

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of March 2016

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) |
|--------------|-----------------|----------|---------|-------|---------------|--------------|--------------|------------------------------|--|-----------|
| Mar-16 | P-Card | Meetings | | 21 | 206 | 50 | 277 | | | |
| Mar-16 | Expense Claim | Meetings | | | | 62 | 62 | | | |
| Mar-16 | Direct billing | Meetings | 903 | | | | 903 | | | |
| Total | | | \$ 903 | \$ 21 | \$ 206 | \$ 112 | \$ 1,242 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,242

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 189
 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:

- 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>20/03/2016</u> |
| <u>NORTH ZONE</u> Cardholder's Dept | <u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location | Total Statement Amount: | <u>\$276.91</u> |
| <u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address | | Last 6 digits of the P-Card # | <u>██████████</u> |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|-----------|---|-----------------------|----------|--------------|-------|---------|----------------|
| 02/03/2016 | 421206002 | RADISSON HOTEL & SUITE, RADISSON | 226.91 | CAD | 226.91 | 10.81 | | CEO Tour - FMM |
| 02/03/2016 | 421206003 | EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES | 50.00 | CAD | 50.00 | 2.38 | .00 | CEO Tour - FMM |

| | | |
|--|--|-------------|
| 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>PUSCH, SHELLY</u> Name of Cardholder Designate</p> <p><u>[Signature]</u> Signature of Cardholder Designate</p> | <p><u>Chief Zone Officer</u> Cardholder Designate Position/Title</p> <p><u>March 21, 2016</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>[Signature]</u> Signature of Cardholder</p> | <p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>March 21/16</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>_____ Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p> | <p>_____ Approver Designate Position/Title</p> <p>_____ 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>[Signature]</u> Signature of Approver</p> | <p><u>VP of CHOO, Northern AB</u> Approver Position/Title</p> <p><u>2016-MAR-29</u> Date of Signature</p> | |
| <p>Submit approved statement with attachments to Accounts Payable:</p> | | |
| <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> | |
| <p>Accounts Payable only:</p> | | |
| Reference #: _____ | Reviewed by: _____ | Date: _____ |



Mrs. Shelly Pusch
Canada

Room No. : [REDACTED]
Arrival : 03/01/16
Departure : 03/02/16
Page No. : 1 of 1
Folio No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

INFORMATION INVOICE

Membership No. : GR [REDACTED]
A/R Number : [REDACTED]
Group Code : [REDACTED]
Company Name : [REDACTED]

03/04/16 08:43:57 AM MST

| Date | Text | Charges | Credits |
|----------------|----------------------------|---------------|---------------|
| 03/01/16 | Food & Beverage [REDACTED] | 20.90 | |
| 03/01/16 | Room Charge [REDACTED] | 189.00 | |
| 03/01/16 | 5% GST | 9.45 | |
| 03/01/16 | 4% TOURISM LEVY | 7.56 | |
| 03/02/16 | Mastercard [REDACTED] | | 226.91 |
| Room GST | 9.45 | | |
| Net Amount | 209.90 CAD | | |
| Total | | 226.91 | 226.91 |
| Balance | | | 0.00 |

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Enroll and learn more at the front desk or at clubcarlson.com

Thank You For Staying With Us

Independently owned by Temple Real Estate Investment Trust & managed by Atlific Hotels Inc.

I agree that my liability for this bill is not waived and agree to be held personally responsible in the event that the indicated person, company or association fails to pay for any portion or the full amount of these charges.

Guest Signature _____

GST # 84970 2444 RT0030

Radisson Hotel & Suites Fort McMurray
435 Gregoire Drive
Fort McMurray, Alberta T9H 4K7
Telephone: (780) 743-2400 Fax: (780) 743-2448
Email: info@radissonfortmcmurray.com

zo Courtney

Tbl [redacted] Chk [redacted] Gst 1
Mar01'16 08:00PM

1 Chick Caesar 18.00

Subtotal 18.00

Tax GST 0.90

Total 18.90

Room #: 505

Gratuity: 2.00

Total: 20.90

Name: Shelly Risch

Signature: Shelly Risch

Open 6:00am to 11pm, Sunday
through Thursday. Friday and
Saturday, 7:00am to Midnight.
Eat! Drink! Be Social!

Edmonton Airports

Can--T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd F7 03/03/16 16:23
Receipt

Short: [REDACTED] t
DL -- N [REDACTED]

01/03/16 16:23

03/03/16 16:24

Period 2d0h0'

(Tax) \$50.00

Total \$50.00

Payment Received
MC \$50.00

Type: Swiped

Sub Total \$47.62

Tax 5% \$2.38

03122872 - 1/1

AHS Public Disclosure Expense Claims

| Claimant Name | Claimant Title | Claimant Location | Expense Claim Total |
|---------------|--------------------------------|-------------------|---------------------|
| PUSCH, SHELLY | Chief Zone Officer, North Zone | Westlock | 61.94 |

| Expense Date | Business reason | Expense Location | Expense Type | Amount | From Location | To Location | Justification | # of days | # of Attendees | Attendee Name(s) | Trip Distance |
|----------------------------------|-----------------------------------|------------------------|--------------------------|----------------------|---------------|-------------|---|-----------|----------------|------------------|---------------|
| 2/18/2016 | IM/IT Meeting | AB - North Zone | Parking - Lot or Parkade | 30.00 | | | IM/IT Meeting in Edmonton | 1 | | | |
| 2/22/2016 | Provincial Senior Leaders Meeting | AB - North Zone | Fuel | 31.94 | | | Gas for fleet vehicle. Fuel up from Friday, Feb 18 IM/IT meeting and Monday, Feb 22 Senior Leaders meeting. | 1 | | | |
| Approver(s) for the claim | | Approval Status | | Approval Date | | | | | | | |
| GORDON, DEBORAH A | | Approve | | 21-Mar-16 | | | | | | | |

