

Board and Executive Expense Report

Name Shelly Pusch
Title SVP, North Zone
Location Westlock
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	P-Card	Meetings	-			14	14		-	-
Total			\$ -	\$ -	\$ -	\$ 14	\$ 14	\$ -	\$ -	\$ -

Total for the Month \$ 14

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ -
 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 			
PUSCH, SHELLY	SVP NORTH ZONE	Billing Reporting Period:	20/01/2014
Cardholder's Name	Cardholder's Position/Title		
NORTH ZONE	WESTLOCK ADMIN BUILDING	Total Statement Amount:	\$14.00
Cardholder's Dept	Cardholder's Site/Location		
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	[REDACTED]
Cardholder's e-mail address			

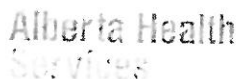
Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
13/01/2014	339728044	UNIVERSITY OF ALBERTA, AUTOMOBILE PARKING LOTS AND GARAGES	14.00	CAD	14.00	.67		Service Plan Review Session - Edm - Lister Hall

**Alberta Health Services
Department of Public
Expense Disclosure**

MAR 11 2014

Reviewed by: i.k.b./

Approved by: _____



P-Card
details Online ®
Cardholder Statement Report

Cardholder Designate (if Applicable)

1. The Byrd family that I have referred to in my previous statements is the Byrd family that is living in the same place as the Byrd family that I have referred to in my previous statements. It is the same family.

PRODANTUK, KATHY

EAC 7c SUP

Kathy L. Pridemore

June 27, 2014

5. *Explain the importance of the following:*

- I did not incur any out-of-pocket costs for travel, housing, and living expenses. Expenses for my family for all health services, including expenses for transportation, are covered by my insurance.
- I did not experience any other financial hardship or expense for all health services and, in this case, it is not being presented as a hardship or expense because the health care services were provided by the State or other organization, and no out-of-pocket expenses were incurred, charged or anticipated.
- I did not experience any hardship or expense because I was not charged a cost of care method, or a cost of care method was not being charged, or was not being charged.

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Approver Designate (if Applicable)

... the interval

- I attest that I have read and understand the Travel, Housing and Working Costs on Expense Form (1123) and have signed and confirmed expenses being claimed on expense form as such.
- I attest the expenses claimed in the claim are for and business purposes of Albert Einstein Services and that the claimant is not being personally compensated for the claimant's services to the firm. I certify that the Organization is not responsible for personal expenses of its clients, staff and visitors.
- I attest that expenses submitted with the claim have been incurred by using a cost effective method of travel and rational and appropriate expenses provided.

Kim Belk

Exer Admin. ASoc. 1

[Handwritten signature]

FEB 25 2014

Approver

by 2.5 x 10⁻³ mol/l.

- I certify that I have read and understand the Travel, Hospitality and Training Session Expense Policy (1122) that is to be followed by all Service Unit members; expense claims should be submitted within 90 days.
- I certify that the expense does not fall within the field business purpose for the Health Services Unit. I certify that I have not previously claimed by the Department or the Health Services or any other organization, a separate claim for the same expense, knowingly.
- I certify that all items submitted in this claim have been received by the cost center manager of the unit and the field support unit, if applicable.

Deborah Gordon
Local

VPs CHS Norman Alberta
4-128-2014

Submit approved statement with attachments to Accounts Payable.

Attach:

- [illegible]

Address: _____

Allen, David S., Jr.
Address: 11100
11100 East 111th
111th Floor, North Tower
11100 East 111th, 111th

Account Payable only:

547-550

Results:

Figure 1

Signatures		
Cardholder Designate (if Applicable) By signing this statement <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. 		
<u>PRODANITUK, KATHY</u> Name of Cardholder Designate <u>Kathy E. Prodanituk</u> Signature of Cardholder Designate	<u>EAC To SUP</u> Cardholder Designate Position/Title <u>Jan 27, 2014</u> Date of Signature	
Cardholder By signing this statement <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. 		
<u>PUSCH, SHELLY</u> Name of Cardholder <u>Shelly Pusch</u> Signature of Cardholder	<u>SVP NORTH ZONE</u> Cardholder Position/Title <u>Jan 27/14</u> Date of Signature	
Approver Designate (if Applicable) By signing this statement <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. 		
<u>Name of Approver Designate</u> <u>Signature of Approver Designate</u>	<u>Approver Designate Position/Title</u> <u>Date of Signature</u>	
Approver By signing this statement <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. 		
<u>Name of Approver</u> <u>Signature of Approver</u>	<u>Approver Position/Title</u> <u>Date of Signature</u>	
Submit approved statement with attachments to Accounts Payable		
Attach: <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. 	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

Service Plan Review Session - Edm - Wister Hall.
Jan 13/14 - 9am - 3pm

DISPLAY THIS SIDE UP ON DASHBOARD

EXPIRATION DATE

14/01/14

EXPIRATION TIME

06:00 AM

AMOUNT PAID

\$ 14.00



UNIVERSITY OF
ALBERTA

NON TRANSFERABLE

DETACH RECEIPT FROM TICKET

DATE ISSUED

13/01/14

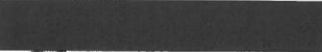
TIME ISSUED

08:53 AM

AMOUNT PAID

\$ 14.00

CREDIT CARD NUMBER



UNIVERSITY OF
ALBERTA

RECEIPT GST#R108102831