

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 May 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)
May-14	Expense Claim	Meetings		83		9	92			
May-14	P-Card	Meetings			826	146	972	109		
Total			\$ -	\$ 83	\$ 826	\$ 155	\$ 1,064	\$ 109	\$ -	\$ -

Total for the Month \$ 1,173

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 189
 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-Apr-14 To 20-May-14
 Travel Period from: _____ To _____
 Out-of-Province Travel

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

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ 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	Total Expense
2A	101	0006	71110700000	\$92.00					
2B									
2C									
2D									
				\$92.00 ✓	**User to enter Coding & \$ Amounts				

TOTAL REIMBURSEMENT

Total Section B	\$92.00
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$92.00 ✓

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

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: *Ronda White* Date: May 22, 2014

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): Deborah Rhodes DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: *Deborah Rhodes* Title: Acting VP Corporate Services & CFO Date: May 22, 2014

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): _____ 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(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0006 71110700000 Emp # (E-People) [REDACTED] 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 fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses 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.

Date dd-mmm-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.Amer 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	Tax			
					Meal Type with value	Allowance	Meal Type	with receipt						
22-Apr-14	Meal Allowance while in Calgary to meet with OA and attend AFAC		Meeting	Yes	D-\$20.75	\$20.75	✓							
23-Apr-14	Meal Allowance while in Calgary to meet with OA and attend AFAC		Meeting	Yes	D-\$20.75	\$20.75	✓							
24-Apr-14	Meal Allowance while in Calgary to attend AHS Executive Education Residency Program		Meeting	Yes	D-\$20.75	\$20.75	✓							
25-Apr-14	Meal Allowance while in Calgary to attend AHS Executive Education Residency Program		Meeting	Yes	D-\$20.75	\$20.75	✓							
12-May-14	Parking to meet with AFAC Chair to prepare for May 21 AFAC meeting										\$9.00	✓		
SUBTOTALS						\$83.00					\$9.00			Total Kms

<p>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</p> <p>Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3</p>	Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
	Mileage \$	
	Travel \$ Subtotal	\$92.00
	Auto fills on page 1 - TOTAL TRAVEL \$	\$92.00

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)

Acc prep
Dm Rubin
GST#122014491RT0003
GST# 123945679 RT 0018
-Cash

05-12-2014 MON #0

1 1/2 HOUR	9.00
██████████	9.00



ITEM	1	██████████	15:06TH
INCL.			

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
Cardholder's Name
CHIEF AUDIT EXECUTIVE
Cardholder's Position/Title
Billing Reporting Period: 20/06/2014

Cardholder's Dept
Cardholder's Site/Location
Total Statement Amount: \$1,081.05

RONDA.WHITE@ALBERTAHEALTHSERVICES.CA
Cardholder's e-mail address
Last 6 digits of the P-Card #:
Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
23/04/2014		BEST WESTERN CEDAR FAR, BEST WESTERN HOTELS	42.00	CAD	42.00	2.00		Parking at the Red Arrow for AFAC and AHS Executive Education Program ①
23/04/2014		DELTA CALGARY SOUTH, DELTA HOTELS	188.73	CAD	188.73	.00	.00	Calgary accommodations to meet with the DA and APAC April 23/14 ②
25/04/2014		RED ARROW EXPRESS LTD, BUS LINES	139.04	CAD	139.04	8.62		Red Arrow tickets to travel to Calgary to meet with L&P, IA & ERM teams ③
26/04/2014		CHECKER CABS LTD, LIMOUSINES AND TAXICABS	22.10	CAD	22.10	1.06		Taxi from Hotel Alma to Red Arrow ticket office Calgary ④
27/04/2014		U OF C HOTEL ALMA, COLLEGES, UNIVERSITIES, PROFESSIONAL	636.57	CAD	636.57	30.31		Accommodations for AHS Executive Education Residency ⑤
28/04/2014		MPARK00020288U, AUTOMOBILE PARKING LOTS AND GARAGES	19.00	CAD	19.00	.00	.00	Parking at SSP to attend a day of meetings ⑥
28/04/2014		RED ARROW EXPRESS LTD, BUS LINES	-139.04	CAD	-139.04	-8.62		Reimbursement of funds due to trip cancellation ⑦
28/04/2014		ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	24.90	CAD	24.90	1.18	.00	Taxi from Red Arrow Calgary to Delta South ⑧
30/04/2014		ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	37.50	CAD	37.50	1.78	.00	Taxi from Southport to University of Calgary (AHS Residency Program) ⑨
09/05/2014		CPA CANADA POS, ASSOCIATIONS CIVIC, SOCIAL, AND FRATERNAL	109.25	CAD	109.25	.00	.00	CPA Canada Accounting Handbook Subscription 2014/15 ⑩

