

AHS Board and Executive Expense Report

Name Shelly Pusch

Title Chief Zone Officer North Zone

Location Westlock

Expenses submitted during the month of January 2016

-					Travel (1)					
ммм-үү	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-16	P-Card	Meetings				25	25			
Total			\$ -	\$ -	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -

Total for the Month

\$ 25

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

RUN DATE: 01/21/2016

P-Card details Online ® Cardholder Statement Report

Instruction: • Attached ALL original deta	iled receipts and supporting documents in the sai	me order as it appears on this sta	tement
Cardholder AND Approver	's signatures required where indicated below		
PUSCH, SHELLY	CHIEF ZONE OFFICER	~	
Cardholder's Name	Cardholder's Position/Title	Billing Reporting Period:	20/01/2016
NORTH ZONE	WESTLOCK ADMIN BUILDING		
Cardhoider's Dept	Cardholder's Site/Location	Total Statement Amount:	\$24.50
SHELLY.PUSCH@ALBERTAHE	EALTHSERVICES.CA		
Cardholder's e-mail address		Last € digits of the P-Card #	į.

Transaction	s without F	Receipts or supporting documentation				加速	
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount		Trans Amount	GST	FreighDescription
05/01/2016	414786978	EDMONTON INTERNATION, AUTOMOBILE PARKING LOTS AND GARAGES	24.50	CAD	24.50	1.17	00rt2 Senior Leadership Mesting at Airport

RUN DATE: 01/21/2016

P-Card details Online ® Cardholder Statement Report

	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.							
	Name of Cardholder Dasignate	Cardholder Designate Position/Title	-					
	Signature of Cardholder Designate	Date of Signature						
	Cardholder							
	Sy 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 p claimed by me or on my behalf from Alberta Health Services or any charged is attached. 	claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal chaque for any personal expenses inadvertently						
	 I attest that expenses submitted in this claim have been incurred by 	y using a cost effective method, otherwi	sa rationale and supporting analysis is					
	provided, PUSCH, SHELLY	CHIEF ZONE OFFICER						
	Name or Cardnolder	Cardholder Position/Title	•					
	Sheely one -	Feb 1 115						
	Signature of Caudholder							
		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 							
	l attest the expenses enclosed in this claim are for valid business p	surposes for Alberta Health Services and	I that this claim has not been previously					
	craimed by the claimant or on their behalf from Alberta Health Servi	ices or any other Organization, A person	al cheque for personal expenses inadvertently					
	 charged has been obtained. I attest that expenses submitted in this claim have been incurred by 							
	provided.	y daming a coat enective memora, otherwis	se radionale and supporting analysis is					
	Name of Approver Designate	Approver Designate Position/Title						
	Signature of Approver Designate	Date of Signature						
_	Approver							
	By signing this statement							
	 I attest that I have read and understand the "Travel, Hospitality and expenses being claimed are in compliance with such policy. 	Working Session Expense Policy (1122	t)" of Alberta Health Services and confirm					
	 I attest the expenses enclosed in this claim are for valid business presented. 	urposes for Alberta Health Services and	that this claim has not been previously					
	claimed by the claimant or on their behalf from Alberta Health Servicharged has been obtained.	ces or any other Organization. A person	al cheque for personal expenses inadvertently					
	latest that expenses submitted in this claim have been incurred by	using a cost effective method, otherwis	e rationale and supporting analysis is					
	provided.							
	Deb Gordon	VIPACLION NOCH	ha DR					
	Name & Approver	Approver Position/Title	THEN TO					
	() color	Natebao16.						
	Signature of Approper							
	-Busines of the property	Date of Signature						
Submit approved statement with attachments to Accounts Payabla:								
	Attach:		Address:					
	 Original (or scanned) itemized receipts with documented business rea- where required 	sons including names of participants	Alfanas Maratha Barria					
Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) Alberta Health Services Accounts Payable The Street Plans The Street Plans The Street Plans The Street Plans								
	 Signed Cardnolder Statement Report (or copies of electronic signature And where applicable; 	7th Street Plaza						
	* Copies of pre-approvals for travel 10th Floor, North Tower, 10030-107 Street							
	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.							
Accounts Payable only:								
	Reference #: Reviewed by:		Date:					

Edmonton Airports Can-T5J 2T2 Edmonton Tax CodeCA5% POF 2nd Fl 05/01/16 12:12 Receipt 084841 Short-term parking tkt HL - No. 05/01/16 09:04 05/01/16 12:33 Period 0d3h30' (Tax) \$24. \$24.50

Total Payment Received MC \$24.50

\$24.50

Merch Auth: Type: Swiped

Type: Swip
Sub Total
Tax 5%

\$23.33 \$1.17