

Board and Executive Expense Report

Name Shelly Pusch
Title SVP, North Zone
Location Westlock

Expenses submitted during the month of December 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)
December 2012	P-Card	Various meetings and a donation	493		142	74	709		111	
December 2012	Expense Claim	Travel for various meetings				320	320			
Total			\$ 493	\$ -	\$ 142	\$ 394	\$ 1,029	\$ -	\$ 111	\$ -

Total for the Month \$ 1,140

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 129
 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:			
<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 			
<u>PUSCH, SHELLY</u>	<u>VP NORTH ZONE</u>	Billing Reporting Period:	<u>20/12/2012</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	Total Statement Amount:	<u>\$818.99</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		Last 6 digits of the P-Card #:	<u> </u>
<u>Cardholder's e-mail address</u>			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 03/12/2012	302874214	AIR CAN 0142115156218, AIR CANADA	287.83	CAD	287.83	.00	.00	CVHS - Grande Prairie
② 03/12/2012	302874215	WESTJET 8382186092092, Westjet Airlines	205.93	CAD	205.93	.00	.00	CVHS - GP
③ 07/12/2012	303158109	GRANDE PRAIRIE POMEROY, LODGING HOTELS, MOTELS, RESORTS	140.61	CAD	140.61	6.70		CVHS - GP
④ 07/12/2012	303310104	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	45.75	CAD	45.75	2.18	.00	CVHS - GP
⑤ 14/12/2012	303914591	EDMONTON SPACE SCIENCE, TOURIST ATTRACTIONS AND EXHIBITS	110.87	CAD	110.87	5.28		North Star Award
⑥ 17/12/2012	304025510	STANDARD PARKING #0530, AUTOMOBILE PARKING LOTS AND GARAGES	28.00	CAD	28.00	1.33	.00	Pt Safety Strategic Planning

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.

[Signature]
Name of Cardholder Designate

CVP to L2 SVF
Cardholder Designate Position Title

[Signature]
Signature of Cardholder Designate

Dec 21, 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.
- To my knowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable).

RUSCH-SHELLEY

Name of Cardholder

CVP NORTH ZONE

Cardholder Position Title

[Signature]
Signature of Cardholder

Dec 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

Exec. Admin Coordinator
Approver Designate Position Title

[Signature]
Signature of Approver Designate

Dec 27 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.
- To my knowledge 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

Dec 27/12
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

302874214

Search Select Review Passengers Purchase Seats Itinerary

Your booking is confirmed. Not all your seats could be confirmed. If you wish to confirm your preferences, please contact Air Canada Reservations for assistance. (68008)

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.

Booking Information

AIR CANADA

Booking Reference: **K3R7YR**

Customer Care

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

Air Canada
1-888-247-2262

Main Contact:
Mrs Shelly Lynn Pusch
shelly.pusch@albertahealthservices.ca

Flight Arrivals and Departures
1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8364 ¹	Grande Prairie (YQU) Fri 07-Dec 2012 13:40	Edmonton, Edmonton Int'l (YEG) Fri 07-Dec 2012 14:48	0	1hr08	DH3	Tango Plus, H	

Operated by:
Air Canada Express - Jazz

Passenger Information

1: Mrs Shelly Lynn Pusch : Adult (16+), Ticket Number: 0142115156218

Frequent Flyer Pgm : None
Meal Preference: Regular
Payment Card:
Special Needs: None
Seat Selection: None

Purchase Summary

Fare Summary		Adult
Passenger Type		
Departing Flight - Tango Plus		235.00
Surcharges		12.00
Taxes, Fees and Charges		
Canada Airport Improvement Fee		20.00
Canada Goods and Services Tax (GST/HST = 10009-2287 RT0001)		13.71
Air Travellers Security Charge (ATSC)		7.12
Total airfare and taxes before options (per passenger)		287.83
Number of passengers		1
RBC Travel Insurance (declined)		0.00
Grand Total - Canadian dollars		\$287.83

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$287.83 (Airfare - per ticket)

Ticket number(s): 0142115156218

Fare Rules

Departing Flight Grande Prairie (YQU) To Edmonton (YEG) - Tango Plus



#302874215

Your reservation code is: DQCKPQ

View your itinerary at:
Sabre® Virtually There™

Total price 205.93 CAD

[View fare rules](#)

