

AHS Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer North Zone
Location Westlock

Expenses submitted during the month of November 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)
Nov-16	P-Card	Meetings			148		148			
Nov-16	Expense Claim	Meetings		61			61			
Total			\$ -	\$ 61	\$ 148	\$ -	\$ 209	\$ -	\$ -	\$ -

Total for the Month \$ 209

Maximum daily single meal expense claimed in the month \$ 24
Maximum daily base hotel rate claimed in the month \$ 134
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

PUSCH, SHELLY Cardholder's Name	CHIEF ZONE OFFICER Cardholder's Position/Title	Billing Reporting Period:	20/11/2016
NORTH ZONE Cardholder's Dept	WESTLOCK ADMIN BUILDING Cardholder's Site/Location	Total Statement Amount:	\$148.25
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #:	[REDACTED]

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
15/11/2016	[REDACTED]	HOLIDAY INN HOTEL & SU, HOLIDAY INNS	148.25	CAD	148.25	7.00		BP Tours

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>KATHY PRODANZUK</u> Name of Cardholder Designate</p> <p><u>Kathy A Prodanzuk</u> Signature of Cardholder Designate</p>	<p><u>EA</u> Cardholder Designate Position/Title</p> <p><u>Nov 24, 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>Shelly Pusch</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>Nov 25/16</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>Deb Gordon</u> Signature of Approver</p>	<p><u>VP + CHOO Northern AB</u> Approver Position/Title</p> <p><u>2016-DEC-01</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>Albera 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: _____



Holiday Inn
& Suites

11-15-16

Shelly Pusch [Redacted]	Folio No. :		Room No. :	[Redacted]
	A/R Number :		Arrival :	11-14-16
	Group Code :		Departure :	11-15-16
	Company :	Alberta Health Services	Conf. No. :	[Redacted]
	Membership No. :		Rate Code :	[Redacted]
	Invoice No. :		Page No. :	[Redacted]

Date	Description	Charges	Credits
11-14-16	*Accommodation	134.00	
11-14-16	Sustainability Levy	2.01	
11-14-16	GST Tax - Room	6.80	
11-14-16	Tourism Tax - Room	5.44	
11-15-16	MasterCard		148.25
Total		148.25	148.25
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. 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.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
PUSCH, SHELLY	Chief Zone Officer, North Zone	Westlock	\$ 60.50

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/14/2016	CZO Site Tours	AB - North Zone	Meals Per Diem	\$ 37.00			CZO Site Tours to Fox Creek, Grande Prairie, Spirit River, Fairview and Grimshaw. Lunch \$13.00 Dinner \$24.00	1			
11/15/2016	CZO Site Tours	AB - North Zone	Meals Per Diem	\$ 23.50			CZO Site Tours to Fox Creek, Grande Prairie, Spirit River, Fairview and Grimshaw. Bfast \$10.50 Lunch \$13.00	1			

Approver(s) for the claim	Approval Status	Approval Date
GORDON, DEBORAH A	Approve	30-Nov-16