

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of June 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)
Jun-16	P-Card	Meetings			108	15	123			665
Jun-16	Expense Claim	Meetings		24			24			
Jun-16	Direct Billing	Meetings	447				447			
Total			\$ 447	\$ 24	\$ 108	\$ 15	\$ 594	\$ -	\$ -	\$ 665

Total for the Month \$ 1,259

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 99
 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.


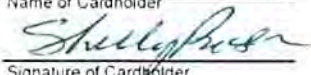

Instruction:

- 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

<u>PUSCH, SHELLY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/05/2016</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount	<u>\$788.06</u>
<u>SHELLY.PUSCH@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	Description
① 21/05/2016	430173037	RAMZIS BURGER & PIZZA, EATING PLACES, RESTAURANTS	128.96	CAD	128.96	6.14		NZEOC - FMM Fire Meals
② 22/05/2016	430321695	BOSTON PIZZA # 194 EATING PLACES, RESTAURANTS	157.49	CAD	157.49	7.50		NZEOC FMM Fire Meals
③ 23/05/2016	430452282	BOSTON PIZZA # 194 EATING PLACES, RESTAURANTS	146.11	CAD	146.11	6.96		NZEOC - FMM Fire Meals
④ 28/05/2016	430953390	ESSO GAS / SERVICE STATIONS	14.90	CAD	14.90	0.00		FMM Visit ZEOC Director
⑤ 29/05/2016	431072159	BOSTON PIZZA # 194 EATING PLACES, RESTAURANTS	179.24	CAD	179.24	8.54		NZEOC - FMM Fire Meals
⑥ 04/06/2016	431672579	RAMZIS BURGER & PIZZA, EATING PLACES, RESTAURANTS	53.45	CAD	53.45	2.58		NZEOC FMM Fires - Meals
⑦ 17/06/2016	433279723	SAWRIDGE INNS, LODGING HOTELS, MOTELS, RESORTS	107.91	CAD	107.91	5.14		Northern Health Summit

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>PRODANCIUK, KATHY</u> <small>Name of Cardholder Designate</small>	<u>EA to NZ C20</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>June 22/16</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>June 28/16</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 CHW Northern AB</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>2016-Jul-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: <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 _____

①

RAMZIS
10203 104 Ave
Westlock, AB

Table Q#2

Trans #: [REDACTED] Serv: Front Counter
5/21/2016 11:41 AM # Cur: 1

Quan	Descript	Cost
4	Caesar Salad	\$27.80
4	Greek Salad	\$37.00
1	Chicken Caesar Salad	\$8.95
3	Chicken Donair	\$23.25
5	Donair	\$38.75
1	10% Off	(\$13.58)

Net Total: \$122.17
GST \$6.79

TOTAL: \$128.95

Food: \$135.75
Coupons: \$13.58

CASH \$128.95

RAMZIS BURGER & PIZZA
10203 104 AVE
WESTLOCK AB

CARD [REDACTED]
CARD TYPE MASTERCARD
EXPIRE DATE 2016/05/31
NAME [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE TOTAL
\$128.96

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER WILL PAY
CARD ISSUER ABOVE AMOUNT
PURSUANT TO CARDHOLDER
AGREEMENT.

CARDHOLDER COPY

RECEIPT RETAIN THIS

②

ZEDC

BOSTON PIZZA WESTLOCK 194

0004 Table 998 #Party 0
DAY D SvrCk: 1 11:23 05/22/16

JAMBA TELL	(11:25)	18.95
BB&K SALAD	(11:25)	15.25
BEEF/EACH SALAD	(11:25)	16.00
BEEF/EACH SALAD	(11:25)	16.00
CHKN +ECAN SALAD	(11:25)	16.95
CHKN +ECAN SALAD, balsamic	(11:25)	16.95
BURGER, beef patty, sub tactus cuts, add sl cheddar	(11:25)	19.00
GRUPE, w/tossed, balsamic	(11:25)	13.30
TAX: SERV CHG		3.95
Sub total:		136.35
GST		6.82
Guest 1 TOTAL:		143.17

TAX: SERV CHG 3.95

Sub total: 136.35
GST : 6.82
143.17

BOSTON PIZZA 194
10203 104 AVE WESTLOCK AB
20465419
BH2046541911

#86934940/R10001

**** PURCHASE ****

05-22-2016 12:04:22
Acct # [REDACTED]
Exp Date [REDACTED]
Name: SHELLY PUSCH

click on Facebook
HOW WE DID!
Feedback and Time.
FOR SHORT SURVEY and
to WIN an AWESOME
Pizza Gift Card
Print and go to
toppizza.com

and eligibility,
ellbostonpizza.com

LESS CODE:
3000 29211
expire in 28 days

Check [REDACTED]
Trace [REDACTED] Operator 939
Inv. # [REDACTED]
Auth # [REDACTED] RR# 01557002