Departure Information

	Depart: Thursday, 06 December	WestJet
	01:25 PM	Edmonton International, AB, CA (YEG) Non-Stop / WS 0425
	Arrive: Thursday, 06 December	Flight into
	02:25 PM	Grand Forks, AB, CA (YQJ)

TOTAL	Base Fares:	152.00 CAD
	Surcharges:	12.00 CAD
	Canadian airport improvement fee (s):	25.00 CAD
	Air travel security charge:	7.12 CAD
	Canadian goods and services tax:	9.81 CAD
	Total:	205.93 CAD

Payment details

Amount paid with Credit Card 205.93 CAD

Guest information

1. PUSCH/SHELLY MRS	Adult		
PRINT PAGE	MY RESERVATIONS	CHANGE TICKET	REFUND
		{5}	

3

GRANDE PRAIRIE POMEROY
LIN & S
11710-102 STREET
GRANDE PRAIRIE

CARD [REDACTED]
EXPIRY [REDACTED]
CARD TYPE MASTERCARD
DATE 2012/12/07
TIME 0297 08:08:28
INVOICE # 411
RECEIPT NUMBER
F30618280-001-512-018-0

PRE-AUTH COMPLETION
TOTAL

\$140.61

CHIP CARD SWIPED

APPROVED

AUTH# 171459 01-027
THANK YOU

MERCHANT COPY

303158109

Pomeroy Inn & Suites Grande Prairie

www.pomeroygrandeprairie.com

11710-102 St

Grande Prairie, AB T8V7S7

Telephone: (780)831-2999 Fax: (780)513-1146

Dec 07, 2012

8:12 am

SHELLY PUSCH



Folio #:
Room Number: 411
Rate: \$129.00
Pay Method:

Arrival Date: Thursday, December 06, 2012

Departure Date: Friday, December 07, 2012

Member #:

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
12/6/2012	ROOM CHARGE	Auto Posted		411	\$129.00	
12/6/2012	HOTEL TAX	Auto Posted		411	\$5.16	
12/6/2012	GST TAX	Auto Posted		411	\$6.45	
12/7/2012	MASTERCARD	CHECKED-OUTMO		411		\$140.61

G.S.T. REGISTRATION #: 858317167RT0020
HOLLOWAY LODGING L.P.
DBA GRANDE PRAIRIE
POMEROY INN & SUITES

Tax Summary	
GST TAX	\$6.45
HOTEL TAX	\$5.16

Balance:

Please refer to the Pomeroy Inn & Suites Privacy Policy for a complete statement of our policies and practices with respect to the handling of your personal information. You can request a copy of the Pomeroy Inn & Suites Privacy Policy at the hotel front desk.

I agree I am liable for any damages that have occurred in my room.

Signature _____

④

#303914591

FAX Cover

TELUS World of Science - Edmonton is operated by the Edmonton Space & Science Foundation, a non-profit organization.

DATE: Dec 21 / 12

TO: Alberta Health

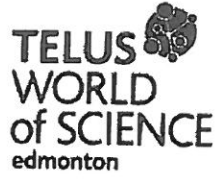
COMPANY: _____

FAX: _____

FROM: _____

PAGE ____ OF ____ (INCLUDING COVER)

DETAILS:



Term ID: 29446096

Purchase

MASTERCARD Entry Method: M

Total: \$ 110.87

2012/12/14 10:21:38

Seq #: 0010014830

Appr Code: 122139

Resp Code: 01/027

CVD Code: P

APPROVED

Thank You

704413

11211 142 Street
Edmonton, Alberta
Canada T5M 4A1
P: 780-452-9100
F: 780-455-5882

This fax is intended only for t
confidential and/or privileged r
person other than the addresse
made based on it, are the res
damages suffered by any perso
based on this communication o
destroy all copies of this fax.

