

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of December 2015

Travel (1)

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Dec-15	P-Card	Meetings			122	106	228			
Dec-15	Expense Claim	Meetings		53	155	702	910			
Total			\$ -	\$ 53	\$ 277	\$ 808	\$ 1,138	\$ -	\$ -	\$ -

Total for the Month \$ 1,138

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 145
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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, 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>20/12/2015</u>
Cardholder's Name	Cardholder's Position/Title		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	Total Statement Amount:	<u>\$227.36</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Franch	Description
03/12/2015	411820661	FAS GAS BARRHEAD SERVi, GAS / SERVICE STATIONS	52.66	CAD	52.66	2.51		Fuel For New Fleet Vehicle - no card yet
08/12/2015	412296505	BEST WESTERN MEDICINE, BEST WESTERN HOTELS	121.63	CAD	121.63	.00		BCRISC Meditech Site Tour - Medicine Hat
09/12/2015	412426319	44PARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	30.00	CAD	30.00	1.43		00Zone Leaders Meeting
10/12/2015	412651738	ESSO, FUEL DISPENSER, AUTOMATED	23.07	CAD	23.07	.00		Fuel Fleet Vehicle - no card yet - Zone Leaders Mtg

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>Pudonjiv, Kathy</u> Name of Cardholder Designate</p> <p><u>Kathy Pudonjiv</u> Signature of Cardholder Designate</p>	<p><u>EA to W2 020</u> Cardholder Designate Position/Title</p> <p><u>Dec 15, 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>Dec 15/15</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>Belrose</u> Signature of Approver Designate</p>	<p><u>Exec Admin Coord.</u> Approver Designate Position/Title</p> <p><u>12 DEC 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>Deb Gordon</u> Signature of Approver</p>	<p><u>VP Action Northern AB</u> Approver Position/Title</p> <p><u>2015-DEC-17</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 T5J 3E4</p>	
Accounts Payable only:		
Reference #: _____	Reviewed by: _____	Date: _____

#411820661

Initial Fi4

Fuel for New
Fleet
Vehicle
(no card yet)

①

Fas Gas Barrhead Service
4821 - 53 Avenue
Barrhead, AB T7N 1A2
780-674-6356
GST# /HST# R101745552
Store Code:40077
Date / Time: 03-Dec-2015 06:53 PM
Receipt# [REDACTED]
Sales ID [REDACTED] Drawer [REDACTED]

Pump# 3 ETHANOL BLEND
64.297 L @ \$ 0.819 / L 52.661
Sub Total 52.66

Total 52.66
MASTER CARD 52.66
Change 0.00

*GST Inclusive 2.81

[REDACTED] \$52.66
Mastercard C Purchase
Authorization Number 20E311
[REDACTED] 02-116455 66181174
12/03/15 18:53:09
01/027 APPROVED - THANK YOU
MasterCard A0000000041010
9500008000 E800

③

#412426319

Zone Leaders
Meeting

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate No. [REDACTED]

Expiration Date/Time

06:00 PM
DEC 09, 2015

Purchase Date/Time: 12:30pm Dec 09, 2015
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00
Total Paid: \$30.00
Ticket [REDACTED]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1
Rate: \$30 - All Day
Payment Type: Card

MasterCard

Auth # [REDACTED]

GST #887315638RT0001

-- IMPORTANT --

Retain This Copy For Your Records

④

Fuel for Fleet
Vehicle (no card yet)
Zone Leaders
Meeting

ESSO EXPRESS PAY

WESTLOCK ESSO ON THE
00302864
10248 100 STREET
WESTLOCK, AB T7P 2G
URN:R101745552
12/10/2015 05:06:48:09
10:56:55 AM

PUMP# 4
EREG 28.874L
PRICE/L 0.799
FUEL TOTAL \$ 23.07
GST in fuel \$ 1.10
CREDIT \$ 23.07

TYPE: PURCHASE
ACCOUNT: NONAFFILIAT
AUTH: 12540247 12/03/15
CARD NUMBER: [REDACTED]
Card card stopped
at Barrhead - Thank You
01/02/15: 00
Thank You - Retain this copy for your
records

THANK YOU

2

#412286506



BEST WESTERN PLUS SUN COUNTRY

722 REDCLIFF DRIVE SW
MEDICINE HAT, AB T1A 5E3

Phone: 403 527 3700

FAX: 403 526 8689

Account: [REDACTED]

Arrival: 12/07/15

Departure: 12/08/15

Room: [REDACTED]

Rate: 111.59

PUSCH, SHELLY

[REDACTED]

Rewards Number [REDACTED]

Rewards Tier: BASE

DATE	ITEM	DESCRIPTION	COMMENT	DEBIT	CREDIT
12/07/15	1	ROOM CHARGE	[REDACTED] PUSCH, SHELLY	\$111.59	
12/07/15	2	GST (5%)	GST (5%)	\$5.58	
12/07/15	3	ATL (4%)	ATL (4%)	\$4.46	
12/08/15	4	MASTER CARD PAYMENT	MASTER CARD PAYMENT		(\$121.63)
				BALANCE DUE:	\$0.00

*Meditech
Demonstration Site Review
& Planning Meeting*

MEETING:

RISC Meditech Site Tour

DATE: Dec. 8

START TIME: 9:00 am

END TIME: 3:30 pm

LOCATION:

CONTACT INFO:

NOTES:

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	909.87

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	Helen Bevan Coaching	AB - Other Zones	Accommodations	155.32				1			
12/7/2015	Meditech Demo and Site visit to Medicine Hat		Meals Per Diem	20.75				1			
12/7/2015	Travel to Medicine Hat		Mileage	701.45	Westlock	Medicine Hat		1			694.5
12/8/2015	Meditech Demo and Site Visit to Medicine Hat		Meals Per Diem	32.35				1			

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approve	22-Dec-15



*Helen Bevan
Coaching
& HH&Care
School of
Radicals
Session*

Shelly Pusch



Room Number:
Arrival Date: 10-27-15
Departure Date: 10-28-15
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

10-27-15

Date	Description	Charges	Credits
10-27-15	Room Revenue	145.00	
10-27-15	Destination Marketing Fee - 3%	4.35	
10-27-15	Tourism Levy - 4%	5.97	
Total		155.32	0.00
Balance		155.32	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #866344302 RT 0001