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.

MACDONALD, Denise

Name of Cardholder Designate


 Signature of Cardholder Designate

Administrative Coordinator

Cardholder Designate Position/Title

May 21, 2014

Date of Signature

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.

WHITE, RONDA

Name of Cardholder


 Signature of Cardholder

CHIEF AUDIT EXECUTIVE

Cardholder Position/Title

Date of Signature

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.

BEST, Susan

Name of Approver Designate


 Signature of Approver Designate

Executive Assistant

Approver Designate Position/Title

May 22, 2014

Date of Signature

Approver

By signing this statement

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- 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.

RHODES, Deborah

Name of Approver


 Signature of Approver

Acting VP Corporate Services & CFO

Approver Position/Title

May 26, 14

Date of Signature

Submit approved statement with attachments to Accounts Payable:
Attach:

- 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 T6J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

BEST WESTERN CEDAR PARK INN
5116 Gateway Blvd.
Edmonton, AB T6H 2H4



(780) 434-7411
reservations@cedarparkinn.com

①

Registered To:

Parking (MUST be 0 Balance), PARK

Room # [REDACTED]
Transfer To [REDACTED]

Conf #
Arrival 04/22/14
Departure 04/22/14
Group

Room Type
Guests 0 / 0

Payment
Acct

Posting	Oper	AcctCo	Description	From	Reference	Amount
04/22/14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$42.00

Balance Due	\$42.00
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*Parking @ Red Arrow Edm
Trip to Calgary - AFAC &
AHSE Exec Program*

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



135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
 Tel: 403-278-5050 Fax: 403-225-5834

②

AB HEALTH SERVICES
 Ms Ronda White

Room: [Redacted]
 Folio: [Redacted]
 Cashier: [Redacted]
 Arrival: 04-22-14
 Departure: 04-23-14

Date	Description	Additional Information	Charges	Credits
04-22-14	Room Charge		169.00	
04-22-14	DMF		5.07	
04-22-14	Room GST		8.70	
04-22-14	Tourism Levy		6.96	

GST Summary	
Registration No:	895126332
Room	8.70
F&B	0.00
Other	0.00
Total	8.70

Total	189.73	0.00
Balance Due	189.73 CDN	✓

*Trip to Calgary - AFAC
 a mtg with no A*

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.

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Friday, April 25, 2014 1:50 PM
To: Denise MacDonald
Subject: Invoice

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Invoice

Date: 2014-04-25



Bill To:

ALBERTA HEALTH SERVICES - CALGARY ZONE
 ALBERTA HEALTH SERVICES

You can reach us at:

Lethbridge

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
	2014-04-25		-		2014-04-29	2014-05-02	-	

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
Assigned to: 16:30	Departs Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-04-29 at 18:45	3 hrs 5 mins		1	69.52	69.52
	Arrives Calgary (CALTO / Calgary Ticket Office) 2014-04-29 at 19:50					
Assigned to: 16:30	Departs Calgary (CALTO / Calgary Ticket Office) 2014-05-02 at 16:30	3 hrs 5 mins		1	69.52	69.52
	Arrives Edmonton (EDMCEDAR / Best Western Cedar Park Inn) 2014-05-02 at 19:35					

Payments Received:

Date	From	Reference	Amount
2014-04-25	RONDA 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

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

Denise MacDonald

From: Reservations [itinerary@redarrow.ca]
Sent: Monday, April 28, 2014 10:30 AM
To: Denise MacDonald
Subject: Invoice

