

## Board and Executive Expense Report

**Name** Shelly Pusch  
**Title** SVP, North Zone  
**Location** Westlock

Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	Grande Prairie County Meeting	-	-	-	199	199	-	-	-
January 2013	P-Card	Grande Prairie meetings	354	13	141	-	508	-	-	-
<b>Total</b>			<b>\$ 354</b>	<b>\$ 13</b>	<b>\$ 141</b>	<b>\$ 199</b>	<b>\$ 707</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 707

Maximum meal expense claimed in the month \$ 13  
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

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) [Redacted]

Location Westlock Admin Building Dept North Zone Union MOS Business Phone # [Redacted] Ext Out-of-Province Travel

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 Expenditure Organization Project Task Number Expenditure Type

Total - Section B: Travel - Pg 2

Pg	Bal Unit	Location	Functional Centre (FC)	Total
2A	101	0004	71110100064	\$199.08
2B				
2C				
2D				
				\$199.08

Total - Section C&D: Other & Foreign Expenses - Pg 3

Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total

TOTAL REIMBURSEMENT

Total Section B	\$199.08
Total Section C&D	
Less Cash Advance	
<b>TOTAL CLAIM</b>	<b>\$199.08</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 *[Signature]* Date Jan 29/13

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 [Redacted]

Approved By (PRINT ONLY) *[Signature]* DOFA Level 2a Position # [Redacted] Phone # [Redacted] Ext [Redacted]

Signature *[Signature]* Title EUP + Rm, Clin Ops Date Jan 31/13

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 Procure 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

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 • 0004 • 71110100064

Emp # (E-People)

Emp # (Legacy) XXXXXXXXXX

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'l).  
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mm-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						
17-Jan-13	Mileage to Airport for Grande Prairie County Meeting	AB	Meeting									315.00
18-Jan-13	Taxi	AB	Meeting						\$15.00			
18-Jan-13	Taxi (Hospital to airport)	AB	Meeting						\$25.00			
		AB	Meeting									
<b>SUBTOTALS</b>										\$40.00		Total Kms 315.00

**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

Enter \$0.505 OR rate per Union Agreement	\$0.505
Mileage \$	\$159.08
Travel \$ Subtotal	\$40.00
Enter on page 1 TOTAL TRAVEL \$	\$199.08
Note, total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2s can be found at end of form	

Airport Personal  
Mileage  
315 Km  
GP County Nitas  
Dist Steer Comm

**RECEIPT FOR  
CAB FARE**

Driver: ismail Car# 218  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Date: Jan 18/2013 Amount: 15-00  
Company: Golden  
Signature: [Signature]

**RECEIPT FOR  
CAB FARE**

Driver: Maria Car# 250  
From: Hospital  
To: Airport  
Date: Jan 18 Amount: \$ 25  
Company: Golden  
Signature: [Signature]

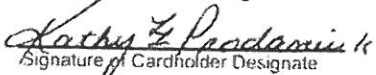
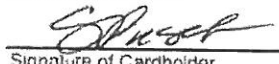
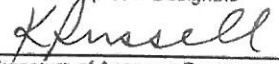
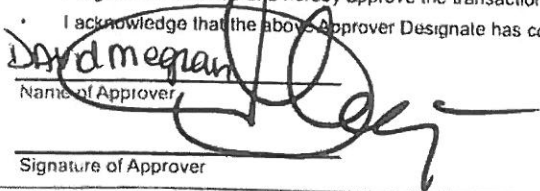
**Instruction:**

- 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>	<u>VP NORTH ZONE</u>	<u>Billing Reporting Period:</u>	<u>20/01/2013</u>
<u>Cardholder's Name</u>	<u>Cardholder's Position/Title</u>		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	<u>Total Statement Amount:</u>	<u>\$507.31</u>
<u>Cardholder's Dept</u>	<u>Cardholder's Site/Location</u>		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		<u>Last 6 digits of the P-Card #:</u>	<u>[REDACTED]</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
08/01/2013	305473187	AIR CAN 0142116244435, AIR CANADA	316.31	CAD	316.31	.00	.00	Mng - County of GP
08/01/2013	305473188	AIR CAN 0142116244435, AIR CANADA	37.80	CAD	37.80	.00	.00	Mng County of GP
17/01/2013	306248206	MR MIKE S STEAKHOUSE & EATING PLACES, RESTAURANTS	12.59	CAD	12.59	.60		Mng County of GP
18/01/2013	306248207	GRANDE PRAIRIE POMEROY, LODGING HOTELS, MOTELS, RESORTS	140.61	CAD	140.61	6.70		Mng - County of GP & GP Steering Committee

Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>PRODANIUK, KATHY</u> Name of Cardholder Designate	<u>EAC to SUP NZ</u> Cardholder Designate Position/Title	
 Signature of Cardholder Designate	<u>Jan 28, 2013</u> Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable)</li> </ul>		
<u>PUSCH, SHELLY</u> Name of Cardholder	<u>SVP NORTH ZONE</u> Cardholder Position/Title	
 Signature of Cardholder	<u>Jan 27/13</u> Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<u>Kristina Russell</u> Name of Approver Designate	<u>EAC to EUP 100</u> Approver Designate Position/Title	
 Signature of Approver Designate	<u>Jan 31 2013</u> Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>• 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</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)</li> </ul>		
<u>David Megran</u> Name of Approver	<u>EUP demo Clin ops</u> Approver Position/Title	
 Signature of Approver	<u>Jan 31/13</u> Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <b>And where applicable:</b> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return, refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030 107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference # _____	Reviewed by: _____	Date: _____

# 305473187  
# 305473188

# 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



Booking Reference: [REDACTED]

### 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

**Flight Arrivals and Departures**  
1-888-422-7533

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8363 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Thu 17-Jan 2013 10:35	Grande Prairie (YQU) Thu 17-Jan 2013 11:49	0	1hr14	DH3	Tango, P	
AC8364 <sup>1</sup>	Grande Prairie (YQU) Fri 18-Jan 2013 13:40	Edmonton, Edmonton Int'l (YEG) Fri 18-Jan 2013 14:48	0	1hr08	DH3	Tango, G	

Operated by:  
<sup>1</sup> Air Canada Express - Jazz

## Passenger Information

**1: Mrs Shelly Pusch : Adult (16+), Ticket Number: 014211624435**

Frequent Flyer Pgm: **None** Meal Preference: **None**  
Payment Card: [REDACTED] Special Needs: **None**  
Seat Selection: AC8363 **5C Paid**, AC8364 **6C Paid**

## Purchase Summary

### Fare Summary

Passenger Type	Adult
Departing Flight - Tango	79.00
Return Flight - Tango	139.00
Surcharges	24.00

### Taxes, Fees and Charges

Canada Airport Improvement Fee	45.00
Canada Goods and Services Tax (GST/HST # 10009-2287 RT0001)	15.06
Air Travellers Security Charge (ATSC)	14.25
<b>Total airfare and taxes before options (per passenger)</b>	<b>316.31</b> ✓

### 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 ✓
<b>Total airfare, taxes and options (per passenger)</b>	<b>354.11</b> ✓
Number of passengers	1
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$354.11</b>

# 306248206

\*\*\*\*\*  
CHECK # 90880      DATE 1/17/13  
TABLE # 717      TIME 6:19PM  
\*\*\*\*\*

-- TAKE OUT : ZLANCE3669 --

ITEMS ORDERED      AMOUNT  
1 CHICKEN CAESAR      11.99

\*\*\*\*\*

SUBTOTAL      11.99  
GST      0.60

-----  
TOTAL DUE      12.59  
-----

MR. MIKE'S STEAKHOUSE & BAR  
GIFT CARDS

THURSDAY IS LODGE NIGHT @ 9:00PM  
HALF PRICE APPETIZERS & \$5.99 ANTLER ALE

GST REG # 82581 0955 RT001  
\*\*PLEASE PAY YOUR SERVER\*\*

MR. MIKE'S STEAKHOUSE &  
BAR  
10214 116 AVENUE  
GRANDE PRATRIE

CARD: [REDACTED]  
CARD TYPE      MASTERCARD  
DATE      2013 01 17  
TIME      0734 18:20:34  
SERV ID      2202  
CHECK #      90880  
TABLE #      717 TAKE OUT  
RECEIPT NUMBER  
008848175-001-118-002-0

