

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of May 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)
May-16	P-Card	Meetings					-			126
Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 126

Total for the Month \$ 126

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

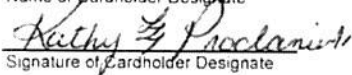
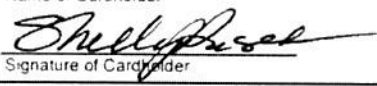

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

Instruction:

- 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

PUSCH, SHELLY Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/05/2016
NORTH ZONE Cardholder's Dept	WESTLOCK ADMIN BUILDING Cardholder's Site/Location	Total Statement Amount:	\$125.75
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card: [REDACTED]	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/05/2016	429314922	RAMZIS BURGER & PIZZA, EATING PLACES, RESTAURANTS	125.75	CAD	125.75	5.99		Meal for staff in ZEOC - Fort McMurray Fires

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>PRODANZUK, KATHY</u> <small>Name of Cardholder Designate</small>	<u>May 24/16</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>EA to NZ 020</u> <small>Date of Signature</small>	
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> <small>Name of Cardholder</small>	<u>CHIEF ZONE OFFICER</u> <small>Cardholder Position/Title</small>	
 <small>Signature of Cardholder</small>	<u>May 25/16</u> <small>Date of Signature</small>	
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. 		
_____ <small>Name of Approver Designate</small>	_____ <small>Approver Designate Position/Title</small>	
_____ <small>Signature of Approver Designate</small>	_____ <small>Date of Signature</small>	
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 Gordon</u> <small>Name of Approver</small>	<u>VP Chief Northern AB</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>2016-04-30</u> <small>Date of Signature</small>	
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: • 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: _____

Fmm Five
NZEOC

15 people
CZEOK +
He
working
group

Ramzi's
10203 104 Ave
Westlock, AB

Table Q#2

Trans #: [REDACTED] Serv: Front Counter
5/15/2016 12:06 PM # Cust: 1

Quant	Description	Cost
1	XL BBQ Chicken Pizza	\$35.95
4	Caesar Salad	\$27.80
4	Donair	\$31.00
4	Chicken Donair	\$31.00
1	Discount %	(\$6.29)

Net Total: \$119.46
GST \$6.29

TOTAL: \$125.75
Amount Due: \$125.75
Food: \$125.75
Coupons: \$6.29

Have A Great
Day!

RAMZIS PIPGER & PIZZA
10203 104 AVE
WESTLOCK AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2016/05/15
TIME 9272 12:04:48
RECEIPT NUMBER
[REDACTED]

PURCHASE
TOTAL

\$125.75

MasterCard
A0000000041010
95A58C40D1B43220
0000008000-E800
B9CEEC2BAE01B5AB

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

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