

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of July 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)
Jul-15	P-card	Meetings		52	384		436			
Jul-15	Expense Claim	Meetings		65			65			
Jul-15	Direct Billing	Meetings	342				342			
Total			\$ 342	\$ 117	\$ 384	\$ -	\$ 843	\$ -	\$ -	\$ -

Total for the Month \$ 843

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 170
 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:

- 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		20/07/2015
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	
NORTH ZONE	WESTLOCK ADMIN BUILDING		
Cardholder's Dept	Cardholder's Site/Location	Total Statement Amount:	\$435.56
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
24/06/2015	394776858	COUNTRY GRILL STEAK R, EATING PLACES, RESTAURANTS	51.88	CAD	51.88	2.47	.00	Site Tours - Lunch - Kate B, Angie M, Lionel G & Shelly P
25/06/2015	394776857	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	383.68	CAD	383.68	18.27		Site Tours - High Level, La Crete, Fort Vermilion

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. 		
<p><u>PRODAUTUK, KATHY</u> Name of Cardholder Designate</p> <p><u>Kathy Prodautuk</u> Signature of Cardholder Designate</p>	<p><u>EAC to CPO 02</u> Cardholder Designate Position/Title</p> <p><u>July 20/2015</u> Date of Signature</p>	
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. 		
<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>July 20/15</u> Date of Signature</p>	
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. 		
<p><u>Kim Belong</u> Name of Approver Designate</p> <p><u>Kim Belong</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>27 July 2015</u> Date of Signature</p>	
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. 		
<p><u>Deb Gordon</u> Name of Approver</p> <p><u>Deb Gordon</u> Signature of Approver</p>	<p><u>VPA CHOO Northern Alberta</u> Approver Position/Title</p> <p><u>27 July 2015</u> Date of Signature</p>	
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, 10050-107 Street Edmonton, AB T6J 3E4	
Accounts Payable Only:		
Reference # _____	Reviewed by: _____	Date: _____

COUNTRY GRILL
STEAK & RIB
10120 100TH STREET
LA CRETE AB 75121
7808284498

34

Country Grill
10120 100th Street
La Crete, AB
GST # 88792-1310

SALE

MD: 97048030010
TID: 005
Batch #: [REDACTED]
06/24/15 13:44:47
APPR CODE: [REDACTED]
MASTERCARD [REDACTED]

AMOUNT \$46.11
TIP \$6.77
TOTAL \$51.88

APPROVED

MasterCard
AID: A000000041010
TVR: 00 00 00 80 00
TS: E8 00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

Server [REDACTED]
Printed By [REDACTED] S1
ID: [REDACTED] Jun 24, 15 01:04 PM

4	Water[Glass]	\$0 00
1	Taco Salad[Reg]	\$10 99
1	Build Your Salad	\$5 99
	Grilled Chicken	\$2 00
	Cheddar Cheese	\$1 00
	Carrots	\$0 50
1	Build Your Salad	\$5 99
	Grilled Chicken	\$2 00
	Tomatoes	\$0 50
	Cucumbers	\$0 50
	Carrots	\$0 50
	Extra Chicken	\$2 00
	(dressing on the side)	
1	Hot Beef	\$10 99

Subtotal \$42.96
GST \$2.15

Total \$45.11

MC \$45.11

Change \$0.00

Thank you ✓

BEST WESTERN PLUS
MIRAGE HOTEL & RESORT
 9616 Highway 58
 High Level, AB T0H 1Z0



2

(780) 821-1000
 INFO@BESTWESTERNHIGHLEVEL.COM
 WWW.BESTWESTERNHIGHLEVEL.COM

C/O 06/25/2015 08:31 AM DH2

Registered To:
 PUSCH, SHELLY L MS

Room # [REDACTED]
 Conf # [REDACTED]
 Arrival 06/23/15
 Departure 06/25/15
 Room Type [REDACTED]
 Guests [REDACTED]
 Payment [REDACTED]
 Acct [REDACTED]

Posting Date	Oper	AcctCoc	Description	From	Reference	Amount
06/23/15	DH2	[REDACTED]	ROOM CHRG REVENUE			\$169.29
06/23/15	DH2	[REDACTED]	TOURISM LEVY			\$6.77
06/23/15	DH2	[REDACTED]	GST			\$8.46
06/23/15	DH2	[REDACTED]	Tourism Improvement Fee			\$5.08
06/23/15	DH2	[REDACTED]	Eco-Stay Sur-Charge			\$2.00
06/23/15	DH2	[REDACTED]	TOURISM LEVY			\$0.08
06/23/15	DH2	[REDACTED]	GST			\$0.10
06/23/15	DH2	[REDACTED]	Tourism Improvement Fee			\$0.06
06/24/15	DH2	[REDACTED]	ROOM CHRG REVENUE			\$169.29
06/24/15	DH2	[REDACTED]	TOURISM LEVY			\$6.77
06/24/15	DH2	[REDACTED]	GST			\$8.46
06/24/15	DH2	[REDACTED]	Tourism Improvement Fee			\$5.08
06/24/15	DH2	[REDACTED]	Eco-Stay Sur-Charge			\$2.00
06/24/15	DH2	[REDACTED]	TOURISM LEVY			\$0.08
06/24/15	DH2	[REDACTED]	GST			\$0.10
06/24/15	DH2	[REDACTED]	Tourism Improvement Fee			\$0.06
06/25/15	DH2	[REDACTED]	PAYMENT MC			\$383.68

Balance Due	\$0.00
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THE MIRAGE HOTEL & RESORT
 5616 HIGHWAY 58
 HIGH LEVEL, AB T0H 1Z0
 780-821-1000

TELE ID [REDACTED]
 EMPLOYEE [REDACTED]

Completion

INVT# [REDACTED]
 CHUP [REDACTED]

Application Label: VISA CREDIT
 ATD: 06/23/15 08:31:44
 TUR: 06/23/15 08:31:44
 TST: EB

Total: CAD\$ 383.68

APPROVED [REDACTED] 06/23/15 08:31:44
 25-Jun-15

CUSTOMER COPY

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	64.70

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/25/2015	Site Tour to High Level/Ft. Vermilion/La Crete		Meals Per Diem	11.6				1			
6/24/2015	Site Tour to High Level/Ft. Vermilion/La Crete		Meals Per Diem	20.75				1			
6/23/2015	Site Tour to High Level/Ft. Vermilion/La Crete		Meals Per Diem	32.35				1			
Approver(s) for the claim		Approval Status		Approval Date							
GORDON, DEBORAH A		Approve		23-Jul-15							

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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 : Jul-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
12-May-15	Direct Billing	Airline Ticket	Travel to Calgary for Executive Education ALP Presentations	Marlin Travel	342.25
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 342.25

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

May 7, 2015

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INVOICE

For

MS SHELLY L PUSCH

Tuesday, May 12, 2015

 Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 12May15

Seat(s): 08C

AIR CANADA E

Flight: 8171 G CLASS
07:00 PM Equipment: DH4
07:52 PM

Mile(s) Flown: 163

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

Invoice Number: [REDACTED]
Date: May 7, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, May 13, 2015

 Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 13May15
Seat(s): 09C
AIR CANADA E

Flight: 8150 G CLASS
04:00 PM Equipment: DH4
04:50 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED]-TKT	[REDACTED]	268.00
	GST:	17.11
	Tax:	74.25
	Ticket Total:	359.36 342.25

Total:

Grand Total:	359.36
Less Credit Card Payments:	359.36
Total GST/HST:	17.11
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.