I agree to pay above total amount
according to card (issuer agreement
(Merchant agreement if credit voucher)

"addressee") and may contain
amination or other use that a
and any reliance or decisions
responsibility for any loss or
actions made or actions taken
please contact the sender and

Merchant Copy
- IMPORTANT
retain this copy for your records

Ce courriel est strictement rese
contenir de l'information privile
message par une personne autr
l'egard des pertes ou des dommages subis par une personne autre que le destinataire par suite de
decisions ou de mesures fondees sur le contenu de cette communication ou autrement. Si vous avez recu
ce courriel par erreur, veuillez communiquer avec son expeditateur et en detruire toutes les copies.

resse (le destinataire). Il peut
edition et la diffusion de ce
actions toute responsabilite a

EDMONTON SPACE & SCIENCE FOUNDATION - BE A STAR REQUEST FORM

(Please PRINT using proper punctuation and capitalization for name and message.)

DONOR INFORMATION		DATE RECEIVED: <u>Dec. 13, 2012</u>	
DONOR NAME:	<u>Shelly Pusch</u>	ON BEHALF OF:	<u>Alberta Health Services</u>
DR./MR./MRS./MS/MISS	FIRST LAST	(IF DIFFERENT THAN DONOR NAME)	
ADDRESS:	[REDACTED]		
CITY:	<u>Westlock</u>	PROVINCE:	<u>AB</u>
TELEPHONE:	(RES.) [REDACTED]	(BUS.) [REDACTED]	(FAX.) [REDACTED]
PREFERRED CONTACT:	NAME: <u>Deirdre McCormick</u>	(RES.)	(BUS.) [REDACTED]
	E-MAIL: <u>deirdre.mccormick@albertahealthservices.ca</u>		
DONATION LEVEL:	*YOU MAY SELECT THE CONSTELLATION YOU WISH YOUR STAR TO BE IN AT THE \$250+ LEVEL		
	<input type="checkbox"/> \$50	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
	<input checked="" type="checkbox"/> \$100	<input type="checkbox"/> \$350	<input type="checkbox"/> \$1,000
	<u>No Preference</u>		*CONSTELLATION YOU WISH
	<input type="checkbox"/> YES, PLEASE MAKE MY STAR EXCLUSIVE AT 5X THE DONATION AMOUNT		STAR DONATION AMOUNT <u>\$ 100.00</u>
TAX RECEIPT SHOULD BE ISSUED TO:	<u>N/A</u>		
DELIVERY INFORMATION			
DELIVER TO:	NAME: <u>Deirdre McCormick</u>	CITY:	<u>Westlock</u>
(IF DIFFERENT FROM ABOVE)	ADDRESS: [REDACTED]	PROVINCE:	<u>AB</u>
		P/C:	[REDACTED]
		TEL:	[REDACTED]
POSTAGE/HANDLING:	LETTER ONLY	<input checked="" type="checkbox"/> \$5.00 WITHIN CANADA	<input type="checkbox"/> \$5.75 TO U.S.
			<input type="checkbox"/> \$8.50 INTERNATIONAL
	*COURIER/EXPRESS POST: SPECIAL HANDLING CHARGES APPLY AS PER CURRENT RATES		POST. COST <u>\$ 5.00</u>
SEND VIA:	<input type="checkbox"/> MAIL	<input type="checkbox"/> PICK-UP	<input type="checkbox"/> *COURIER
			<input checked="" type="checkbox"/> *EXPRESS POST
# OF EXTRA PACKAGES REQUESTED:	_____ X \$5.00* EACH = _____		EXTRA PKGS. <u>\$ 0</u>
	* \$20.00 IF PURCHASED SEPARATE FROM ORIGINAL ORDER		TOTAL AMOUNT: <u>\$ 105.00</u>
METHOD OF PAYMENT:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE/MONEY ORDER (PAYABLE: Edmonton Space & Science Foundation)	<input type="checkbox"/> DEBIT CARD
	<input checked="" type="checkbox"/> VISA/MASTERCARD NO.: [REDACTED]		EXPIRY DATE: [REDACTED]
	SIGNATURE: [REDACTED]		
DEDICATION INFORMATION:			
DEDICATION TYPE:	<input type="checkbox"/> IN MEMORIAM	<input type="checkbox"/> BIRTHDAY	<input type="checkbox"/> ANNIVERSARY
	<input type="checkbox"/> VALENTINE'S DAY	<input checked="" type="checkbox"/> OTHER	
DEDICATION DETAILS:	<u>Terri Woytkiw</u>	<u>Alberta Health Services</u>	
	RECIPIENT'S NAME	DONOR'S NAME (APPEARS ON BE A STAR TERMINAL ONLY)	
*MESSAGE:	<u>In recognition of your leadership, compassion and your vision towards palliative care.</u>		
DEDICATION DATE:	*(MAXIMUM OF 100 CHARACTERS INCL. DONOR NAME, RECIPIENT'S NAME, MESSAGE & SPACES)		
OFFICE USE ONLY:			
STAR NUMBER:	_____	CONSTELLATION:	_____
PROCESSED BY:	_____	DATE ENTERED:	_____
DATE:	<input type="checkbox"/> MAILED	<input type="checkbox"/> PICKED UP	<input type="checkbox"/> COURIERED
CONFIRMATION #:	_____	RECEIPTABLE AMOUNT:	<u>\$</u>

