

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of October 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)
Oct-15	P-Card	Meetings			153		153			
Oct-15	Expense Claim	Meetings		21			21			
Total			\$ -	\$ 21	\$ 153	\$ -	\$ 174	\$ -	\$ -	\$ -

Total for the Month \$ 174

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 140
 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 			
<u>PUSCH, SHELLY</u>	<u>CHIEF ZONE OFFICER</u>	Billing Reporting Period:	<u>20/10/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	Total Statement Amount:	<u>\$153.03</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	CST	Freight	Description
08/10/2015	405642633	BEST WESTERN COLD LAKE, BEST WESTERN HOTELS	153.03	CAD	153.03	7.29		Cold Lake - Hearts for Healthcare

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>Shelly Pusch</u> Name of Cardholder Designate	<u>Chief Zone Officer</u> Cardholder Designate Position/Title	
<u>Shelly Pusch</u> Signature of Cardholder Designate	<u>Oct 21/15</u> Date of Signature	
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> Name of Cardholder	<u>CHIEF ZONE OFFICER</u> Cardholder Position/Title	
<u>Shelly Pusch</u> Signature of Cardholder	<u>Oct 23/15</u> Date of Signature	
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. 		
<u>Kim Belrose</u> Name of Approver Designate	<u>Exec Assistant</u> Approver Designate Position/Title	
<u>Kim Belrose</u> Signature of Approver Designate	<u>03 Nov 2015</u> Date of Signature	
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> Name of Approver	<u>VP+CMO, Northern AB</u> Approver Position/Title	
<u>Deb Gordon</u> Signature of Approver	<u>02-15-1011-5</u> Date of Signature	
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: <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. 	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:

BEST WESTERN COLD LAKE
INN
4815 52ND STREET
COLD LAKE AB

Western Cold Lake Inn
Box 245
5 52nd Street
Cold Lake, AB T9M 1P1

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2015/10/08
TIME [REDACTED]
RECEIPT NUMBER
[REDACTED]

PRE-AUTH COMPLETION
TOTAL

\$153.03

Arrival : 10-07-15
Departure : 10-08-15
Room No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

MasterCard
A0000000041010

APPROVED

AUTH# [REDACTED] 01-027
THANK YOU

CARDHOLDER COPY

26 11/18

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

	Charges	Payments
	140.39	
	5.62	
	7.02	
		153.03
Total	153.03	153.03
Balance		0.00

Guest Signature

I agree the room rate and additional charges are correctly stated.
Thank you

GST#: 89459 0660

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	20.75

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/7/2015	Hearts for Healthcare Meeting		Meals Per Diem	20.75				1			
Approver(s) for the claim		Approval Status		Approval Date							
GORDON, DEBORAH A		Approve		28-Oct-15							