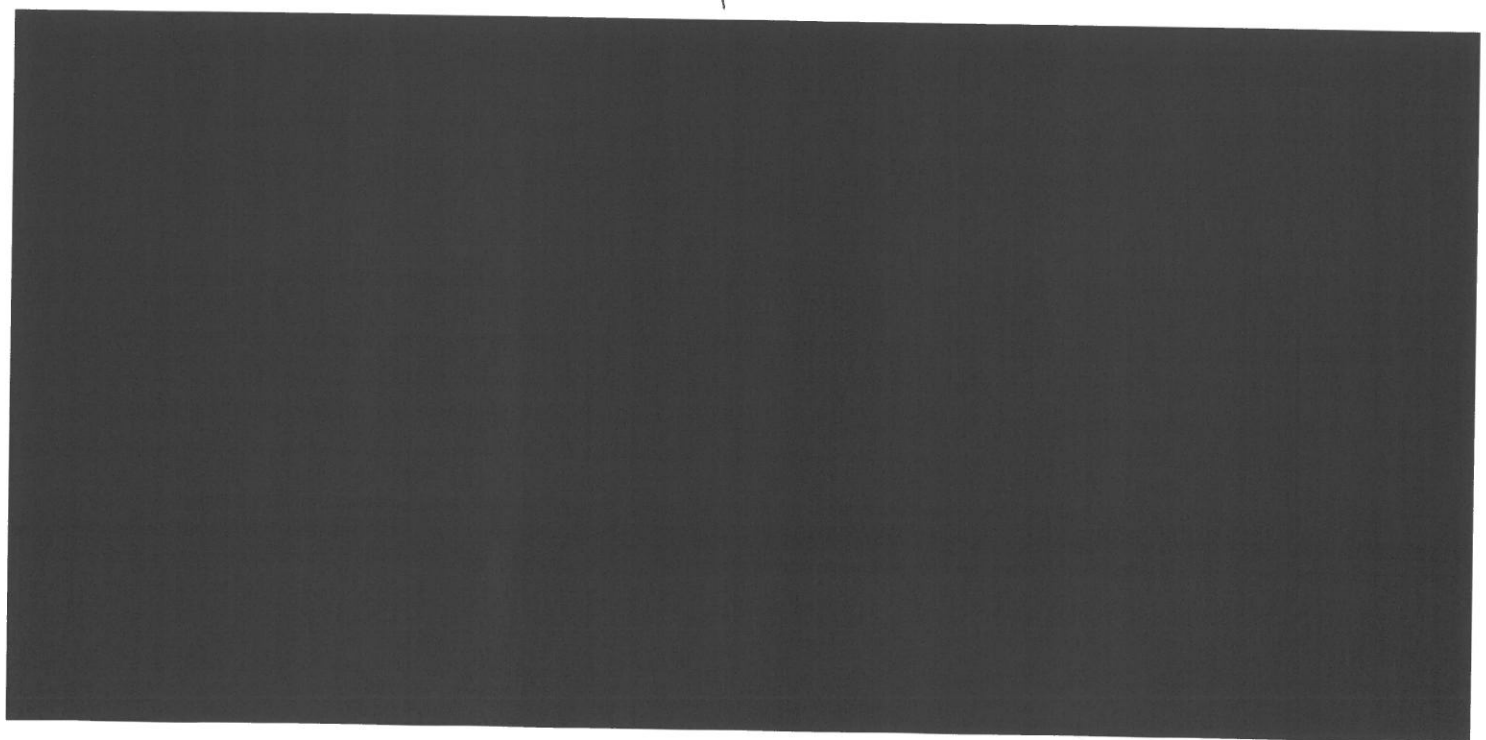
PURCHASE  
TOTAL  
  
\$12.59

MasterCard  
[REDACTED]

APPROVED  
AUTH# 202235      01-002  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS





# Pomeroy Inn & Suites Grande Prairie

www.pomeroygrandeprairie.com

11710-102 St

Grande Prairie, AB T8V7S7

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

Jan 18, 2013  
8:44 am

GRANDE PRAIRIE, ALBERTA  
11710-102 STREET  
GRANDE PRAIRIE, AB  
CARD TYPE REGISTERED  
DATE 2013-01-18  
TIME 08:50:08:30:33  
ROOM # 411  
RECEIPT NUMBER  
13061823000014000000000000000000

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

ary 17, 2013  
ary 18, 2013

PRE-PAID COMPLETION  
TOTAL  
**\$140.61**

CHIP CARD SWIPED

**APPROVED**

AUTH# 135429 01-027  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

J#: [REDACTED]  
S.L.P.  
E  
TES

Reference	Voucher	Room	Debit	Credit
Auto Posted		411	\$129.00	
Auto Posted		411	\$5.16	
Auto Posted		411	\$6.45	
CHECKED-OUT [REDACTED]		411		\$140.61

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 \_\_\_\_\_