

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of May 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)
May-15	P-Card	Meetings			167	36	203			
May-15	Expense Claim	Meetings		30			30			
Total			\$ -	\$ 30	\$ 167	\$ 36	\$ 233	\$ -	\$ -	\$ -

Total for the Month \$ 233

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 149
 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

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 			
PUSCH, SHELLY	CHIEF ZONE OFFICER	Billing Reporting Period:	20/05/2015
Cardholder's Name	Cardholder's Position/Title		
NORTH ZONE	WESTLOCK ADMIN BUILDING	Total Statement Amount:	\$202.78
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
13/05/2015	390297985	DELTA CALGARY AIRPORT, DELTA HOTELS	167.28	CAD	167.28	.00	.00	Exec Ed Presentations Calgary
13/05/2015	390297986	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	35.50	CAD	35.50	1.69	.00	Exec Ed Presentations Calgary - Parking

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>PRODANIUK, KATHY</u> Name of Cardholder Designate</p> <p><u>Kathy Prodanuk</u> Signature of Cardholder Designate</p>	<p><u>ERC to CZONZ</u> Cardholder Designate Position/Title</p> <p><u>May 21/15</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<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>May 21/15</u> Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <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. 		
<p><u>Kim Belrose</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>25 May 2015</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Deb Gordon</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>VP of HR Northern AB</u> Approver Position/Title</p> <p><u>25 May 2015</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable.		
<p>Attach:</p> <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. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T6J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____




DELTA
CALGARY AIRPORT

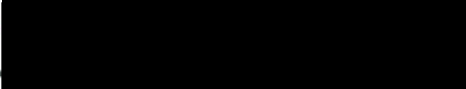
2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8

Tel: 403-291-2600 Fax: 403-250-6121



Shelly Pusch

Room: 
 Folio:
 Cashier:
 Arrival: 05-12-15
 Departure: 05-13-15

Date	Description	Additional Information	Charges	Credits
05-12-15	Room Charge		149.00	
05-12-15	Room Destination Marketing Fee		4.47	
05-12-15	Room Tourism Levy		6.14	
05-12-15	Room GST		7.67	
05-13-15	Mastercard			167.28
Total			167.28	167.28
Balance Due			0.00	CDN

GST Summary	
Reg No:807209770 RT0001	
Room	7.67
F&B	0.00
Other	0.00
Total	7.67

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

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#390297986

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCA5%

Exit Lane 13/05/15 16:58
Receipt

Short-term parking tkt
DL - No. [REDACTED]
12/05/15 15:42
13/05/15 17:11
Period 1d1h30'
(Tax) \$35.50

Total \$35.50

Payment Received \$35.50

Merc [REDACTED]
Auth. [REDACTED]
Type: Swiped

Sub Total \$33.81
Tax 5% \$1.69

Exec Ed Presentations Calgary

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	29.95

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/12/2015	Executive Education in Calgary		Meals Per Diem	20.75				1			
5/13/2015	Executive Education in Calgary		Meals Per Diem	9.2				1			
Approver(s) for the claim		Approval Status		Approval Date							
GORDON, DEBORAH A		Approved		26-May-15							