

## Board and Executive Expense Report

**Name** Shelly Pusch  
**Title** SVP, North Zone  
**Location** Westlock  
 Expenses submitted during the month of February 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)
Feb-14	P-Card	Meetings & Conferences	350				350	1,004	-	-
<b>Total</b>			\$ 350	\$ -	\$ -	\$ -	\$ 350	\$ 1,004	\$ -	\$ -

**Total for the Month** \$ 1,354

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

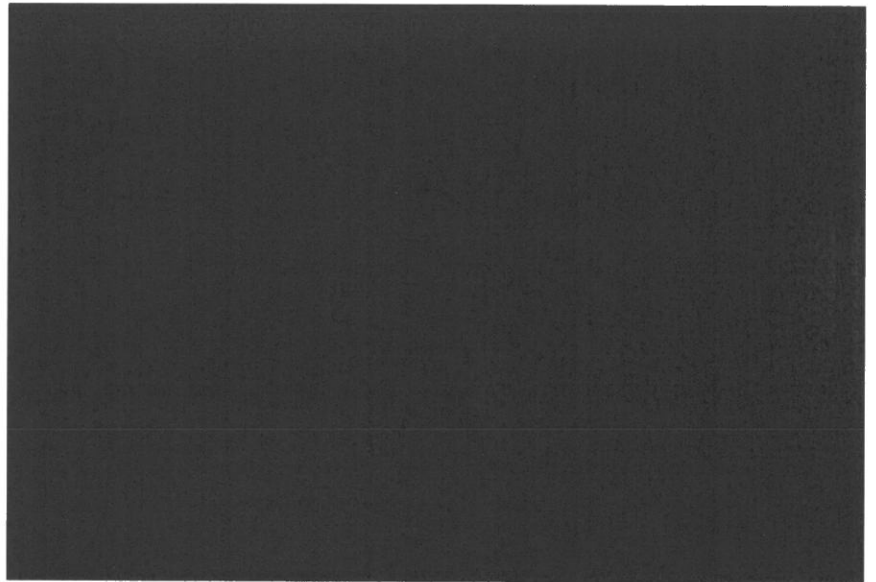
**Instruction:**

- 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

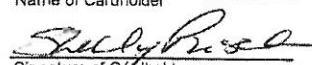
PUSCH, SHELLY	SVP NORTH ZONE	Billing Reporting Period:	20/02/2014
Cardholder's Name	Cardholder's Position/Title		
NORTH ZONE	WESTLOCK ADMIN BUILDING	Total Statement Amount:	\$1,353.71
Cardholder's Dept	Cardholder's Site/Location		
SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card #:	
Cardholder's e-mail address			

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
11/02/2014	342653879	STRATEGY INSTITUTE INC. DIRECT MARKETING - OTHER DIRECT	1,003.80	CAD	1,003.80	47.80		National Forum on Patient Experience - Strategy Institute
12/02/2014	342938603	WESTJET 8380614142419, Westjet Airlines	10.50	CAD	10.50	.00	.00	National forum on Patient Experience
12/02/2014	342938604	WESTJET 8382196084423, Westjet Airlines	339.41	CAD	339.41	.00	.00	National Forum on patient Experience West





<b>Signatures</b>		
<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 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>		
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____	
Signature of Cardholder Designate _____	Date of Signature _____	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
PUSCH, SHELLY Name of Cardholder _____	SVP NORTH ZONE Cardholder Position/Title _____	
 Signature of Cardholder _____	Feb 21/14 Date of Signature _____	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver Designate _____	Approver Designate Position/Title _____	
Signature of Approver Designate _____	Date of Signature _____	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Name of Approver _____	Approver Position/Title _____	
Signature of Approver _____	Date of Signature _____	
<b>Submit approved statement with attachments to Accounts Payable</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</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> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</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: _____

# STRATEGY INSTITUTE

401 Richmond Street West, Suite 401 • Toronto, Ontario • M5V 3A8  
Tel: (416) 944-8200 • Fax: (416) 944-0403

# 342653879

## INVOICE

### Delegate

Shelly Pusch  
Senior Vice President  
Alberta Health Services

CANADA

shelly.pusch@albertahealthservices.ca

Invoice Date January 16, 2014

Terms Due Upon Receipt

Payable To Strategy Institute

Invoice No.

