

## Official Administrator and Executive Expense Report

**Name** Ronda White  
**Title** Chief Audit Executive, Internal Audit & Enterprise Risk Management  
**Location** Edmonton  
 Expenses submitted during the month of June 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)
Jun-14	P-Card	Meetings				9	9	1,412		
<b>Total</b>			\$ -	\$ -	\$ -	\$ 9	\$ 9	\$ 1,412	\$ -	\$ -

**Total for the Month**     \$     1,421

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.

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>20/06/2014</u>	
<u>[REDACTED]</u> Cardholder's Dept	<u>[REDACTED]</u> Cardholder's Site/Location	Total Statement Amount: <u>\$1,421.14</u>	
<u>RONDA.WHITE@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # <u>[REDACTED]</u>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/05/2014	[REDACTED] 1	CHARTERED ACCOUNTANTS, ASSOCIATIONS CIVIC, SOCIAL, AND	1,233.75	CAD	1,233.75	.00	.00	CICA Membership Fees for 2014-15
29/05/2014	[REDACTED]	RED ARROW EXPRESS LTD, BUS LINES	139.04	CAD	139.04	6.62		Red Arrow Transportation to Calgary to attend AFAC meeting and meet w/OA and IA/ERM team
04/06/2014	[REDACTED]	RED ARROW EXPRESS LTD, BUS LINES	-139.04	CAD	-139.04	-6.62		Cancelled Red Arrow Transportation to Calgary to attend AFAC meeting and meet w/OA and IA/ERM team
09/06/2014	[REDACTED]	IMPARK00020262U, AUTOMOBILE PARKING LOTS AND GARAGES	9.00	CAD	9.00	.43	.00	Parking to attend the Covenant Health AFC meeting
16/06/2014	[REDACTED]	PBD*IIA INTRNLAUDITORS, BOOKS, PERIODICALS AND NEWSPAPERS	159.95	USD	178.39	.00	.00	Purchase of IIA reference books for team library

<b>Signatures</b>		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>I hereby certify that I have reviewed and reconciled this statement in BMO On/line 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.</li> </ul>		
<u>MACDONALD, DENISE</u> Name of Cardholder Designate  Signature of Cardholder Designate	<u>ADMINISTRATIVE COORDINATOR</u> Cardholder Designate Position/Title <u>JUNE 25, 2014</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>WHITE, RONDA</u> Name of Cardholder  Signature of Cardholder	<u>CHIEF AUDIT EXECUTIVE</u> Cardholder Position/Title <u>JUNE 25/14</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>BEST, Susan</u> Name of Approver Designate  Signature of Approver Designate	<u>Executive Assistant</u> Approver Designate Position/Title <u>JUNE 25, 2014</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<u>Deborah Rhodes</u> Name of Approver  Signature of Approver	<u>Acting VP Corporate Services &amp; CFO</u> Approver Position/Title <u>JUNE 26/14</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

Location: [Home](#) > Complete Payment



## 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

[Redacted]  
Edmonton AB, [Redacted]  
CANADA

G.S.T. REG #: [Redacted]  
Member #: [Redacted]  
Order ID #: [Redacted]  
Date: 5/22/2014 9:27 AM  
Card Number: [Redacted]  
Card Holders Name: Ronda White  
Authorization Number: [Redacted]

**Payment Received:**

Description	Amount
2014/2015 Member Fees	\$1,233.75
<hr/>	
Total Received:	\$1,233.75
	(Canadian funds)

*CICA membership dues*  
✓

**Denise MacDonald**

**From:** Red Arrow Reservations [itinerary@redarrow.ca]  
**Sent:** Thursday, May 29, 2014 10:10 AM  
**To:** Denise MacDonald  
**Subject:** Invoice

②

**Invoice**

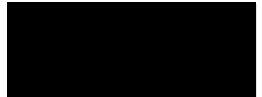
Date: 2014-05-29



Bill To:

You can reach us at

ALBERTA HEALTH SERVICES - CALGARY ZONE  
 ALBERTA HEALTH SERVICES  
 P.O. BOX 1600  
 EDMONTON, ABT5J 2N9



Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2014-05-29	[REDACTED]	-	-	2014-06-04	2014-06-06	-	[REDACTED]

Travelers:

WHITE/RHONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
ECEXP 16:30 Assigned to: 12C	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-06-04 at 16:45 Arrives Calgary (CALTO / Calgary Ticket Office) 2014-06-04 at 19:50	3 hrs 5 mins	Corporate 1	1	69.52	69.52
CALEDM 14:00 Assigned to: 04A	Departs Calgary (CALTO / Calgary Ticket Office) 2014-06-06 at 14:00 Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-06-06 at 17:35	3 hrs 37 mins	Corporate 1	1	69.52	69.52

Payments Received:

Date	From	Reference	Amount
2014-05-29	RHONDA WHITE	[REDACTED]	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

*Edm → Calgary  
 Attend AFAC Mtg.*

TERMS: DUE UPON RECEIPT  
 GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

\*\*Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to

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**Denise MacDonald**

**From:** Red Arrow Reservations [itinerary@redarrow.ca]  
**Sent:** Wednesday, June 04, 2014 7:37 AM  
**To:** Denise MacDonald  
**Subject:** Invoice

