

## Board and Executive Expense Report

**Name** Shelly Pusch  
**Title** SVP, North Zone  
**Location** Westlock  
 Expenses submitted during the month of October 2012

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
September 2012	Expense Claim	AHS Board Meeting - Grande Prairie				215	215			
September/October 2012	P-Card	Various meetings		34	262	18	314			
<b>Total</b>			\$ -	\$ 34	\$ 262	\$ 233	\$ 529	\$ -	\$ -	\$ -

**Total for the Month** \$ 529

Maximum meal expense claimed in the month \$ 22  
 Maximum 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.

Car allowance 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>VP NORTH ZONE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/10/2012</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$314.36</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
① 26/09/2012	296744318	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	
② 04/10/2012	297624829	COAST EDMONTON PLAZA H. LODGING HOTELS, MOTELS, RESORTS	144.70	CAD	144.70	.00	.00	VP Mng & Prov Senior Mng
③ 10/10/2012	298170279	EXECUTIVE ROYAL INN, LODGING HOTELS, MOTELS, RESORTS	151.66	CAD	151.66	7.22		Cardio SCN Core Committee

**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO details 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.

PRODANCIUK, KATHY  
Name of Cardholder Designate

EAC to SUP NZ  
Cardholder Designate Position/Title

Kathy & Prodanuk  
Signature of Cardholder Designate

Oct 29, 2012  
Date of Signature

**Cardholder**

By signing this statement

- I hereby certify that the P-Card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P Card Program User Guide
- I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable)

PUSCH, SHELLY  
Name of Cardholder

VP NORTH ZONE  
Cardholder Position/Title

[Signature]  
Signature of Cardholder

Oct 21/12  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement

- I hereby certify that I have reviewed and approved this statement in BMO details Online® in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver

Kristina Russell  
Name of Approver Designate

Executive Admin Coordinator  
Approver Designate Position/Title

[Signature]  
Signature of Approver Designate

Nov 1 2012  
Date of Signature

**Approver**

By signing this statement

- I hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P Card Program User Guide and hereby approve the transactions as listed
- I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)

Chris Mazurkewich  
Name of Approver

EVP: COO  
Approver Position/Title

[Signature]  
Signature of Approver

Nov 2/12  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

**Attach:**

- Original itemized receipts
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)

**And where applicable**

- Copies of pre-approvals for travel
- Personal cheque payable to "Alberta Health Services"
- Return, refund and/or credit receipts
- Disputes letter

**Address**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
10th Floor North Tower 10030 107 Street  
Edmonton AB T5J 3E4

**Accounts Payable only:**

Reference # \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

①

#296744318

PLACE ON DASH FACE UP      PLACE ON DASH FACE UP      PLACE O

( SAME DAY 18h00 )  
Standard Parking 107 Street  
Machine Web ID = LOT 107 B  
EXPIRES  
**26 SEP**  
**18:00** PAID \$18.00C

ENTRY TIME 26 SEP 12 07:37  
21372 [REDACTED]

PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE      PLACER SUR LE TABLEAU DU BORD CE CÔTÉ VISIBLE      PLACER SUR CE C

COEC Mtney.

2

10155 105th Street,  
Edmonton, AB, T5J 1E2  
Tel: (780) 423-4811 Fax: (780) 423-3204

1709

VP Mtng - Prov Sn Mtng.

**Mrs Shelly PUSCH**



### Preview

Invoice date 10/4/2012  
Our reference CEP-FC376397 /  
GST Number 10103 5467 RT0020

Guest	Mrs Shelly PUSCH	Arrival	10/3/2012	Departure	10/4/2012	Room	1709
Date	Description	Quantity	Unit Price				Total ()
10/3/2012	105th Street Cafe 0266	1	9.00				9.00
10/3/2012	Federal Tax GST Restaurant 0266	1	0.45				0.45
10/3/2012	105th Street Cafe 0266	1	3.00				3.00
10/3/2012	Room Charge	1	109.00				109.00
10/3/2012	Tourism Levy	1	4.36				4.36
10/3/2012	Destination Market Fee	1	1.09				1.09
10/3/2012	Parking Daily	1	16.95				16.95
10/3/2012	Federal Tax GST Parking	1	0.85				0.85
						<b>Total invoice</b>	<b>144.70</b>
						<b>Total Paid</b>	<b>0.00</b>
						<b>Total Due</b>	<b>144.70</b>

Total GST 1.30

I agree that my liability for any charges incurred by me is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. Interest will be charged on any overdue balance.

