

## Board and Executive Expense Report

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

Expenses submitted during the month of November 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) |
| Nov-15       | P-Card          | Meetings |         |       | 152           | 97           | 249          |                              |  |           |
| Nov-15       | Expense Claim   | Meetings |         | 42    |               | 120          | 162          |                              |  |           |
| Nov-15       | Direct Billing  | Meetings | 339     |       |               |              | 339          |                              |  |           |
| <b>Total</b> |                 |          | \$ 339  | \$ 42 | \$ 152        | \$ 217       | \$ 750       | \$ -                         | \$ -   | \$ -      |

**Total for the Month** \$ 750

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 137  
 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><br>Cardholder's Name                                   | <u>CHIEF ZONE OFFICER</u><br>Cardholder's Position/Title     | Billing Reporting Period:  | <u>20/11/2015</u> |
| <u>NORTH ZONE</u><br>Cardholder's Dept                                      | <u>WESTLOCK ADMIN BUILDING</u><br>Cardholder's Site Location | Total Statement Amount:  | <u>\$248.83</u>   |
| <u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u><br>Cardholder's e-mail address |  | Last 6 digits of the P-Card # <span style="background-color: black; color: black;">XXXXXXXXXX</span> |                   |

**Statement of Transactions**

| Transaction Date | Trans ID  | Merchant Name & Description                                 | Trans Original Amount | Currency | Trans Amount | GST  | Freight | Description                                       |
|------------------|-----------|---|-----------------------|----------|--------------|------|---------|---|
| ① 21/10/2015     | 406900575 | MPARK00020266U, AUTOMOBILE PARKING LOTS AND GARAGES         | 25.00<br>✓            | CAD      | 25.00        | 1.19 |         | 00Zone Leaders Mtng - Edmonton                    |
| ② 27/10/2015     | 407351127 | MPARK000_0383U, AUTOMOBILE PARKING LOTS AND GARAGES         | 35.00<br>✓            | CAD      | 35.00        | 1.07 |         | 00Helen Ewan Coaching Session - Edmonton          |
| ③ 28/10/2015     | 407686818 | PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES   | 12.00<br>✓            | CAD      | 12.00        | .57  |         | School of Healthcare Radiology Session - Edmonton |
| ④ 06/11/2015     | 408950406 | HOLLOWAY INN & SUITES, LODGING HOTELS, MOTELS, RESORTS      | 151.83<br>✓           | CAD      | 151.83       | 7.23 |         | Grande Prairie Capital Project Mtng               |
| ⑤ 09/11/2015     | 40930457  | EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES | 25.00<br>✓            | CAD      | 25.00        | 1.19 |         | 00Grande Prairie Capital Project Mtng             |

**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- 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.

PRODOMINI, KATHY  
Name of Cardholder Designate

EMC to C70112  
Cardholder Designate Position/Title

Kathy E Prodomini K  
Signature of Cardholder Designate

NOV 23, 2015  
Date of Signature

**Cardholder**

By signing this statement

- 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.

PUSCH, SHELLY  
Name of Cardholder

CHIEF ZONE OFFICER  
Cardholder Position/Title

Shelly Pusch  
Signature of Cardholder

NOV 23, 2015  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- 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.

Kim Belrose  
Name of Approver Designate

Exec Assist  
Approver Designate Position/Title

Kim Belrose  
Signature of Approver Designate

25 NOV 2015  
Date of Signature

**Approver**

By signing this statement

- 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.

Deb Gordon  
Name of Approver

VP Chief Northen AB  
Approver Position/Title

Deb Gordon  
Signature of Approver

26 NOV 2015  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

**Attach:**

- 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, 10030-107 Street  
Edmonton, AB T5J 3E4

**Accounts Payable only:**

Reference #: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

*Zone Leaders meeting*

**RECEIPT**  
IMPARK LOT 256  
NO IN AND OUT PRIVILEGES

①

②

License Plate Number



Expiration Date/Time

**06:00 PM**  
**OCT 21, 2015**

Purchase Date/Time: 08:37am Oct 21, 2015  
Total Parking: \$23.81  
Total gst: \$1.19  
Total Due: \$25.00      Rate: \$25 - Early Bird  
Total Paid: \$25.00      Payment Type: Card  
Ticket # [Redacted]  
S/N #: 500012451104  
Setting: Lot 256  
Mach Name: Meter 1

MasterCard

Auth # [Redacted]

GST #887315638RT0001

IDE UP



**impark**



KEEP THIS PORTION

PLACE ON DASH THIS SIDE

impark LOT 256  
Lot 256-2, 19034 - 106 Street  
GST 88731-5638-RT0006

Expires

**28 Oct 15**  
**08:00 AM** Paid \$ 35.00C

Entry time 27 Oct 15 12:27 PM

VALID ONLY IF PROPERLY DISPLAYED ON STREET SIDE DASHBOARD

THIS SIDE UP

*Helem Bevan Coaching Session*

Expires  
28 Oct 15  
08:00 AM  
Paid  
\$ 35.00C

RECEIPT

SH THIS SIDE UP

PROOF OF PURCHASE

PLACE ON DA

③

*School of Health and Care Radicals Session*

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

EXPIRATION DATE

EXPIRATION TIME

DATE ISSUED

TIME ISSUED

AMOUNT PAID

**29/10/15 06:00**

**28/10/15 08:00 \$ 12.00**

AMOUNT PAID

**\$ 12.00 92735000 08:00**

CREDIT CARD NUMBER



CC



CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO FIRE, THEFT OR COLLISION



NON TRANSFERABLE 92060198

RECEIPT 92060198

GPRIT  
Capital Project  
Meeting (4)