Personal ~~Card~~ Visa
Used

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:00 PM
FEB 18, 2016

Purchase Date/Time: 11:53am Feb 18, 2016
Total Parking: \$28.57
Total gst: \$1.43
Total Due: \$30.00 Rate: \$30 - All Day
Total Paid: \$30.00 Payment Type: Card
Ticket [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Visa

Auth #: [Redacted]

GST #887315638RT0001

INIT Committee Mtg

10248 100ST
WESTLOCK AB T7P2G6

ESSO EXPRESS PAY

WESTLOCK ESSO ON THE
00302864
10248 100 STREET
WESTLOCK, AB T7P 2G
URN:R101745552
02/22/2016 350664307
06:34:42 PM

PUMP# 6
REG 48.469L
PRICE/L 0.659
FUEL TOTAL \$ 31.94

GST1 in fuel \$ 1.52
CREDIT \$ 31.94

TYPE: PURCHASE
ACCOUNT [Redacted] \$31.94
AUTH [Redacted] INVOICE: [Redacted]
CARD NUMBER: [Redacted]
VERIFIED BY: [Redacted]
A- VISA CREDIT
B- 0000000031510

01 Approved - Thank You 027

LOYALTY: NO
IMPORTANT - retain this copy for your records

THANK YOU

*Provincial
Seniors Leaders
meeting in
Nisku.*

Fuel for Fleet.

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member 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

| | |
|----------------------------|---|
| Name : Shelly Pusch | Reporting Period for the Month of : Mar-16 |
|----------------------------|---|

| DD-MMM-YYYY | Payment Method | Category | Description/Purpose of the Expense | Name of Vendor | Amount Paid |
|--------------------------------|----------------|----------------------------|--|----------------------------|------------------|
| 29-Feb-16 | Direct Billing | Airline Ticket | Flight to Fort McMurray for CEO Tour | Marlin Travel | 467.24 |
| 03-Mar-16 | Direct Billing | Airline Ticket | Flight to Fort McMurray for OR Steering Committee Meeting with Senior Leader | Marlin Travel | 435.62 |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | - |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | - |
| | Direct Billing | Choose from Drop-down List | | Choose from Drop-down List | - |
| Total Paid in the Month | | | | | \$ 902.86 |

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:

February 29, 2016

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INVOICE

For

MRS SHELLY L PUSCH

Tuesday, March 1, 2016

 **Air**

AIR CANADA

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 **Arrival:** 01Mar16

AIR CANADA E

SEAT 7D - PUSCH/SHELLY

AIR CANADA CON

TICKET NUMBER

Flight: 8388 V CLASS

06:10 PM **Equipment:** DH4

07:15 PM

Mile(s) Flown: 240



Wednesday, March 2, 2016

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

Invoice Number: [REDACTED]
Date: February 29, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, March 2, 2016

Air

AIR CANADA
Flight: 8391 V CLASS
From: FT MCMURRAY 07:10 PM Equipment: DH4
To: EDMONTON INTL AB 08:14 PM Mile(s) Flown: 240
Stops: 0 Arrival: 02Mar16
AIR CANADA E
SEAT 10D - PUSCH/SHELLY
AIR CANADA CON [REDACTED]
TICKET NUMBER [REDACTED]

Cost:

| | |
|---------------------------|---------------|
| AIR CANADA WEB [REDACTED] | 392.28 |
| Tax: | 74.96 |
| Ticket Total: | 467.24 |

Total:

| | |
|--|--------|
| Grand Total: | 467.24 |
| Less Credit Card Payments: | 467.24 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |

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.

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:

March 3, 2016

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INVOICE

For

MRS SHELLY L PUSCH

Tuesday, March 15, 2016

 **Air**

AIR CANADA

From: EDMONTON INTL AB

To: FT MCMURRAY

Stops: 0 **Arrival:** 15Mar16

AIR CANADA E

AIR CANADA CONFIRMATION

TICKET NUMBER

SEAT 9D

Flight: 8388 G CLASS

06:10 PM **Equipment:** DH4

07:15 PM

Mile(s) Flown: 240



Wednesday, March 16, 2016

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

Invoice Number: [REDACTED]
Date: March 3, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Wednesday, March 16, 2016

 Air

AIR CANADA
From: FT MCMURRAY Flight: 8385 G CLASS
To: EDMONTON INTL AB 01:50 PM Equipment: DH4
Stops: 0 Arrival: 16Mar16 02:54 PM Mile(s) Flown: 240
AIR CANADA E
AIR CANADA CONFIRMATION [REDACTED]
TICKET NUMBER [REDACTED]
SEAT 10D

Cost:

| | | |
|---------------------------|----------------------|---------------|
| AIR CANADA WEB [REDACTED] | [REDACTED] | 360.66 |
| | Tax: | 74.96 |
| | Ticket Total: | 435.62 |

Total:

| | |
|--|--------|
| Grand Total: | 435.62 |
| Less Credit Card Payments: | 435.62 |
| Credit / Balance Due To This Invoice: | 0.00 |
| Total Balance Due: | 0.00 |

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.