**Invoice**

Date: 2014-06-04



EM To: You can reach us at:

ALBERTA HEALTH SERVICES - CALGARY ZONE  
ALBERTA HEALTH SERVICES  
P.O. BOX 1600  
EDMONTON, ABT5J 2N9



Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[REDACTED]	2014-05-29	[REDACTED]	-	[REDACTED]	2014-06-06	2014-06-06	-	[REDACTED]

Travellers:

WHITE/RHONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
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Payments Received:

Date	From	Reference	Amount
2014-05-29	RHONDA WHITE	[REDACTED]	139.04 CAD
2014-06-04	RHONDA WHITE	[REDACTED]	-139.04 CAD

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

*Refund - Cancelled trip to Calgary for AFAC mtg.*

TERMS: DUE UPON RECEIPT  
GST# BN139981476

If you wish to time change, date change, or cancel for a full refund - 30 minutes notice prior to A.M departures; 3 hours notice prior to P.M. departures must be given. Failure to provide proper notice makes the trip non refundable & will result in an additional change fee for a date / time change.

Failure to arrive on time or no showing for your departure will result in forfeit of full fare unless rebooked within 30 days for a change fee. If you wish to change or cancel your booking, please contact our Central Reservation line at 1-800-232-1958.

\*\*Red Arrow will not be responsible for the loss of or damage to checked luggage in excess of stated maximum liability. In addition, Red Arrow does not accept liability to loss of or damage to unchecked baggage carried on board. For the full policy, please visit [www.redarrow.ca](http://www.redarrow.ca) or view the policy posted on our information boards at our Ticket Offices\*\*

\*\*Red Arrow reserves the right to check I.D. or perform carry-on baggage checks at any time\*\*

CORPORATE BILLING ACCOUNTS - PLEASE PAY OFF OF YOUR MONTHLY STATEMENT & NOT OFF OF INDIVIDUAL INVOICES.

Thank you for choosing Red Arrow.

Covenant AFAC (14)

PLACE FACE UP ON DASH  
IMPARK LOT 262  
NO IN AND OUT PRIVILEGES

Expiration Date/Time

12:57 PM  
JUN 09, 2014

Purchase Date/Time: 08:27am Jun 09, 2014

Total Parking: \$6.57

Total get: \$0.43

Total Due: \$9.00

Total Paid: \$9.00

Ticket

SN #:

Setting: Lot 262

Mach Name: Meter 2

Rate: \$9 - 4.5 Hours  
Payment Type: Card



[Redacted]

Auth #: [Redacted]

GST #867316636RT0001  
IMPARK LOT 262

RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT  
PARKING RECEIPT



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Your Receipt - Invoice: [redacted] Order Number: [redacted] - [My Digital Locker \(http://www.theiia.org/bookstore/site/customer.cfm?mode=locker\)](http://www.theiia.org/bookstore/site/customer.cfm?mode=locker) \*Print for your records

<b>Bill To</b>	<b>Ship To</b>	<b>Payment Details</b>
Ronda White <a href="mailto:ronda.white@albertahealthservices.ca">ronda.white@albertahealthservices.ca</a> ( <a href="mailto:ronda.white@albertahealthservices.ca">mailto:ronda.white@albertahealthservices.ca</a> ) [redacted] Canada Day Phone : [redacted] Evening Phone :	Ronda White [redacted] Canada Phone : [redacted]	[redacted] Number: [redacted] Expires: 02 / 2015

Qty	Item Number: [redacted]	Member Price	Extended Price
1	<a href="http://www.theiia.org/bookstore/product/using-surveys-in-internal-audit-1462.cfm">Using Surveys in Internal Audit</a> ( <a href="http://www.theiia.org/bookstore/product/using-surveys-in-internal-audit-1462.cfm">http://www.theiia.org/bookstore/product/using-surveys-in-internal-audit-1462.cfm</a> ) Item No.: 1067	\$36.00	\$36.00
1	<a href="http://www.theiia.org/bookstore/product/the-internal-auditors-guide-to-risk-assessment-1699.cfm">The Internal Auditor's Guide to Risk Assessment</a> ( <a href="http://www.theiia.org/bookstore/product/the-internal-auditors-guide-to-risk-assessment-1699.cfm">http://www.theiia.org/bookstore/product/the-internal-auditors-guide-to-risk-assessment-1699.cfm</a> ) Item No.: 1134	\$88.00	\$88.00
1	<a href="http://www.theiia.org/bookstore/product/auditing-the-procurement-function-1307.cfm">Auditing the Procurement Function</a> ( <a href="http://www.theiia.org/bookstore/product/auditing-the-procurement-function-1307.cfm">http://www.theiia.org/bookstore/product/auditing-the-procurement-function-1307.cfm</a> ) Item No.: 1044	\$15.00	\$15.00

*Research publications  
for Kam library ✓*

**Cart Summary**

Items in Cart :	3
Sub Total :	\$139.00
Tax :	\$6.95
Shipping (UPS Canada Ground) :	\$14.00
<b>Order Total :</b>	<b>\$159.95 ✓</b>

As the research arm of The IIA, The Foundation provides groundbreaking research conducted by thought leaders in the profession. Through initiatives that explore current issues, emerging trends, and future needs. The Foundation has been a driving force behind the evolution of the profession.

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