

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of August 2016

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Aug-16	P-Card	Meetings				49	49			
Total			\$ -	\$ -	\$ -	\$ 49	\$ 49	\$ -	\$ -	\$ -

Total for the Month \$ 49

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

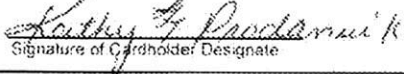
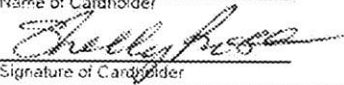

PUSCH, SHELLY	CHIEF ZONE OFFICER	Billing Reporting Period: 20/08/2016
Cardholder's Name	Cardholder's Position/Title	
NORTH ZONE	WESTLOCK ADMIN BUILDING	Total Statement Amount: \$48.60
Cardholder's Dept	Cardholder's Site/Location	
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card # [REDACTED]
Cardholder's e-mail address		

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/07/2016	[REDACTED]	ESSO GAS / SERVICE STATIONS	41.10	CAD	41.10	.00		Gas for Travel to GP - fleet vehicle
20/07/2016	[REDACTED]	AHS QEIIH PARKING LOTS, AUTOMOBILE PARKING LOTS AND GARAGES	7.50	CAD	7.50	.36		Parking QEII - Grande Prairie

①
②

✓
✓

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>PRODRAMNIK, KATHY</u> <small>Name of Cardholder Designate</small>	<u>EA to CEO</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>Aug 22, 2016</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>Aug 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 + CHOO - Northern Alberta</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>Aug 29, 2016</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 _____

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NORWOOD ESSO
12109-100 STREET
GRANDE PRAIRIE, AB T8V 4H1

00302889

VRN:R853342335

07/20/2016 4:08:54 PM
Register: 1 Trans #: 158 Op ID: 3
Your cashier: Mariz

FREG CA PUMP# 4
44.004 L @ \$ 0.934/L \$41.10 101
GST Incl In Fuel \$1.96

Subtotal = \$41.10
Total = \$41.10
Change Due = \$0.00

Prepaid Credit \$50.00

TYPE: PURCHASE
ACCOUNT: MCARDFLEET \$50.00
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: C [REDACTED]
A- MasterCard
B- [REDACTED]

01 Approved - Thank You 027

LOYALTY: NO
IMPORTANT - retain this copy for your records
Pre-approved maximum purchase amount

Customer Copy

Final Credit \$41.10

TYPE: PURCHASE
ACCOUNT: [REDACTED] \$41.10
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: C [REDACTED]
A- MasterCard
B- [REDACTED]

01 Approved - Thank You 027

LOYALTY: NO
IMPORTANT - retain this copy for your records
Final purchase amount
Billed to your account

Gas for fleet vehicle

Customer Copy

THANK YOU

NORWOOD ESSO
12109-100 STREET
GRANDE PRAIRIE, AB T8V 4H1

00302889

VRN:R853342335

07/20/2016 4:03:20 PM
Register: 1 Trans #: 152 Op ID: 3
Your cashier: Mariz

*** PREPAID RECEIPT ***

FREG CA PUMP# 4 \$50.00 101
GST Incl In Fuel \$2.38

Subtotal = \$50.00
Total = \$50.00
Change Due = \$0.00

Change Due = \$0.00

Credit \$50.00

TYPE: PURCHASE
ACCOUNT: MCARDFLEET \$50.00
AUTH: [REDACTED] INVOICE: [REDACTED]
CARD NUMBER: C [REDACTED]
A- MasterCard
B- [REDACTED]

01 Approved - Thank You

LOYALTY: NO
IMPORTANT - retain this copy records
Pre-approved maximum purchase

Customer Copy

THANK YOU

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RECEIPT

QE II Parking
Grande Prairie, Alberta

License Plate Number

[REDACTED]

Expiration Date/Time

09:54 AM
JUL 21, 2016

Purchase Date/Time: 09:54am Jul 20, 2016
Total Due: \$7.50 Rate: \$7.50-Daily-24 hrs
Total Paid: \$7.50 Payment Type: Card
Ticket #: [REDACTED]
S/N #: [REDACTED]
Setting: QE II Hospital
Mach Name: NO [REDACTED]

[REDACTED] MasterCard

Parking Rates are
GST Exempt

RECEIPT