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Invoice

Date: 2014-04-28

Bill To:
ALBERTA HEALTH SERVICES - CALGARY ZONE
ALBERTA HEALTH SERVICES
[Redacted]
[Redacted]

You can attach an invoice
Lethbridge

Order#	Ordered	Customer#	P.O.	Group Name	Departing	Returning	Sales Rep	Sales Agent
[Redacted]	2014-04-25	[Redacted]	-	[Redacted]	2014-05-02	2014-05-02	-	[Redacted]

Travellers:

WHITE/RONDA

Product	Details	Duration	Price Basis	Qty	Each	Billed
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Payments Received:

Date	From	Reference	Amount
2014-04-25	RONDA WHITE	[Redacted]	139.04 CAD
2014-04-28	RONDA 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

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.

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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 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.

HOTEL ALMA



169 UNIVERSITY GATE NW
CALGARY, ALBERTA, CANADA T2N 1N4
1.877.498.3203 T 403.220.3203 F 403.284.4184
WWW.HOTELALMA.CA

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WHITE, RONDA

[Redacted]

Room Number: [Redacted]
Daily Rate: 189.00
Room Type: [Redacted]
No. of Guests: [Redacted]

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
23-Apr-14	26-Apr-14	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT	
23-Apr-14	[Redacted]	ROOM CHARGE	[Redacted] WHITE, RONDA		
23-Apr-14	[Redacted]	ROOM FEE	ROOM FEE	\$189.00	
23-Apr-14	[Redacted]	GST	GST	\$5.67	
23-Apr-14	[Redacted]	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$9.73	
24-Apr-14	[Redacted]	ROOM CHARGE	[Redacted] WHITE, RONDA		
24-Apr-14	[Redacted]	ROOM FEE	ROOM FEE	\$189.00	
24-Apr-14	[Redacted]	GST	GST	\$5.67	
24-Apr-14	[Redacted]	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$9.73	
25-Apr-14	[Redacted]	ROOM CHARGE	[Redacted] WHITE, RONDA		
25-Apr-14	[Redacted]	ROOM FEE	ROOM FEE	\$189.00	
25-Apr-14	[Redacted]	GST	GST	\$5.67	
25-Apr-14	[Redacted]	ALBERTA TOURISM LEVY	ALBERTA TOURISM LEVY	\$9.73	
26-Apr-14	[Redacted]	[Redacted]	[Redacted]	\$7.79	
				(\$636.57)	

*Hotel for AHS Exec Program
Res 4*

Amount is reasonable. Location appropriate as related to Exec Ed. program.

CREDIT DUE: _____ (\$0.00)

SIGNATURE _____

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT LIMITED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THE INDICATED PERSON OR THIRD PARTY FAILS TO PAY FOR ALL OR PART OF, OR THE FULL AMOUNT OF, CHARGES.

The Destination Marketing Fee is subject to 5% GST and 4% ATL
GST R#108102864

HOTEL ALMA



169 UNIVERSITY GATE NW
CALGARY, ALBERTA, CANADA T2N 1N4
1.877.498.3203 : 403.220.3203 : 403.284.4184
HOTELALMA.CA

February 5, 2014

Dear **Ms. Ronda White**,

Thank you for choosing Hotel Alma at the University of Calgary! Please review the following details of your upcoming reservation.



Your confirmation number is:



Please refer to the reservation details below and visit our hotel link for more information to plan your visit.

If you have any further Inquires please call 1-877-498-3203. If you are calling internationally, please call direct to +1-403-220-3203.

Arrival date: **April 23, 2014**

Departure date: **April 26, 2014**

Total Number Nights: **1 Night**

Number of Guests: **1 Adult**

Room Types:

Hotel Alma Agent:

Total Room Charge: **567.00** (CAD) plus taxes (3% Room Fee & 4% Tourism Levy & 5% Tax)

Deposit Policy:

Cancel By **April 21, 2014** by 6PM

Please note that one night's room and tax will be charged to the credit card on the reservation if your reservation is cancelled after this date.

