

## Board and Executive Expense Report

**Name** Shelly Pusch  
**Title** Chief Zone Officer, North Zone  
**Location** Westlock  
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meetings				12	12			
<b>Total</b>			\$ -	\$ -	\$ -	\$ 12	\$ 12	\$ -	\$ -	\$ -

**Total for the Month**    \$     12

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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>PUSCH, SHELLY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period	<u>20/04/2015</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount	<u>\$12.00</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<u>[REDACTED]</u>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/04/2015	386423601	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	12.00	CAD	✓✓ 12.00	.57		NorthProv Benchmarking Mtg in Ban

<b>Signatures</b>		
<p><b>Cardholder Designate (If Applicable)</b> By signing this statement I</p> <ul style="list-style-type: none"> <li>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</li> </ul>		
<p><u>PRODANUK, KATHY</u> Name of Cardholder Designate</p> <p><u>Kathy Prodanic</u> Signature of Cardholder Designate</p>	<p><u>ERIC CZONZ</u> Cardholder Designate Position/Title</p> <p><u>April 22, 2015</u> Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>PUSCH, SHELLY</u> Name of Cardholder</p> <p><u>Shelly Pusch</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>Apr 23/15</u> Date of Signature</p>	
<p><b>Approver Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Kim Belrose</u> Name of Approver Designate</p> <p><u>KB</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>April 23/15</u> Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
<p><u>Deb Epron</u> Name of Approver</p> <p><u>Deb Epron</u> Signature of Approver</p>	<p><u>VP of HOD Northern Alberta Health Operations</u> Approver Position/Title</p> <p><u>2015-04-24</u> Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:             <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

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#386423651

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE	EXPIRATION TIME
10/04/15	06:00

DATE ISSUED	TIME ISSUED	AMOUNT PAID
09/04/15	08:31	\$ 12.00

AMOUNT PAID  
 \$ 12.00 92790000 08:31

CREDIT CARD NUMBER  
 [REDACTED] :C



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS THEREOF CAUSED BY LOSS OF OR DAMAGE TO TICKET. LIMITED TO FIRE, THEFT OR OTHER CASUALTY.  
 NON TRANSFERABLE



North/Pres... hmaek  
 Wtms

RECEIPT

