

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of July 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)
Jul-16	P-Card	Meetings		28	163		191			
Total			\$ -	\$ 28	\$ 163	\$ -	\$ 191	\$ -	\$ -	\$ -

Total for the Month \$ 191

Maximum daily single meal expense claimed in the month \$ 14 2 People
Maximum daily base hotel rate claimed in the month \$ 149
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>20/07/2016</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount	<u>\$191 75</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/07/2016	435005872	TIM HORTONS 1570 QTH. FAST-FOOD RESTAURANTS	14.27	CAD	14.27	68		Edson Site Tours Lunch Kate and Shelly ✓
05/07/2016	435119946	HOLIDAY INN EXPRESS, HOLIDAY INNS	163.49	CAD	163.49	7.75		Edson Staff Tours ✓

Transactions without Receipts or supporting documentation

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/07/2016	434902963	TIM HORTONS 1570 QTH. FAST-FOOD RESTAURANTS	13.99	CAD	13.99	6.7		Edson Staff Tours Lunch Kate & Shelly ✓

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 Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

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

Signature of Cardholder

CHIEF ZONE OFFICER
Cardholder Position/Title

July 21/16
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.

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 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

Signature of Approver

VPA Chief Health Operations Officer,
Northern AB
Approver Position/Title

2016-JUL-22
Date of Signature

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 _____
-------------------	-------------------	------------

Lunch Shelly
Kate

Tim Hortons

(1)

East End Location
4213 3rd Ave. Edson, AB.
Always Fresh . Since 1954

1 Regular Turkey Club	\$4.99
1 Not Toasted	
1 Whole Wheat Bun /Sandwich	
1 Regular Turkey Club	\$4.99
1 Not Toasted	
1 Whole Wheat Bun /Sandwich	
1 Bottle Water	\$1.69
1 Deposit	\$0.10
1 Recycling	\$0.02
1 Bottle Water	\$1.69
1 Deposit	\$0.10
1 Recycling	\$0.02
Subtotal:	\$13.60
GST:	\$0.67 PST:
GrandTotal:	\$14.27
Master Card:	\$14.27
Change Due:	\$0.00

Eat In

Thanks for stopping by!
Tell us how we did at:
www.telltimhortons.com 1-888-601-1616
Tue Jul 5, 2016 11:37:58
Receipt #: 5257233
GST #837193762

200 Cashier

Tim Hortons
July 4
Lunch Kate / Shelly

1 potato soup
1 chicken noodle soup
1 grilled cheese sandwich
1 Diet Pepsi
1 water

1.69
+10 Deposit
+02 Recycling

MASTER CARD [Redacted]

Card Entry:CHIP Sequence:000073

Trans Type:Purchase \$14.27

Term #: 203

Application Label: MasterCard

AID #: A0000000041010

Exp #: 0000000000

FSI #: E800

Auth [Redacted] APPROVED

By entering a verified PIN, cardholder agrees
to pay issuer such total in accordance with issuer's
agreement with Cardholder.




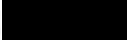
Guest Copy

REPRINT RECEIPT



2

07-05-16

Shelly Pusch 	Folio No. :	Room No. :
	A/R Number :	Arrival : 07-04-16
	Group Code :	Departure : 07-05-16
	Company :	Conf. No. : 
	Membership No. : 	Rate Code : 
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
07-04-16	*Accommodation	149.99	
07-04-16	AHT Tax - Room	6.00	
07-04-16	GST Tax - Room	7.50	
Total		163.49	0.00
Balance		163.49	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Hotel & Suites-Edson
 4520 2nd Ave.
 Edson, AB T7E 1C3
 Telephone: (780) 723-4011 Fax: (780) 723-4447
 GST 878160969



July 29, 2016

Public Expense Disclosure Department

Attention: Public Disclosure

**RE: Tim Horton's
Missing Receipt: \$13.99 – 04-07-16**

I hereby attest that this expense was related to AHS business which occurred on July 4th, 2016. The receipt was for the purchase of lunch for Kate Butler, SOO Areas 1-4 and myself, while touring the new facility in Edson.

I declare that the above statement is true and accurate and I trust this information will suffice.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shelly Pusch".

Shelly Pusch
Chief Zone Officer

A handwritten signature in cursive script, appearing to read "Deb Gordon".

Deb Gordon
VP and Chief Health Operations Officer