Check-in time: 3:00PM

Check-out time: 12:00PM

NEW Bistro Hours: Mon – Fri: 6:30 am – 10:00 pm Sat, Sun & Holidays: 7:00 am – 9:00 pm.

Payment options: Hotel Alma accepts Visa, MasterCard, American Express, Debit, and Cash.

Parking: Overnight parking is available in the Arts Parkade for \$8.00 per day, chargeable to your Alma account.

Parking rates are subject to change without notice. Please see the Front Desk first before proceeding to the Parkade (**Please make sure you have your license plate number handy at check in**).

Note: A pre-authorization in the amount of the stay plus a damage deposit will be taken at check-in. The University of Calgary is not responsible for loss of personal items.

We look forward to welcoming you to our campus!

Visit us online at www.hotelalma.ca

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

Taxi Service
 TYPE: [REDACTED]
 CARD: [REDACTED]
 EXP: [REDACTED]
 DATA: [REDACTED]
 TerminalID: [REDACTED]
 Transaction Reference
 Number: [REDACTED]
 DATE: 2014/04/26 12:11:38
 AUTH: [REDACTED]
 IFID: [REDACTED]
 DRV: [REDACTED]
 VEH: [REDACTED]
 GST: 511102233
 Meter Start Time:
 11:51:53
 Meter Stop Time:
 12:10:29
 Distance: 10.3 Km
 FARE 1: \$ 22.10
 FLAT : \$ 0.00
 TAX : \$ 0.00
 TOTAL FARE: \$ 22.10
 PAYMENT AMOUNT: \$ 22.10
 TIP: \$ 0.00
 TOTAL PAYMENT: \$ 22.10 ✓
 Chase Auth Complete

PLACE FACE UP ON DASH
IMPARK LOT 256
NO IN AND OUT PRIVILEGES
 Expiration Date/Time
06:00 PM
APR 28, 2014

Purchase Date/Time: 07:08am Apr 28, 2014
 Total Parking: \$18.10
 Total gst: \$0.90
 Total Due: \$19.00
 Total Paid: \$19.00
 Ticket # [REDACTED]
 SM # [REDACTED]
 Setting: [REDACTED]
 Mech Name: [REDACTED]
 Card [REDACTED] Auth # [REDACTED]
 GST #687316638RT0001
 Rate: \$19 - Early Bird
 Payment Type: Card

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES
 Expiration Date/Time: 06:00pm Apr 28, 2014
 Purchase Date/Time: 07:08am Apr 28, 2014
 Total Parking: \$18.10
 Total gst: \$0.90
 Total Due: \$19.00
 Total Paid: \$19.00
 Ticket #: [REDACTED]
 Setting: Lot [REDACTED]
 Mech Name: [REDACTED]
 Card [REDACTED] Auth #: [REDACTED]
 Rate: \$19 - Early Bird
 Payment Type: [REDACTED]

ASSOCIATED CAB ALTA LTD
387 - 41 AVE NE (483) 299-1111
INSIST ON THE PROFESSIONALS
 DATE: 2014/04/22
 PICK-UP TIME: 20:09
 DROP-OFF TIME: 20:25
 TRIP ID: [REDACTED]
 LOCATION: [REDACTED]
 CAR NUMBER: [REDACTED]
 DRIVER: [REDACTED]
 CARD TYPE: [REDACTED]
 CARD: [REDACTED]
 EXPIRY: [REDACTED]
 AUTH: [REDACTED]

FARE (\$): 21.98
 EXTRA (\$): 0.00
 SUBTTL (\$): 21.98
Taxi Red Arrow
to Delta South
 TIP (\$): 3.00

TOTAL (\$): 24.90 ✓
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 LOCATION: [REDACTED]
 CAR NUMBER: [REDACTED]
 DRIVER: [REDACTED]
 CARD TYPE: [REDACTED]
 CARD: [REDACTED]
 EXPIRY: [REDACTED]
 AUTH: [REDACTED]

FARE (\$): 33.58
 EXTRA (\$): 0.00
 SUBTTL (\$): 33.58
Taxi - Southeast
buyc
 TIP (\$): 4.00

TOTAL (\$): 37.50 ✓
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