Conference Code

Credit Card / Cheque #

P.O. Number

### Registration Details

#### National Forum on Patient Experience West

Mar 11, 2014 Mar 12, 2014

Registration Type Conference Only

Registration Fee: \$1,195.00

Early Discount:

Discount: \$239.00

Subtotal: \$956.00

HST# R138790662 HST: \$47.80

Payment due: \$1,003.80

Payment Received: \$1,003.80

**Balance Due: \$0.00 CAD**

- (1) Send payments to: 401 Richmond St. West, Suite 401, Toronto, ON, M5V 3A8
- (2) Strategy Institute encourages the use of VISA, MASTERCARD OR AMERICAN EXPRESS.  
Make cheques payable to: Strategy Institute
- (3) Strategy Institute is not liable for any additional charges levied by a credit card company, including but not limited to American Express currency conversion charges.
- (4) Registration fee includes attendance, luncheon and all course materials. It does not include hotel accommodation or transportation.
- (5) A full refund less \$495.00 + HST administrative charge, will be given for cancellations received in writing up to 14 days prior to the program date.  
Refunds will not be available after this date.
- (6) Those who register and do not cancel must pay the full program fee.
- (7) Delegate substitution is permitted up to and including the day of the event.
- (8) Strategy Institute reserves the absolute right to change program date, venue and/or content as circumstances may dictate.
- (9) Strategy Institute reviews all registrations and reserves the right to determine special pricing privileges.

Charged to Shelly's m/c  
February 11, 2014

## REGISTRATION CONFIRMATION

Shelly Pusch  
Senior Vice President  
Alberta Health Services

February 4, 2014



National Forum on  
**PATIENT  
EXPERIENCE WEST**

Dear Shelly,

This e-mail confirms you are registered for the:

### National Forum on Patient Experience West

**DATE:** Tuesday, March 11 & Wednesday, March 12, 2014

**VENUE:** Hyatt Regency Vancouver  
655 Burrard Street, Vancouver, BC, V6C 2R7  
Reservations: 604-683-1234

**ROOM BLOCK:** Call before **February 25th, 2014** to book at our exclusive rate of **\$149/night** by mentioning "**Strategy Institute - Patient Experience Conference**"

**REGISTRATION OPEN:** 7:30 am Tuesday, March 11th, 2013

**YOU ARE REGISTERED FOR:** Conference Only

Here is how your name badge will appear

#### NAME BADGE:

Shelly Pusch  
Senior Vice President  
Alberta Health Services

Please inform us of any errors immediately.

**BALANCE DUE:** \$1003.8 CDN.

As all payments are required upon receipt, please refer to the following invoice #65039. You may pay by credit card (Amex, Visa, MasterCard) or by cheque. If the balance is zero, please accept our thanks.

We look forward to your involvement in this successful program. Should you have any questions with respect to this or any other conference, please do not hesitate to give us a call at **(866) 298-9343**.

Follow us on Twitter: @PatientXForum

Join our group on LinkedIn: Patient Experience Canada

[http://www.linkedin.com/groups?gid=4942149&trk=my\\_groups-b-grp-v](http://www.linkedin.com/groups?gid=4942149&trk=my_groups-b-grp-v)

Sincerely,  
Anne Kehoe  
Customer Care Coordinator  
(416) 944-9200 ext 200  
customer care@strategyinstitute.com

Strategy Institute 401 Richmond Street West, Suite 401,  
Toronto, ON, CANADA M5V 3A8  
Telephone: 416-944-8833 Facsimile: 416-944-0403







Alberta Health  
Services

Travel Approval Form (Out-of Province Only) / Request for Advance

A. TRAVEL PARTICULARS

Out-of-Province: <input checked="" type="checkbox"/>	Advance Request: <input type="checkbox"/>	Destination: Vancouver, BC
Name: Shelly Pusch	Employee #:	Report To: Deb Gordon
Department: North Zone	Office Location: Westlock Admin Building	Business Phone #: [REDACTED]

What former entity payroll systems is the employee currently being paid from? (Please ✓ one from below).

<input type="checkbox"/> AADAC	<input type="checkbox"/> Calgary Health	<input type="checkbox"/> East Central
<input type="checkbox"/> Alberta Cancer Board	<input type="checkbox"/> Capital Health	<input type="checkbox"/> Northern Lights
<input type="checkbox"/> Alberta Mental Health Board	<input type="checkbox"/> Chinook	<input type="checkbox"/> Palliser Health
<input checked="" type="checkbox"/> Aspen	<input type="checkbox"/> David Thompson	<input type="checkbox"/> Peace Country

Finance Code/Accounting Distribution (if applicable):

Corp/BU/Org (if applicable)	Location (if applicable)	Functional Centre/Primary	Expense/Secondary Account
101	0004	71110100064	623120000

Dates: From (day/month) 11/March (year) 2014 to (day/month) 12/March (year) 2014

Purpose of Trip: National Forum on Patient Experience Conference

Employee Signature: *[Signature]* Date:

APPROVALS: (Sr. VP prior approval required for all Out-of-Province Travel) (Travel Advance Approval – Travel Policy Appendix A)