*New name  
Holloway Inn + Suites*

**Shelly Pusch**



**Canada**

Company Name: Marlin Travel

Group Name:

Room No. : [REDACTED]  
Arrival : 11-05-15  
Departure : 11-06-15  
Folio No. : [REDACTED]  
Conf. No. : [REDACTED]  
Cashier No. : [REDACTED]  
Custom Ref. : [REDACTED]  
DB Requirement: :

| Date     | Description              | Charges              | Credits       |
|----------|--------------------------|----------------------|---------------|
| 11-05-15 | Room - Sustainability    | \$137.24             | \$            |
| 11-05-15 | Sustainability Levy      | \$2.06               | \$            |
| 11-05-15 | Hotel Tax                | \$5.57               | \$            |
| 11-05-15 | GST                      | \$6.96               | \$            |
| 11-06-15 | Mastercard<br>[REDACTED] | \$                   | \$151.83      |
|          |                          | <b>Total Charges</b> | 151.83        |
|          |                          | <b>Total Credits</b> | 151.83        |
|          |                          | <b>Balance</b>       | <b>\$0.00</b> |

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

Merchant ID [REDACTED]  
Transaction ID [REDACTED]  
Approval Code [REDACTED]  
Approval Amount 151.83

Credit Card # [REDACTED]  
Credit Card Expiry [REDACTED]  
Capture Method Swiped  
Transaction Amount 151.83

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton  
Tax CodeCAS%

5

POF 2nd Fl 06/11/15 12:07  
Receipt 011347

Short-term parking tkt

HL - No [REDACTED]

05/11/15 19:46

06/11/15 19:45

Period 1d0h0'

(Tax) \$25.00

Total \$25.00

Payment Received

[REDACTED] \$25.00

Type: Swiped

Sub Total \$23.81  
Tax 5% \$1.19

05/08/15 12:11

### AHS Public Disclosure Expense Claims

| Claimant Name    | Claimant Title                    | Claimant Location | Expense Claim Total |
|------------------|-----------------------------------|-------------------|---------------------|
| PUSCH,<br>SHELLY | Chief Zone Officer,<br>North Zone | Westlock          | 161.69              |

| Expense Date                     | Business reason  | Expense Location       | Expense Type   | Amount               | From Location | To Location     | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|----------------------------------|--|------------------------|----------------|----------------------|---------------|-----------------|---------------|-----------|----------------|------------------|---------------|
| 10/27/2015                       | Coaching Session with Helen Bevan                            |                        | Meals Per Diem | 20.75                |               |                 | Dinner        | 1         |                |                  |               |
| 11/5/2015                        | Travel to Aiport for Grande Prairie Capital Projects Meeting |                        | Mileage        | 120.19               | Westlock      | Edmonton<br>YEG |               | 1         |                |                  | 238           |
| 11/5/2015                        | Grande Prairie Capital Projects Meeting                      |                        | Meals Per Diem | 20.75                |               |                 | Dinner        | 1         |                |                  |               |
| <b>Approver(s) for the claim</b> |  | <b>Approval Status</b> |                | <b>Approval Date</b> |               |                 |               |           |                |                  |               |
| GORDON, DEBORAH A                |  | Approve                |                | 19-Nov-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> Nov-15 |
|----------------------------|---|

| DD-MMM-YY                      | Payment Method | Category                   | Description/Purpose of the Expense                              | Name of Vendor | Amount Paid      |
|--------------------------------|----------------|----------------------------|---|----------------|------------------|
| 29-Oct-15                      | Direct Billing | Airline Ticket             | Flight to Vancouver for CIHI Sparsely Populated Regions Meeting | Marlin Travel  | 338.61           |
|                                | 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>\$ 338.61</b> |



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

GST Reg#:

Branch:

Agent:

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

Invoice Number:

Date:

Page:

Our Reference:

October 29, 2015

1/2

## INVOICE

### For

MRS SHELLY L PUSCH

Tuesday, November 17, 2015

 Air

WESTJET AIRLINES  
From: EDMONTON INTL AB  
To: VANCOUVER BC  
Stops: 0 Arrival: 17Nov15

Flight: 109 X FARE  
04:00 PM Equipment: 73W  
04:40 PM

Mile(s) Flown: 509

Wednesday, November 18, 2015

 Air

WESTJET AIRLINES  
From: VANCOUVER BC  
To: EDMONTON INTL AB  
Stops: 0 Arrival: 18Nov15

Flight: 186 G CLASS  
07:00 PM Equipment: 736  
09:27 PM

Mile(s) Flown: 509

### Cost:

|      |  |       |                      |               |
|------|--|-------|----------------------|---------------|
| TKT- |  | E-TKT |                      | 237.65        |
|      |  |       | Tax:                 | 100.96        |
|      |  |       | <b>Ticket Total:</b> | <b>338.61</b> |

### Total:

|  |  |        |
|--|--|--------|
|  | <b>Grand Total:</b>                          | 338.61 |
|  | <b>Less Credit Card Payments:</b>            | 338.61 |
|  | <b>Credit / Balance Due To This Invoice:</b> | 0.00   |
|  | <b>Total Balance Due:</b>                    | 0.00   |