

Board and Executive Expense Report

Name Shelly Pusch
Title SVP, North Zone
Location Westlock
 Expenses submitted during the month of November 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)
October 2012	Expense Claim	Mileage - Travel to meetings				336	336			
October/ November 2012	P-Card	Various meetings	938	63	354	41	1,396			99
Total			\$ 938	\$ 63	\$ 354	\$ 377	\$ 1,732	\$ -	\$ -	\$ 99
Total for the Month	\$	1,831								

Maximum meal expense claimed in the month \$ 39 2 persons
 Maximum hotel rate claimed in the month \$ 184
 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>20/11/2012</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	_____
<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
23/10/2012	299139427	MAP TOWN. BOOK STORES	98.70	CAD	98.70	4.70	.00	Two NZ Maps
26/10/2012	299386237	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	.86	.00	Edm - Budget Mtng
29/10/2012	299779376	THE BLUE BRIDGE, EATING PLACES, RESTAURANTS	38.75	CAD	38.75	1.85		Dinner for Kate Butler & Shelly Pusch - Travel to PR Sod Turning
30/10/2012	299879102	NOVA INN PEACE RIVER, LODGING HOTELS, MOTELS, RESORTS	129.71	CAD	129.71	6.18	.00	Sod Turning Event in Peace River/ Site Visit @ Spirit River
30/10/2012	299879103	A&W #1294, FAST-FOOD RESTAURANTS	16.79	CAD	16.79	.80		sod turning Peace River
01/11/2012	300034164	AIR CAN 0142114074949, AIR CANADA	401.36	CAD	401.36	.00	.00	Cardio & Stroke SCN - Calgary
01/11/2012	300034165	AIR CAN 0142114074949, AIR CANADA	37.80	CAD	37.80	.00	.00	Cardio & Stroke SCN - Calgary
05/11/2012	300417903	HMSHOST EDMONTON AIRPO, EATING PLACES, RESTAURANTS	7.14	CAD	7.14	.33	.00	Cardio & Stroke SCN - Calgary Dinner
05/11/2012	300691342	AIR CAN 0142114205314, AIR CANADA	480.11	CAD	480.11	.00	.00	GP County Meeting - Cancelled - Credit
05/11/2012	300691343	AIR CAN 0142114205314, AIR CANADA	18.90	CAD	18.90	.00	.00	GP County Council Mtng - Cancelled - Weather - Credit rcvd
06/11/2012	300527903	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	23.00	CAD	23.00	1.10	.00	Cardio & Stroke SCN - Calgary
07/11/2012	300527902	DELTA CALGARY AIRPORT, DELTA HOTELS	223.85	CAD	223.85	10.66		Cardio & Stroke SCN Meeting - Calgary

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.

Kathryn K. Proclamink
Name of Cardholder Designate

EAC to SUP NZ
Cardholder Designate Position Title

Kathryn K. Proclamink
Signature of Cardholder Designate

Nov 19, 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

SVP NORTH ZONE
Cardholder Position Title

Shelly Pusch
Signature of Cardholder

Nov 19, 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

EAC
Approver Designate Position Title

K Russell
Signature of Approver Designate

Dec 3 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

EUPICCOO
Approver Position Title

Chris Mazurkewich
Signature of Approver

Dec 3/12
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, 10050 107 Street
Edmonton AB T5J 3F4

Accounts Payable only:

Reference # _____ Reviewed by _____ Date _____

MAP TOWN



①

299139427

.McCormick, Deirdre
 AHS, Westlock Admin Bldg
 9732 100 Ave
 Westlock, AB T7P 2G3

DATE: 10/23/2012
 INVOICE No. W000226655
 ACCOUNT No.
 PO No. BD
 CLERK Bryan Driscoll
 Terminal No. 1

ITEM NUMBER	QTY	DESCRIPTION	LIST	TOTAL PRICE	Tax
PLOT	2	PLOTTING \$5/SQ FT	30.00	60.00	G
HL	24	HOT LAM 50c PER INCH	0.50	12.00	G
HL	24	HOT LAM 50c PER INCH	0.50	12.00	G
CANPOST	1	Canada Post Expedited Mail	10.00	10.00	G

Master Card \$98.70 CAD

Sub Total	\$94.00
GST 5%	\$4.70
Total	\$98.70 CAD

NO RETURNS ON OPENED DIGITAL PRODUCTS OR SOFTWARE
 AUTHORIZED RETURNS MAY BE SUBJECT TO A RE-STOCKING FEE

THANK YOU **ACCOUNT TERMS 30 DAYS NET**

4

299879102

NOVA INN PEACE RIVER
8010-100 AVE
PEACE RIVER, AB T8S 1M5
(780) 722-5721
99147705727

TERM ID: B9914770

BATCHID: 319
SHIFT#: 001

er

PUSCH SHELLY
9732 100TH AVE

Completion

INVT: 000015810
MCARD: Lhip
SEOW: 21900101017
Application Label: MasterCard
AID: A0000000001010
TVR:00 00 00 00 00
ISI:00 00