TELUS World of Science™ - Edmonton • 11211 142 Street, Edmonton, AB T5M 4A1 • Tel: 780-451-3344 • Fax: 780-455-5882
E-mail: info@telusworldofscienceedmonton.com

Be a Star is a fundraising endeavour of the Edmonton Space & Science Foundation, to support the programs of TELUS World of Science™ - Edmonton, and is not an official astronomical designation.

(4)

303310104

(6)

304025510

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax CodeCAS%

POF 2nd Fl 07/12/12 15:14
Receipt 022300

Short-term parking tkt

DL - No. 006110

06/12/12 12:07 -

07/12/12 15:36 -

Period 1d3h30'

(Tax) \$45.75

Total \$45.75

Payment Received

MC \$45.75

merch:82005340013

Auth:171712

Type: Swiped

041600912 . 1/1

Sub Total \$43.57

Tax 5% 2.18

CVHS mtrg
GD

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

! NEXT DAY 06h00am)

Standard Parking 107 Street

Machine Web ID = LOT 107 B

EXPIRES

17 DEC (+1) *Patient Safety Strategic Planning*

06:00 PAID \$28.00C

ENTRY TIME 17 DEC 12 12:43

26029 556909*****9126

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLACER SUR LE TABLEAU DU BORD
CE CÔTÉ VISIBLE

PLAC

TRAVEL, HOSPITALITY & HOSTING EXPENSE CLAIM

SECTION A: Employee Details (for AHS Staff ONLY)

Travel Period from: 1-Dec-12 to 21-Dec-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 Pusch	Position (Title)	Senior Vice President	Employee # (E-People)		Employee # (Legacy)		
Location	Westlock Admin Buiding	Dept	North Zone	Union MOS		Business Phone #	Ext	
What is your former legacy region (prior to AHS consolidation)?							Please click in cell and select from dropdown menu	
							Aspen	

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				
Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0004	71110100004	\$320.50
2B				
2C				
2D				
				\$320.50

Total - Section C&D: Other & Foreign Expenses - Pg 3				
Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

TOTAL REIMBURSEMENT	
Total Section B	\$320.50
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$320.50

**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 *[Signature]* Date *Dec 21/12*

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 # [redacted] Phone # [redacted] Ext [redacted]

Signature *[Signature]* Title EVP & COO Date *Dec 27/12*

Approved By (PRINT ONLY) DOFA Level [redacted] Position # [redacted] Phone # [redacted] Ext [redacted]

Signature [redacted] Title [redacted] Date [redacted]

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively for the purpose of administering AHS Finance to Pay program. For more information, question or concern about the collection, use or disclosure of your health and personal information, please contact Mark Paika, Director Accounts Payable at 780.735-0506 or email Mark.Paika@albertahealthservices.ca

Fare: 15.00 Date: DEC 7/12
From: Pomeroy To: Hospital
Driver: _____ C.No. 7
P.O. # Taxi
Co. Name: - Blair, Barb, Shelly
Print Name: CVHS MANS GP
Signature: [Signature]

Mileage to airport
Dec 67 310 Km
CVHS MANS GP

Fare: 30.00 Date: DEC 7/12
From: Hospital To: Airport
Driver: _____ C.No. 7
P.O. # CVHS MANS GP
Co. Name: _____
Print Name: _____
Signature: [Signature]

Mileage
Edmonton Dec 17
270 Km
Patient Safety
Strategic Planning