Signature X \_\_\_\_\_

For reservations: [www.coasthotels.com](http://www.coasthotels.com) or 1-800-663-1144

3

# 278110217

EXECUTIVE ROYAL INN  
LEDUC  
8450 SPARROW DRIVE  
LEDUC AB

GUEST  
ACCOUNT

Leduc PUSCH SHELLY

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2012/10/10  
TIME 9213 08:44:46  
CLERK ID 77

ct 10/10/12

AB HEALTH AND WELLNESS  
Room # 226 Invoice # 580414

RECEIPT NUMBER  
C30858792-001-496-047-0

PRE-AUTH COMPLETION  
TOTAL

**\$151.66**

DEPARTMENT	DESCRIPTION	AMOUNT
10-Restaurant	155/1038/CST 1.05	21.95
2-Room Charge	On Room Charge	119.00
12-Tourism Le		4.76
11-Mastercard		-151.66
	GST On Room Charge	5.95
	Tax Reg. # 879535953RT0004	

APPROVED

AUTH# 214538 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

BILLING INSTRUCTIONS

BALANCE DUE →

0.00

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 association fails to pay for any part or the full amount of these charges.

SIGNATURE

X

EXECUTIVE ROYAL INN  
NORTH CALGARY  
Tel: (403) 291-2003 1-877-ROYALNC  
Fax: (403) 291-2019  
2828 - 23rd Street N.E., Calgary, Alberta T2E 8T4

EXECUTIVE ROYAL INN  
WEST EDMONTON  
Tel: (780) 484-6000 1-800-661-4879  
Fax: (780) 489-2900  
10010 - 178 Street, Edmonton, Alberta T5S 1T3

EXECUTIVE ROYAL INN  
LEDUC (Edmonton International Airport)  
Tel: (780) 986-1840 1-888-202-3770  
Fax: (780) 986-1864  
8450 Sparrow Drive, Leduc, Alberta T9E 7G4

EXECUTIVE EXPRESS  
LEDUC  
Tel: (780) 986-1760 1-888-388-3932  
Fax: (780) 986-1782  
8116 Sparrow Crescent, Leduc, Alberta T9E 8B7

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## TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

**SECTION A: Employee Details (for AHS Staff ONLY)** Travel Period from: 9-Sep-12 to 10-Oct-12

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Name Shelly Puschi	Position (Title) Senior Vice President	Employee # (E-People)	Employee # (Legacy) [REDACTED]
Location Westlock Admin Building	Dept North Zone	Union MOS	Business Phone # [REDACTED] Ext [REDACTED] Out-of-Province Travel
What is your former legacy region (prior to AHS consolidation)?		Please click in cell and select from dropdown menu <span style="float: right;">Aspen</span>	

**SECTION E: Finance Coding & Total Claim**

CAPITAL PROJECT CODING ONLY →	Project Number _____	Project Task Number _____
	Expenditure Organization _____	Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total		
2A	101	0004	71110100064	\$214.75						Total Section B	\$214.75
2B										Total Section C&D	
2C										Less Cash Advance	
2D										<b>TOTAL CLAIM</b>	<b>\$214.75</b>
				<b>\$214.75</b>							

\*\*User to enter Coding & \$ amounts  
NOTE: These fields do not automatically fill for Section C&D

**SECTION F: Authorization**

If applicable, print the name of the person (other than claimant) that prepared the claim along with phone number so if there are any questions contact can be easily made. Employee and approval signatures required as well as DOFA level (delegation of authority level) and Position # of the approver.

Claim Prepared by (PRINT ONLY) Deirdre McCormick Phone # [REDACTED] Ext [REDACTED]

I hereby acknowledge that I have read the "Travel, Hospitality and Hosting Expense Policy" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or other organization.

Employee Signature *S. Puschi* Date Oct 19/12

I hereby certify that I have reviewed the expenses and they are in accordance with the applicable policies (Policy #'s CF-03, CF-04). Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY) Chris Mazurkewich Phone # [REDACTED] Ext [REDACTED]

Signature *Chris Mazurkewich* Title EVP & COO Date Oct 25/12

Approved By (PRINT ONLY) Phone # [REDACTED] Ext [REDACTED]

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Health and Personal information on this form is collected by AHS under the authority of sections 20(b) of the Health Information Act (HIA) and sections 37(c) and 31(2) of the Freedom of Information and Protection of Privacy (FIP) Act, respectively for the purpose of administering AHS Procedure Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Palke, Director Accounts Payable at 780-235-0306 or email Mark.Palke@albertahealthservices.ca





RECEIPT FOR CAB FARE

Driver M OMAH Car# 3  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Date: 12/09/012 Amount: 11.00  
Company: \_\_\_\_\_  
Signature: [Signature] GP Sept 12+13 Bad mtrng

RECEIPT FOR CAB FARE

Driver M.H Car# 40  
From: Podolan  
To: Provincial Blvd  
Date: 09/12/012 Amount: 10.00  
Company: Golden  
Signature: [Signature] GP Sept 12+13 Bad mtrng

RECEIPT FOR CAB FARE

Driver BASHIR Car# 94  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Date: SEP-13-12 Amount: \$25.00  
Company: \_\_\_\_\_  
Signature: [Signature] GP Sept 12+13 Bad mtrng

RECEIPT FOR CAB FARE

Driver Maria Car# 250  
From: Podolan  
To: UEI  
Date: Sept 13 Amount: \$12.20  
Company: Chcekki  
Signature: [Signature] GP Sept 12+13 Bad mtrng

Oct 9-10 4K  
Cardiovascular  
Health + Stroke  
SCAN  
NISKU  
FA 310 KM