

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of October 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)
Oct-16	P-Card	Meetings			371		371			
Oct-16	Expense Claim	Meetings		124		157	281			
Total			\$ -	\$ 124	\$ 371	\$ 157	\$ 652	\$ -	\$ -	\$ -

Total for the Month \$ 652

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 119
 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 			
PUSCH, SHELLY	CHIEF ZONE OFFICER	Billing Reporting Period:	20/10/2016
Cardholder's Name	Cardholder's Position/Title		
NORTH ZONE	WESTLOCK ADMIN BUILDING	Total Statement Amount:	\$370.90
Cardholder's Dept	Cardholder's Site/Location		
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA		Last 5 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
04/10/2016	[REDACTED]	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	133.26	CAD	133.26	6.35		Site Tours with the new CZO <i>High level</i>
05/10/2016	[REDACTED]	SAWRIDGE INNS, LODGING HOTELS, MOTELS, RESORTS	107.91	CAD	107.91	5.14		Site Tours with the new CZO <i>Peace River</i>
06/10/2016	[REDACTED]	HOLIDAY INN EXPRESS SL. HOLIDAY INNS	129.71	CAD	129.71	6.18		Site Tours with the new CZO <i>Slave Lake</i>

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.

KATHY PRODANCIUK
Name of Cardholder Designate

Kathy G ProdanCIUK
Signature of Cardholder Designate

EA to CRO NR
Cardholder Designate Position/Title

Oct 21, 2016
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

Oct 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

VP + CHOO Northern Alberta
Approver Position/Title

[Signature]
Signature of Approver

Oct 31, 2016
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>
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Accounts Payable only:

Reference #: _____	Reviewed by: _____	Date: _____
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THE MIRAGE HOTEL & RESORT
 3616 Highway 56
 HIGH LEVEL AB T8H 129
 733-821-1000



(780) 821-1000
 INFO@BESTWESTERNHIGHLEVEL.COM
 WWW.BESTWESTERNHIGHLEVEL.COM

TERM ID: JAL96661 BATCH: 254
 EMPLOYEE ID: 8 SHIFT: 602

Completion

INVT: [REDACTED] Date: [REDACTED]
 PCARD: [REDACTED] SEQ#: [REDACTED]
 Application Label: CAPITAL ONE
 AID: [REDACTED]
 IAP: [REDACTED]
 TST: [REDACTED]

Total: CAD\$ 133.28

APPROVED [REDACTED]

04-Oct-16 01:42:43

CUSTOMER COPY

Room # [REDACTED]
 Conf # [REDACTED]
 Arrival 10/03/16
 Departure 10/04/16
 Room Type SNS-1 QUEEN NSMK
 Guests 1 / 0
 Payment Acct Visa/Master

Posting Date	Oper	AcctCode	Description	From	Reference	Amount
10/03/16	LR	RC	ROOM CHRG REVENUE			\$119.00
10/03/16	LR	9	TOURISM LEVY			\$4.76
10/03/16	LR	91	GST			\$5.95
10/03/16	LR	93	Tourism Improvement Fee			\$3.57
10/04/16	LR	MC	PAYMENT MC			\$133.28-
Balance Due						\$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH UNREGISTERED PERSON OR PET IN THE ROOM HAS A PENALTY OF \$250.00

SMOKING IN NON-SMOKING ROOMS IS STRICTLY PROHIBITED, VIOLATORS WILL BE CHARGED \$250.00

G.S.T.# RT881518518

EACH BEST WESTERN™ BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Signature _____



SAWRIDGE INN
AND CONFERENCE CENTRE
PEACE RIVER

2

Shelly L. Busch



Room No. [Redacted]
Arrival : 04-10-16
Departure : 05-10-16
Page No. : 1 of 1

INVOICE

A/R Number :
Group Code :
Company Name :

Folio No. [Redacted]
Conf. No. [Redacted]
Cashier No. [Redacted]
User ID [Redacted]

Invoice Number :
Reference :

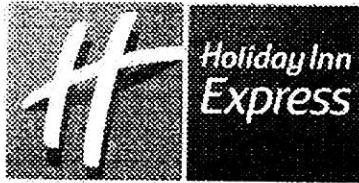
Thank You For Staying With Us 05-10-16

Date	Text	Charges	Credits
04-10-16	Room Charge	99.00	
04-10-16	GST 5%	4.95	
04-10-16	Tourism Levy 4%	3.96	
05-10-16	Mastercard Piv Pad [Redacted]		107.91

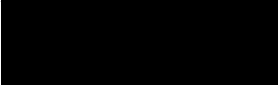

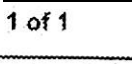
Total	107.91	107.91
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Balance 0.00

Tax Details:
GST # 6045 70083 RT0001



10-06-16

Shelly Pusch 	Folio No. :	Room No. :
	A/R Number :	Arrival : 10-05-16
	Group Code :	Departure : 10-06-16
	Company : personal	Conf. No. : 
	Membership No. :	Rate Code : 
	Invoice No. :	Page No. : 1 of 1

Date	Description	Charges	Credits
10-05-16	*Accommodation	119.00	
10-05-16	GST (806941001RT001) 5% - I	5.95	
10-05-16	Tourism Levy 4% - Room	4.76	
10-06-16	MasterCard		129.71
Total		129.71	129.71
Balance		0.00	

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 Slave Lake
 1551 Main Street SE
 PO Box 427
 Slave Lake, Alberta, T0G2A0 Canada
 Telephone: (780) 849-4819 Fax: (780) 849-5045



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	\$ 280.55

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/3/2016	Site Tours and Staff Intro to new CZO	AB - North Zone	Meals Per Diem	\$ 124.00			Lunches 4 * 13.00 = \$52.00 Dinner 3 * 24.00 = \$72.00	5			
10/19/2016	Travel for Senior Leadership Meeting		Mileage-Other	\$ 156.55				1			310

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approve	25-Oct-16