED]

Payment Received:

Description	Amount
2013/2014 Member Fees	\$1,233.75
<hr/>	
Total Received:	\$1,233.75 (Canadian funds)





The Institute of Internal Auditors

Progress Through Sharing

2

247 Maitland Avenue, Altamonte Springs, Florida 32701-4201, United States
 Phone: +1-407-937-1100, Fax: +1-407-937-1108
 E-mail: CustomerRelations@theiia.org
 Web: www.theiia.org

Receipt

Ronda White
 Alberta Health Services
 Ste [redacted] Focus Building
 9th Fl, 9925-109 St
 Edmonton AB T5K 2J8
 CANADA




Alberta Health Services
 Ste [redacted] Focus Building
 9th Fl, 9925-109 St
 Edmonton AB T5K 2J8
 CANADA

Customer ID	PO Number	Invoice #	Invoice Date	Terms
[redacted]		2314662	3/25/2013	Due Upon Receipt
Quantity	Description	Unit Price	Amount	
1	Audit Executive Center - Advocate	\$2,495.00	\$2,495.00	
		Amount Paid (US Dollars)	\$2,495.00	
		Balance Due	\$0.00	

Please remit payment to:

The Institute of Internal Auditors
 CNL Bank
 PO Box 31280
 Tampa, FL 33631-3280
 U.S.A.

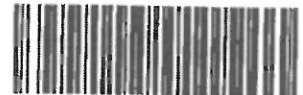
Return One Copy with Payment

Charge to:			
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: 135532538 - Canadian GST: R124590001.

Iterson

3/13/2013



Denise Macdonald

From: Ronda White
Sent: Thursday, April 04, 2013 2:38 PM
To: Denise Macdonald
Subject: FW: Institute of Corporate Directors Purchase Confirmation / Confirmation d'achat

thanks

Ronda
ronda.white@albertahealthservices.ca
Phone: [REDACTED]
cell [REDACTED]

-----Original Message-----

From: admin@icd.ca [mailto:admin@icd.ca]
Sent: Thursday, April 04, 2013 2:36 PM
To: Ronda White
Subject: Institute of Corporate Directors Purchase Confirmation / Confirmation d'achat

You are registered for the following:

Attendee / Participant: Ms Ronda White, CA Attendee / Participant ID: [REDACTED] Title / Titre: Chief Audit Executive Company / Société/organisme: Alberta Health Services Address / Adresse: Suite [REDACTED] - 9925 109 Street Edmonton, AB T5K 2J8

Phone / No de téléphone [REDACTED]
Email / Courriel: ronda.white@albertahealthservices.ca

*Total Charges: / *Frais totaux: \$65.00 ✓
Charged to CC / Montant imputé à la carte de crédit: [REDACTED]

*total charges include everything paid for in this transaction including dues, buying products, events, registering for multiple events and registering multiple people for events.

*Les frais totaux correspondent à l'ensemble des frais payés à l'égard de cette transaction incluant l'achat de produits, l'inscription à une activité ou à plusieurs activités et inscription de plusieurs personnes à des activités.

=Authorization / Autorisation=====

Authorization Code / Code d'autorisation: [REDACTED] Order-ID / Code-commande :

=Event & Functions / Activité et autres événements=====

Event Code / Code de l'activité: [REDACTED] Event Title / Titre de l'activité: Reputations at Risk: The Role of the Board Event Total / Frais totaux pour l'activité: \$65.00

Function Code / Code de l'activité: [REDACTED]/REG Function Title / Titre de l'activité : Edmonton Chapter Breakfast Session Function Description / Description de l'activité:
Begin Date / Date de début de l'activité: 04/24/2013 Begin Time / L'activité commence à: 07:00 AM End Date / Date à laquelle se termine l'activité: 04/24/2013 End Time / Heure à laquelle se termine l'activité: 09:00 AM Quantity Ordered / Quantité commandée: 1 Function Price / Coût de l'activité: 65.00 Function Total Price / Coût total de l'activité: 65.00

*Event Address: / *Adresse où se tient l'activité:
Mayfair Golf and Country Club
9450 Groat Road
Edmonton, AB

Thank you for your participation.

Institute of Corporate Directors



Reputations at Risk: The Role of the Board

Institute of Corporate Directors, Edmonton Chapter
Breakfast Session – Wednesday, April 24, 2013

Reputation is one of a company's most important assets, yet the risks that threaten it have historically been overlooked in the boardroom. This is changing, for the better. Recent surveys of corporate directors suggest that they now rate reputational risk as one of the most prominent risks faced by companies today.

Organizations with a reputational risk management plan in place are far more resilient in times of crisis. Still, companies seldom address issues involving corporate reputation unless they have already surfaced and pose a threat to the organization. Instead of waiting for a crisis to happen, boards can strengthen their position by working with management to develop a strategy to mitigate risks and build reputational equity.

A panel will address some of the following challenges and issues:

- Defining and mitigating reputation risk;
- The role of the board in the management of a company's reputation;
- Integrating reputation risk management into the business and board structure;
- The "before and after" of reputation risk management vs crisis management
- Effective board processes and communications

Moderator:

- **Josh Pekarsky**, President, Longview Communications

Panel

- **Tracey C. Ball**, FCA, ICD.D, Executive Vice President and Chief Financial Officer, Canadian Western Bank
- **Jim Dinning**, ICD.D, Chair, Liquor Stores N.A. Ltd
- **Guy R. Kerr**, President & CEO, Workers' Compensation Board, Alberta

Date

Wednesday, April 24, 2013

Time

Breakfast – 7:00 a.m.

Session - 7:15 a.m. to 9:00 a.m.

Location

Mayfair Golf and Country Club
9450 Groat Road

Cost for Members - \$65.00

Non-Members - \$95.00

Registration - Register online at
www.icd.ca

CEU's – This event is worth 2
continuing education credits

CHAPTER EXECUTIVE

Alex McPherson, MD, PhD, ICD.D
(Chair)

Tracey C. Ball, FCA, ICD.D

Naseem Bashir, P.Eng., ICD.D

Barry James, FCA, ICD.D (Treasurer)

Maureen McCaw, ICD.D

J. David McInnes, ICD.D

Ralph W. Peterson, CA, ICD.D

Merwan N. Saher, FCA

Laura M. Schuler, BA, LLB, LLM,
ICD.D

Hon. Marguerite J. Trussler, ICD.D

CHAPTER ADVISORY

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Dennis Erker, CLU, ICD.D

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Don Lowry

Hon. A. Anne McLellan, P.C., O.C.

Michael H. Ross, CMA, CMC, CRRP,
ICD.D

Ron P. Triffo, P.Eng.

Sheila C. Weatherill, C.M.

Peter D. Watson, M.Sc., ICD.D

Neil R. Wilkinson

CHAPTER ADMINISTRATOR

Lori Trudgeon

ICD NATIONAL OFFICE

602-40 University Avenue, Toronto, ON, Canada M5J 1T1

Tel: 416-593-7741 or 1-877-593-7741

Fax: 416-593-0636

www.icd.ca