(780)-618-2388
-1999
rt 10/30/12

WESTLOCK, AB
T7P 2G3
ALBERTA HEALTH SERVICES
Room # 421 Invoice # 85113

Total: CAD\$ 129.71

APPROVED 202901
000/00

30-Oct -12 10:32:23

CUSTOMER COPY
THANK YOU!

DEPARTMENT
2-Accommodat
3-Tourism Le
01-MC

DESCRIPTION	AMOUNT
On Accommodation	119.00
thank you	4.76
GST On Accommodatio	-129.71
Tax Reg. # 856465620RT0001	5.95

BILLING INSTRUCTIONS

BA'ANCE DUE → 0.00

COMPANY

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

ATTENTION

X

Reservations: 1-866-401-6682

www.novahotels.ca

Nova Hotels Locations

Alberta – Edmonton, Acheson, Edson, Peace River, Hinton, Fort McMurray

Saskatchewan – Kindersley

NWT – Inuvik

Search Select Review Passengers Purchase Seats Itinerary

⑥ 3000 34164
⑦ 3000 34165

Itinerary/Receipt



Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Cardiovascular Health
+ Stroke SCN
Core Committee in
Calgary. AIR CANADA

Booking Information

Booking Reference: L5Q3HR

Customer Care

Electronic Ticketing confirmed. This is your official Itinerary/receipt.

Air Canada
1-888-247-2262

Main Contact:
Mrs Shelly Pusch
shelly.pusch@albertahealthservices.ca
Mobile: [REDACTED]
Home: [REDACTED]
Work: [REDACTED]

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
ACB161 ¹	Edmonton, Edmonton Int'l (YEG) Mon 05-Nov 2012 19:30	Calgary (YYC) Mon 05-Nov 2012 20:15	0	0hr45	CP1	Tango, G	
ACB154 ¹	Calgary (YYC) Tue 06-Nov 2012 17:00	Edmonton, Edmonton Int'l (YEG) Tue 06-Nov 2012 17:52	0	0hr52	EJ3	Tango, G	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mrs Shelly Pusch : Adult (16+), Ticket Number: 0142114074949

Frequent Flyer Pgm : None
Meal Preference: None
Payment Card: [REDACTED]
Special Needs: None
Seat Selection: ACB161 2D Paid , ACB154 9D Paid

Purchase Summary

Fare Summary	
Passenger Type	Adult
Departing Flight - Tango	152.00
Return Flight - Tango	142.00
Surcharges	24.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	50.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	19.11
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	401.36 ✓
Options	
Departing Flight - Tango	
Advance Seat Selection	18.00 ✓
Return Flight - Tango	
Advance Seat Selection	18.00 ✓
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	1.80 ✓
Total airfare, taxes and options (per passenger)	439.16 ✓
Number of passengers	1
RBC Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	

299779376
299809

8.

Kate
Shelly

4

The Blue Bridge
9703 - 100 Street
Peace River, AB T8S 1J7
Phone (780) 624-0067
83823 6300 RT000

Date: Oct 29, 2012 Time: 19:55:53
Table # 4 Bill # 17
Pache De Leon, Carlos

CARD NUM : [REDACTED]
AUTHOR. # : 215553
Order ID : 02-102912195518
REF NUM : 208606800016500130 C
APP LABEL : MasterCard
EMV AID : A0000000041010
ARQC TVR : 0000008000
ARQC : 7D80FACA331E4D71

Master Card
PURCHASE

\$ 32.75

TIP: 6.00

TOTAL: 38.75

VERIFIED BY PIN

01 APPROVED - THANK YOU 027

IMPORTANT
retain this copy for your records

Customer Copy

Meet + Greet + Staff in
~~Peace River~~ - travel to
Peace River for
Sod Turning

Liver + Onions
Chicken Burger meal
Tea
Diet Pop

299879103

5.

