

## Board and Executive Expense Report

**Name** Shelly Pusch  
**Title** Chief Zone Officer, North Zone  
**Location** Westlock

Expenses submitted during the month of September 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)
Sep-15	P-Card	Meetings			426	28	454			
Sep-15	Expense Claim	Meetings		62			62			
Sep-15	Direct Billing	Meetings	375				375			
<b>Total</b>			\$ 375	\$ 62	\$ 426	\$ 28	\$ 891	\$ -	\$ -	\$ -

**Total for the Month** \$ 891

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 134  
 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

<u>PUSCH, SHELLY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/09/2015</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$454.21</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
21/08/2015	400374817	PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES	3.00	CAD	3.00	.14		Parking - QEII CEO site visit
21/08/2015	400541561	HOLLOWAY INN & SUITES, LODGING HOTELS, MOTELS, RESORTS	296.50	CAD	296.50	14.12		CEO & VP Site Visits
25/08/2015	400864008	EXECUTIVE ROYAL HOTEL, LODGING HOTELS, MOTELS, RESORTS	129.71	CAD	129.71	6.18		Vancouver - Site Visits "Returning Time To Care"
25/08/2015	400864009	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Vancouver - Site Visits

<b>Signatures</b>		
<p><b>Cardholder Designate (if Applicable)</b> By signing this statement</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>Prodomini, Kelly</u> Name of Cardholder Designate</p> <p><u>Kelly Prodomini</u> Signature of Cardholder Designate</p>	<p><u>EMP In C20 NR</u> Cardholder Designate Position/Title</p> <p><u>Sept 21/2015</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>Sept 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 Belose</u> Name of Approver Designate</p> <p><u>Kim Belose</u> Signature of Approver Designate</p>	<p><u>Exec Assistant</u> Approver Designate Position/Title</p> <p><u>24 Sept 2015</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 Gordon</u> Name of Approver</p> <p><u>Deb Gordon</u> Signature of Approver</p>	<p><u>VPA CHOO Northern AB</u> Approver Position/Title</p> <p><u>24 SEPT 2015</u> Date of Signature</p>	
<p><b>Submit approved statement with attachments to Accounts Payable:</b></p>		
<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:</li> <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>	<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>	
<p><b>Accounts Payable only:</b></p>		
<p>Reference #: _____</p>	<p>Reviewed by: _____</p>	<p>Date: _____</p>

①

LEAVE ON DASH - THIS SIDE UP

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

21/08/15 09:25 AM

21/08/15 07:55 AM \$ 3.00

AMOUNT PAID

\$ 3.00 73360000 07:55 AM

CREDIT CARD NUMBER

CC

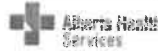
*Parkins  
0611  
060 site visit*

ALBERTA HEALTH SERVICES  
CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA HEALTH SERVICES UNDERTAKES TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS

Alberta Health Services

NON TRANSFERABLE

RECEIPT



④

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCA5%

POF 2nd F1 25/08/15 20:35  
Receipt [REDACTED]

Short-term parking tkt

HL - No. [REDACTED]  
25/08/15 06:00  
26/08/15 05:59

Period 1d0h0'  
(Tax) \$25.00

Total \$25.00

Payment Received  
MC [REDACTED] \$25.00

Merc [REDACTED]  
Auth [REDACTED]  
Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

00301007 - 1A

2

Holloway Inn + Suites  
Lodging.

CEO + VP  
Site visits



Shelly Pusch



Room No. : [Redacted]  
Arrival : 08-19-15  
Departure : 08-21-15  
Folio No. : [Redacted]  
Conf. No. : [Redacted]  
Cashier No. : [Redacted]  
Custom Ref. :  
DB Requirement: :

Company Name:  
Group Name:

Date	Description	Charges	Credits
08-19-15	Room - Sustainability	\$134.00	\$
08-19-15	Sustainability Levy	\$2.01	\$
08-20-15	Room - Sustainability	\$134.00	\$
08-20-15	Sustainability Levy	\$2.01	\$
08-20-15	Hotel Tax	\$10.88	\$
08-20-15	GST	\$13.60	\$
08-21-15	Mastercard [Redacted]	\$	\$296.50

<b>Total Charges</b>	296.50	
<b>Total Credits</b>		296.50
<b>Balance</b>		<b>\$0.00</b>

Guest Signature: \_\_\_\_\_

Merchant ID  
Transaction ID [Redacted]  
Approval Code [Redacted]  
Approval Amount 296.50

Credit Card # [Redacted]  
Credit Card Expiry [Redacted]  
Capture Method Swiped  
Transaction Amount 296.50

EXECUTIVE ROYAL HOTEL  
EDMONTON  
8450 SPARROW DRIVE  
LEDUC AB

JUC

*Vancouver - Site visits  
VGH - RT  
u Returning Time To Care  
③*

(780) 986-1840  
guestservices@royalinn.com  
www.executivehotels.net  
879535953RT0004

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2015/08/25  
TIME [REDACTED]  
CLERK ID [REDACTED]  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

EXECUTIVE ROYAL HOTEL EDMONTON

Room # [REDACTED]  
Conf # [REDACTED]  
Arrival 08/24/15  
Departure 08/25/15  
Room Type [REDACTED]  
Guests 1 / 0  
Payment Acct Visa/Master [REDACTED]

PRE-AUTH COMPLETION  
TOTAL

**\$129.71**

**APPROVED**

AUTH# [REDACTED] 01-027

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

ctCode	Description	From	Reference	Amount
	ROOM CHRG REVENUE			\$119.00
	GST			\$5.95
	ALBERTA TOURISM LEVY			\$4.76
	PAYMENT MASTER CARD			\$129.71-

<b>Balance Due</b>	<b>\$0.00</b>
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THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

X \_\_\_\_\_  
GUEST SIGNATURE

\_\_\_\_\_  
Signature

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	62.30

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/24/2015	Unit Leaders Trip to Vancouver for		Meals Per Diem	20.75			Dinner	1			
8/25/2015	Unit LEaders Trip to Vancouver		Meals Per Diem	41.55			Breakfast, Lunch & Dinner	1			
Approver(s) for the claim		Approval Status		Approval Date							
GORDON, DEBORAH A		Approve		30-Sep-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

<b>Name :</b> Shelly Pusch	<b>Reporting Period for the Month of :</b> Sep-15
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DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-Aug-15	Direct Billing	Airline Ticket	Flight to Vancouver for Site Visit with other AHS Executive	Marlin Travel	374.50
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
<b>Total Paid in the Month</b>					<b>\$ 374.50</b>



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:

August 12, 2015

1/2

## INVOICE

### For

SHELLY L PUSCH

Tuesday, August 25, 2015

### Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: VANCOUVER BC  
Stops: 0 Arrival: 25Aug15

Flight: 173 G CLASS  
07:00 AM Equipment: 73H  
07:34 AM

Mile(s) Flown: 509

### Air

WESTJET AIRLINES  
From: VANCOUVER BC  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 25Aug15

Flight: 166 P CLASS  
05:50 PM Equipment: 73H  
08:17 PM

Mile(s) Flown: 509

### Cost:

TKT-		E-TKT		273.54
			Tax:	100.96
			<b>Ticket Total:</b>	<b>374.50</b>

### Total:

	<b>Grand Total:</b>	374.50
	<b>Less Credit Card Payments:</b>	374.50
	<b>Credit / Balance Due To This Invoice:</b>	0.00
	<b>Total Balance Due:</b>	0.00

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

Invoice Number: [REDACTED]  
Date: August 12, 2015  
Page: 2/2  
Our Reference: [REDACTED]

## INVOICE

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.