Purchase \$143.17
Tip \$14.32
Total \$157.49

NO ADDITIONAL FEES FOR
ANY APPROVED PURCHASES

MASTER CARD END TIP/CHNG ALLY
157.49 14.32 143.17
143.17

3



BOSTON PIZZA WESTLOCK
194

[Redacted]

DAY 0 SvrCk: 1 11:15 05/23/16

KELLY	0.00
BK 7CHS RAV, bologn sauce	16.95
BK 7CHS RAV, bologn sauce	16.95
BK 7CHS RAV, bologn sauce	16.95
BK 7CHS RAV, bologn sauce	16.95
BK 7CHS RAV, bologn sauce	16.95
BRUTE, w/fries, side bolognese	16.10
BRUTE, w/caesar, side bolognese	16.10
PENNE PESTO CHR	18.25
S/C: DELV CHG	3.95
Sub Total:	139.15
GST :	6.96
Guest 1 TOTAL:	146.11

S/C: DELV CHG 3.95

Sub Total:	139.15
GST :	6.96
05/23 11:16 TOTAL :	146.11

GST #869349407RT0001
PLEASE PAY SERVER

Find BP Westlock on Facebook
TELL US HOW WE DID!
We value your feedback and time.
Complete our SUPER SHORT SURVEY and
receive a chance to WIN an AWESOME
\$200 Boston Pizza Gift Card
Keep this receipt and go to
www.tellbostonpizza.com

For complete rules and eligibility,
please visit www.tellbostonpizza.com

BOSTON PIZZA # 194
11303-100 ST T7P2R8
WESTLOCK AB
20465419
BH2046541911

**** PURCHASE ****
05-23-2016 11:55:05
Acct # [Redacted]
Exp Date [Redacted]
Name: SHELLY PUSCH

Check # [Redacted]
Trace # [Redacted] Operator 999
Inv. # [Redacted]
Auth # [Redacted] RRN 001553002

Total \$146.11
(00) APPROVED-THANK YOU

Retain this copy for your records
Customer Copy

④

Gas for
fleet
vehicle

4ND ESSU
#63
WESBAND, AB DA 150
06303704
VSN:181706475

7EOL
Direct Ft Mc.
Visit

05/26/2016 8:35:20 AM
Register: 1 Trans #: 4403 Op ID: 55
Your Cashier: DANIEL

REG CO - PUMP# 4
4.626 L @ \$ 1.019/L \$14.90 100
TAX Incl In Total \$0.71

Subtotal = \$14.90

Total = \$14.90

Change Due = \$0.00

credit \$14.90

TYPE: PURCHASE
ACCOUNT: MCARDFFFF \$14.90

[Redacted]

MasterCard
60100000000416 0
01 Approved Thank You 027

LOYALTY: NO
IMPORTANT - retain this copy for your
records

Customer Copy

All Items are FINAL sale. No Cash Refund
Exchanges only with receipts within
3 days from the date of purchase.

5



BOSTON PIZZA WESTLOCK
194

0018 Table 998 #Party 0
DAY D SvrCk: 1 12:35 05/29/16

KELLY	0.00
CHK MSH FETT	16.95
BK GW PASTA, baked w/chs, fifty-50	16.75
CHKN PECAN SALAD	16.95
CHKN PECAN SALAD	16.95
CHKN QUESADILLA, w/caesar	14.75
CHKN QUESADILLA, w/tossed, ranch	14.75
1/2 BT/PCH SAL, plain brst	17.80
BB&K SALAD, i-chicken	17.45
BK 7CHS RAV, bologn sauce	16.95
SPAGHETTI, bologn sauce, (3) meatballs	17.45
S/C: DELV CHG	3.95

Sub Total: 170.70
GST : 8.54
Guest 1 TOTAL: 179.24

S/C: DELV CHG 3.95

Sub Total: 170.70
GST : 8.54

05/29 12:40 TOTAL : 179.24

GST #869349407RT0001

PLEASE PAY SERVER

Find BP Westlock on Facebook
TELL US HOW WE DID!

