

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of February 2016

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-16	P-Card	Meetings					-		200	
Feb-16	Expense Claim	Meetings				30	30			
Feb-16	Direct Billing	Meetings	414				414			
Total			\$ 414	\$ -	\$ -	\$ 30	\$ 444	\$ -	\$ 200	\$ -

Total for the Month \$ 644

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

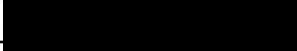
Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:			
<ul style="list-style-type: none"> 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>PUSCH, SHELLY</u>	<u>CHIEF ZONE OFFICER</u>	Billing Reporting Period:	<u>20/02/2016</u>
Cardholder's Name	Cardholder's Position/Title		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	Total Statement Amount:	<u>\$200.42</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	
Cardholder's e-mail address			

Statement of Transactions							
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight/Description
22/01/2016	416706465	HMSHST EDMONTON AIRPO, EATING PLACES, RESTAURANTS	200.42	CAD	✓ 200.42	.00	.00 SOL Mtng & Executive Sponsor Mtng

Signatures		
Cardholder Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Proprietor Kathy</u> Name of Cardholder Designate	<u>FA L. NZ CFO</u> Cardholder Designate Position/Title	
<u>Kathy's Pondarini II</u> Signature of Cardholder Designate	<u>Feb 22, 2016</u> Date of Signature	
Cardholder By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>PUSCH, SHELLY</u> Name of Cardholder	<u>CHIEF ZONE OFFICER</u> Cardholder Position/Title	
<u>Shelly Pusch</u> Signature of Cardholder	<u>Feb 23/16</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Name of Approver Designate</u>	<u>Approver Designate Position/Title</u>	
<u>Signature of Approver Designate</u>	<u>Date of Signature</u>	
Approver By signing this statement <ul style="list-style-type: none"> • 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. 		
<u>Deb Eardon</u> Name of Approver	<u>VP of CHOU Northern AB</u> Approver Position/Title	
<u>Signature of Approver</u>	<u>29 Feb 2016</u> Date of Signature	
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: <ul style="list-style-type: none"> • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes 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: _____

HMS Host

Edmonton International Airport

Catering Event Order

5504

Phone (780) 890 4451

Fax (780) 890 7770

Name

Client ID #

<u>Date of Catering Event</u>		Credit Card Details	#N/A	0
TUESDAY JAN 05/16		Payment type	credit Card	
TIME OF CATERING:	11:30: AM	Payment type	-----	
NUMBER OF PEOPLE:	9	Location :	DVL Boardroom Mezz Level	
ORDERED BY:	Deidre Mccormick	Nature of Function :	Meeting	
Contact Phone :		PHONE #:	#N/A	
TIME TO SET UP:		Fax #:	#N/A	
CLEAN UP TIME:		Credit Card and expiry Date	1	#N/A

TYPE OF SERVICE

Enter REGULAR	_____	Paper or Styro Cups, Plates, Utensils etc
Enter DELUXE	<u>Deluxe</u>	China, Silverware, Paper Napkins
Enter VIP	_____	Same as Deluxe Plus Flowers, Linen Napkins

Q	Item #	Description	Price	Amount
-	-	Deluxe Sandwich lunch with soup (not cream)	23.95	215.55
-	-	Ham & Swiss Croissant, Turkey Bacon & Dijon Chicken	-	0.00
-	-	Assorted water and pop	-	0.00
-	-	Coffee/Tea	-	0.00
-	-	Assorted cookies	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00
-	-	-	-	0.00

Participants:
 Shelly Pusch, Kate Butler, Cindy Harmata,
 Joan Libsekal, David Matear, Stacy Greening,
 Donna Koch, Tamara Elridge, Marilyn Hannay

Sub-total			\$215.55
Discount 10%			-\$21.56
Sub-total			\$194.00
GST TAXABLE		\$	168.69
GST 5% APPLIED			\$8.43
TOTAL			\$202.43

	TAKEN	RETURNED	USED		
POP	-	-	-	SET UP	-
JUICE	-	-	-	CLEAN UP	-
BOTTLED WATER	-	-	-	FOOD PREP	-

ORDERED BY			
Company	#N/A	Taken By:	-
Address	#N/A	Date:	-
	#N/A	Time:	12:00 AM
	#N/A	Whiz Bill #:	-
Attention	#N/A		
Comp. ID		0 Final Invoice \$:	\$ 202.43

Revised Dec 21/13



Working Session Pre-Approval Request

In accordance with the Alberta Health Services Working Session Request for Approval, this form must be pre-approved for all working sessions, in accordance with the Working Session Request for Approval table.

Details of Working Session Request

Describe the purpose of the working session
 Marilyn Hanny will be coming to lead session on Executive Sponsor Training and will hold in conjunction with our regularly scheduled SOL meeting

Name of Event SOL and Executive Sponsor Meeting Date of Request (yyyy-MM-dd) 2015-01-04

Event Lead (Name, Position, Department) Shelly Pusch

Location of Venue Edmonton Airport

Event Date(s) January 5, 2016

Number of Attendees 9

Guest Speaker(s)/Facilitators	Title/Role	Organization
Marilyn Hanny	Prov Initiatives Consultant	AHS

Proposed Budget	Venue cost \$ 110.00
	Meals \$ 114.40 224.35
	Non - Alcoholic Beverages \$ 0.00
	Other \$ 0.00 Specify nature of expense 0
	GST (if applicable)
Total planned event budget \$ 224.40 \$ 334.35	

Finance Code / Accounting Distribution

Balancing Unit Eg. 101	Location Eg. 9000	Functional Centre/Primary Eg. 0000000000
101	9004	71101000064

Authorization

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved	Name Deb Gordon	Position Title Chief Health Operations Officer	DOFA Level [Redacted]
	Signature <i>[Signature]</i>	Date 31-10-15	

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	30.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/18/2016	IM/IT Committee Meeting	AB - North Zone	Parking - Lot or Parkade	30.00			Travel to Edmonton for in-person IM/IT Committee Meeting.	1			

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approved	1-Mar-16

Personal ~~copy~~ UISA
used

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
FEB 18, 2016

Purchase Date/Time: 11:53am Feb 18, 2016
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00 Rate: \$30 - All Day
Total Paid: \$30.00 Payment Type: Card
Ticket # [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1



GST #687315638RT0001

MIT Committee Mtg

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name : Shelly Pusch	Reporting Period for the Month of : Feb-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
5-Nov-2015	Direct Billing	Airline Ticket	Flight to Grande Prairie for Capital Project Meeting	Marlin Travel	413.37
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 413.37

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:

Date:

Page:

Our Reference:

October 27, 2015

1/2

INVOICE

For

MRS SHELLY L PUSCH

Thursday, November 5, 2015

 Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: GRANDE PRAIRIE
Stops: 0 Arrival: 05Nov15
WESTJET ENCO

Flight: 3291 M CLASS
08:55 PM Equipment: DH4
10:09 PM

Mile(s) Flown: 247

Friday, November 6, 2015

 Air

WESTJET AIRLINES
From: GRANDE PRAIRIE
To: EDMONTON INTL AB
Stops: 0 Arrival: 06Nov15
WESTJET ENCO

Flight: 3137 M CLASS
10:40 AM Equipment: DH4
11:46 AM

Mile(s) Flown: 247

Cost:

E-TKT

324.41

Tax:

88.96

Ticket Total:

413.37

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: October 27, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	413.37
Less Credit Card Payments:	413.37
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT...VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.