A & H #1294
10122 100TH ST T8S1S6
PEACE RIVER AB
22409748

Kate
Shelly

|||| PURCHASE ||||

10-30-2012 12:32:33
Acct # [REDACTED] C
Exp Date '','' Card Type MC
Name: SHELLY PUSCH
A0000000041010 MasterCard

Trace # 100002
FS2240974901
Auth # 143233 RRH 001240002

Total \$16.79

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

Lunch - Kate Butler, Shelly Pusch
Sod Turning Peace River

2x BLT
Diet Pop
milk

Search Select Review Passengers Purchase Seats Itinerary

Itinerary/Receipt



9. 300691342
10. 300691343

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

Booking Information

AIR CANADA

Booking Reference: **MFHTAA**

Customer Care

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Air Canada
1-888-247-2262

Flight Arrivals and Departures
1-888-422-7533

Main Contact:
Mrs Shelly Pusch
shelly.pusch@albertahealthservices.ca
Mobile:
Home:
Work:

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8367 ¹	Edmonton, Edmonton Int'l (YEG) Wed 07-Nov 2012 19:00	Grande Prairie (YQU) Wed 07-Nov 2012 20:12	0	1hr12	DH3	Tango Plus, H	
AC8364 ¹	Grande Prairie (YQU) Thu 08-Nov 2012 13:40	Edmonton, Edmonton Int'l (YEG) Thu 08-Nov 2012 14:47	0	1hr07	DH3	Tango, G	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mrs Shelly Pusch : Adult (16+), Ticket Number: 0142114205314

Frequent Flyer Pgm : None Meal Preference: None
Payment Card:
Special Needs: None
Seat Selection: AC8367 3D , AC8364 4D Paid

Purchase Summary

Fare Summary		Adult
Passenger Type		
Departing Flight - Tango Plus		222.00
Return Flight - Tango		152.00
Surcharges		24.00
Taxes, Fees and Charges		
Canada Airport Improvement Fee		45.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)		22.86
Air Travellers Security Charge (ATSC)		14.25
Total airfare and taxes before options (per passenger)		480.11 ✓
Options		
Departing Flight - Tango Plus		
- NIL		
Return Flight - Tango		
- Advance Seat Selection		18.00 ✓
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)		0.90 ✓
Total airfare, taxes and options (per passenger)		499.01 ✓
Number of passengers		1 ✓
RBC Travel Insurance (declined)		0.00
Grand Total - Canadian dollars		

300417903

3.

SCN

HMS HOST
TIM HORTON'S DEPARTURES
EDMONTON INTERNATIONAL AIRPORT

15702 SUSANA

6380 NOV05'12 6:45PM

1 CHICKEN PANINI	5.29
BRD WHL WHEAT	
1 BTL WATER	1.40
DEPOST BTL CAN	0.12
SUBTOTAL	6.81
6.69 G.S.T. 5% 217101	0.33
AMOUNT	7.14
XXXXXXXXXX	XX/XX
CC-M/C	7.14

THANK YOU FOR VISITING TIM'S
GST # 137512901
HOW DID WE DO?

HMS HOST EDMONTON INT'L AIRPORT
JOHN VAN BESOUW-GENERAL MANAGER
PHONE 1 780 890 4447
Email john.vanbesouw@hmshost.com
ADDRESS HMS HOST
P.O. BOX 9835
EDMONTON INT'L AIRPORT
EDMONTON, AB T5J 2T2

Your order number is: 6380

Cardio + Stroke SCN
Dinner.

300527903

11.

GST# R128599776 CV HMS
Edmonton Airports SCN

Can-15J 2T2 Edmonton
Tax Code CA5%
P3 South E 06/11/12 18:04
Receipt 067684

Short-term parking tkt
DL No. 034158
05/11/12 18:25
06/11/12 18:24
Period 1d0h0'
(Tax) \$23.00

Total \$23.00

Payment Received
MC \$23.00

Merch: E2005340013
Auth: 200615
Type: Swiped

Sub Total \$21.90
Tax 5% 1.10

299386237

2

PLACER SUR LE TABLEAU DU BORD
DE CÔTÉ VISIBLE

PLACE ON DASH FACE UP

PLACE ON DASH F

(SAME DAY 18h00)
Standard Parking 107 Street
Machine Web ID = LOT 107

EXPIRES

26 OCT

18:00 PAID \$18.00C

ENTRY TIME 26 OCT 12 07:59

18153
PLACER SUR LE TABLEAU DU BORD
DE CÔTÉ VISIBLE

PLACE ON DASH FACE UP
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU
DE CÔTÉ VISIB

12

300527902



DELTA

CALGARY AIRPORT
2001 Airport Road N.E., Calgary, Alberta, T2E 6Z8
Tel: 403-291-2600 Fax: 403-250-6121