We value your feedback and time.
Complete our SUPER SHORT SURVEY and
receive a chance to WIN an AWESOME
\$200 Boston Pizza Gift Card
Keep this receipt and go to
www.tellbostonpizza.com

For complete rules and eligibility,
please visit www.tellbostonpizza.com

SURVEY ACCESS CODE:

82411-50000-99211

This code will expire in 28 days

BOSTON PIZZA # 194
11303-100 ST T7P2R8
WESTLOCK AB
20465419
BH2046541911

**** PURCHASE ****

05-29-2016 13:17:22

Acct # [REDACTED]

Exp Date [REDACTED]

Name: SHELLY PUSCH

[REDACTED] MasterCard

Check [REDACTED]

Trace [REDACTED] Operator 999

Inv. [REDACTED]

Auth [REDACTED]

Total \$179.24

(00) APPROVED-THANK YOU

Retain this copy for your records

Customer Copy

6

Ramzi's
10203 104 Ave
Westlock, AB

Table Q#1

Ins #: 42929 Serv: Drive-thru
1/2016 12:39 PM # Cust:1

Quan	Descript	Cost
2	S.Fish Burger	\$11.50
2	S.Cheese Burger	\$9.00
1	Donair	\$7.75
1	S.Swiss Mushroom Bacon	\$5.50
1	Side Caesar Salad	\$4.95
1	Greek Salad	\$9.25
1	SM Fries	\$2.95

Net Total: \$50.90

GST \$2.55

TOTAL: \$53.45

Amount Due: \$53.45

od: \$50.90

Have A Great
Day!

GST#R51767434

WESTLOCK

CARD [REDACTED]

CARD TYPE MASTERCARD

.DMN [REDACTED]

DATE 2016/06/04

TIME 12:17:30.52

RECEIPT NUMBER

PURCHASE

TOTAL

\$53.45

APPROVED

AUTH# [REDACTED]

THANK YOU

CARDHOLDER SIGNATURE
OBTAIN MANUAL IMPRINT

CARDHOLDER WILL PAY
CARD ISSUER ABOVE AMOUNT
PURSUANT TO CARDHOLDER
AGREEMENT.

MERCHANT COPY



SAWRIDGE INN
AND CONFERENCE CENTRE
PEACE RIVER

7

MRS Shelly L. Pusch

[Redacted]

Room No. [Redacted]
 Arrival : 16-06-16
 Departure : 17-06-16
 Page No. : 1 of 1
 Folio No. : [Redacted]
 Conf. No. : [Redacted]
 Cashier No. : [Redacted]
 User ID : [Redacted]
 Invoice Number : [Redacted]
 Reference: [Redacted]

INVOICE

A/R Number :
 Group Code :
 Company Name :

Thank You For Staying With Us 17-06-16

Date	Text	Charges	Credits
16-06-16	Room Charge	99.00	
16-06-16	GST 5%	4.95	
16-06-16	Tourism Levy 4%	3.96	
17-06-16	Mastercard Pin Pad [Redacted]		107.91

Total 107.91 107.91

Balance 0.00

Tax Details:
 GST # 8045 70083 RT0001

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	24

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/16/2016	Attended the Northern Health Summit in Peace River	AB - North Zone	Meals Per Diem	24			Attended the Northern Health Summit in Peace River.	1			
Approver(s) for the claim		Approval Status		Approval Date							
GORDON, DEBORAH A		Approve		5-Jul-16							

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 : Jun-16
----------------------------	---------------------------------------------------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Jun-2016	Direct Billing	Airline Ticket	Travel to Fort McMurray for staff/media event for re-opening of NLRHC after wildfires.	Marlin Travel	447.12
	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					\$ 447.12

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: N61107
Agent: BARBARA LAZARENKO Tel: 780-425-8611

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

Invoice Number: [REDACTED]
Date: June 29, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
MRS SHELLY L PUSCH

Friday, June 24, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: FT MCMURRAY
Stops: 0 **Arrival:** 24Jun16
Seat(s): 08D
AIR CANADA E

Flight: 8380 G CLASS
08:35 AM **Equipment:** D8 (300 SERIES)
09:42 AM **Mile(s) Flown:** 240

 **Air**

WESTJET AIRLINES
From: FT MCMURRAY
To: EDMONTON INTL AB
Stops: 0 **Arrival:** 24Jun16
WESTJET ENCO

Flight: 3272 Q CLASS
05:00 PM **Equipment:** DH4
06:06 PM **Mile(s) Flown:** 240

Cost:

TKT- [REDACTED]	E-TKT	[REDACTED]	178.00
		Tax:	37.48
		Ticket Total:	215.48
TKT- [REDACTED]	E-TKT	[REDACTED]	182.16
		Tax:	49.48
		Ticket Total:	231.64

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

Invoice Number: [REDACTED]
Date: June 29, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	447.12
Less Credit Card Payments:	447.12
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.