Cardiovascular
Health Services
SCN

AB HEALTH SERVICES
Ms Shelly Pusch
9732 100 Ave
Westlock AB T7P 2G3
Canada

Room: 438
Folio: [REDACTED]
Cashier: 24
Arrival: 11-05-12
Departure: 11-06-12

Date	Description	Additional Information	Charges	Credits
11-05-12	Room Charge		184.00	
11-05-12	Room Destination Marketing Fee		5.52	
11-05-12	Room Tourism Levy		7.58	
11-05-12	Room GST		9.48	
11-06-12	In Room Dining - Breakfast	CHECK# 0047337	17.27	
11-06-12	Mastercard	[REDACTED]		223.85
Total			223.85	223.85
Balance Due			0.00	0.00

GST Summary	
Registration No:	846543619
Room	9.48
F&B	0.82
Other	0.00
Total	10.30

Guest Signature: _____

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

DCA - POS Check Details

In Room Dining

(403) 291-2600

314 Rainier 2

438 /1 CHK 7337 GST 1

NOV06'12 6:49AM

1 Delivery 3.50

1 Delta Cont Plate 12.95

FOOD 12.95

DELIVERY 3.50

GST 0.82

Payment 17.27

438/Pusch

ROOM CHARGE 17.27

---314 CLOSED NOV06 7:04AM---

Print

OK

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A: Employee Details (for AHS Staff ONLY)

Travel Period from: 15 Sep 12 to 19 Oct 12

Name: _____ Position (Title): _____ Employee # (E-People): _____ Employee # (Legacy): _____
 Location: _____ Dept: _____ Union: _____ Business Phone #: _____ Ext: _____
 What is your former agency region (prior to AHS consolidation)? _____

SECTION C: Finance Coding & Total Claim

CAPITAL PROJECT CODING ONLY					TOTAL REIMBURSEMENT						
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	Total Section B	Total Section C&D
2A				5735.83						\$326.84	
2B											
2C											
2D											
				5735.83							

**User to enter Coding & 5 amounts
 NOTE: These fields do not automatically fill in 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) Debbie McCormick Phone # _____ Ext _____

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 [Signature] Date 7/02/12

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 DOFA Level 2a Position # 413000 Phone # _____ Ext _____
 Signature [Signature] Title EVP & COO Date Oct 3/12

Approved By (PRINT ONLY) _____ DOFA Level _____ Position # _____ Phone # _____ Ext _____
 Signature _____ Title _____ Date _____

Health Services Information Management System is protected by AHS under the authority of section 27.1 of the Health Information Act (HIA) and sections 33(1) and 74(2) of the Freedom of Information and Protection of Privacy Act. For the purposes of the Freedom of Information and Protection of Privacy Act, the release of your personal information for the purposes of the Health Services Information Management System is a disclosure of your personal information. Please contact Mark F. Bell, Executive Accounts Payable at 780-753-0296 or email: Mark.F.Bell@ahs.ab.ca

EXPENSE CLAIM DETAILS

Enter Finance Coding _____

Emp # (E-People) _____

Emp # (Legacy) _____

Page 2A

If expenses incurred are for multiple FC's please use pages 2B,2C,2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip. **DO NOT separate any taxes (eg. GST).** Secondary/Expense codes are not required in this section as they are pre-determined by the system.

SECTION B: Travel Expenses **NOTE: If expenses do not fall into these categories (such as relocation, continuing education, business insurance), go to SECTION C**

Select from dropdown menu (column Province) where expenses were incurred (Out of N.America = Inter').
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Purpose of Travel 55 characters maximum (length of shaded area)	Province, US, or Out of N.America	What is travel related to?	Meal (Select type from dropdown)			Airfare Bus/LRT Parking	Hotel	Rental Car	Taxi	Fuel	Mileage (km)
				Type	w/receipt	w/o receipt or per diem						
26-Oct-12	2013-2014 Budget Meeting	AB	Meeting									
27-Oct-12	Edson Capital Project Announcement	AB	Meeting									437.00
												270.00
SUBTOTALS												Total Kms
												707.00
												Enter \$0.505 OR rate per Union Agreement
												\$0.475
												Mileage \$
												\$335.83
												Travel \$ Subtotal
												Enter on page 1 TOTAL TRAVEL \$
												\$335.83
<p><small>Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form</small></p>												

MEAL PER DIEM RATES
 B = Breakfast = \$10 L = Lunch = \$12 D = Dinner = \$21 A = ALL MEALS = \$43
 BL = Breakfast & Lunch = \$22 BD = Breakfast & Dinner = \$31 LD = Lunch & Dinner = \$33

2012 Oct
EDM
M...

Friday, Oct. 26/12

431
EDM
Capital
2012

Saturday, Oct. 27/12