Approved By: (please print) Deb Gordon Title: VP & Chief Health Operations Officer - Northern AB Phone # [REDACTED]

Signature: *[Signature]* Date: 30-March-2014

Approved By: (please print) Title: Phone #

Signature: Date:

B. ESTIMATE OF EXPENSES ☒ Canadian Dollars ☐ US Dollars

Category	Description	Amount
1. Accommodation Charge	# 2 Nights at \$149	\$298.00
2. Meals	Per diem for 3 days/2 nights (less meals covered by conference)	✓ 103.90
3. Registration		1,003.80
4. Airfare or Other Travel Costs	Round Trip Airfare	✓ 433.91
5. Other Expenses (please specify)	Cab to and from airport in Vancouver	100.00
Mileage to Edmonton Airport		75.00
Total Estimated Travel Costs		\$2,014.61

C. COMPLETE THIS SECTION IF YOU REQUIRE AN ADVANCE (only if amount required is \$500 or above)

Advance Amount (\$) Requested:	Date Required:
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➤ If an advance is being requested the original approved Travel Approval Form should be forwarded to Accounts Payable 3 weeks prior to departure date, where possible.


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## Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is [REDACTED]

### Guest details

Mrs Shelly Pusch

Flight

Edmonton (YEG)-Vancouver (YVR), Vancouver (YVR)-Edmonton (YEG)

Ticket number [REDACTED]

Seat YEG-YVR YVR-YEG  
7D \*

\* As you did not select seating for this reservation, you may select seating by going to [Manage bookings](#) or at check-in.

### Air itinerary details

Edmonton (YEG)  
Mon Mar 10 2014, 5:30 PM  
Boeing 737-600

Vancouver (YVR)  
Mon Mar 10 2014, 6:05 PM

WS 141  
WestJet

Fare type: Econo  
Non-stop

Vancouver (YVR)  
Thu Mar 13 2014, 8:00 AM  
Boeing 737-600

Edmonton (YEG)  
Thu Mar 13 2014, 10:27 AM

WS 108  
WestJet

Fare type: Econo  
Non-stop

### Pricing breakdown

Guest type	Base fare per guest	Air transportation charges per guest	Taxes, fees and charges per guest	Total fare per guest	Number of guests	Total fare
Adult	\$228.00	\$36.00	\$75.41	\$339.41	x 1	\$339.41 CAD

YEG-YVR: Econo fare type benefits

One complimentary checked bag \*

Fully refundable if cancelled within 24 hours of booking \*\*

Advance seat selection - \$5-\$3.10\*

\$75-\$88.50 Itinerary change fee + applicable fare difference

\$75-\$88.50 name change fee

\$75-\$88.50 cancellation fee, balance credited toward future WestJet flight purchases-

\* Not applicable on flights operated by our airline partners

\*\* Excluding flights departing within 24 hours of booking

- Non-refundable to original form of payment

YVR-YEG: Econo fare type benefits

One complimentary checked bag \*

Fully refundable if cancelled within 24 hours of booking \*\*

Advance seat selection - \$5-\$3.10\*

\$75-\$88.50 Itinerary change fee + applicable fare difference

\$75-\$88.50 name change fee

\$75-\$88.50 cancellation fee, balance credited toward future WestJet flight purchases-

\* Not applicable on flights operated by our airline partners

\*\* Excluding flights departing within 24 hours of booking

- Non-refundable to original form of payment



Total airfare: **\$339.41 CAD**

## Seats

Regular seat

W5 0141 YEG-YVR Seat 7D MRS Shelly Pusch

\$10.00 CAD + \$0.50 CAD tax

Total seats: **\$10.50 CAD**

**Earn WestJet dollars. Pay when you pick up your car. Book now.**

Reserve now and pay when you pick up your vehicle.

All displayed quotes include taxes and fees. Click on the arrows to see other options.

Sorry, but there are no rental cars available at this time.

WestJet Rewards members earn 1% back in WestJet dollars on car rentals booked at westjet.com.\*  
\* WestJet dollars will be awarded on the cost of your rental before taxes, fees and surcharges.

**Earn WestJet dollars. Get great rates. Book now.**

All rates include taxes, fees and surcharges. Click on the arrows to see other options.

Check-in: Mon Mar 10 2014 Check-out: Thu Mar 13 2014

Nights: 3 Occupancy: 1 adult

WestJet Rewards members earn 1% back in WestJet dollars on car rentals booked at westjet.com.\*  
\* WestJet dollars will be awarded on the cost of your rental before taxes, fees and surcharges.

Charged to MASTERCARD		\$339.41 CAD
Charged to MASTERCARD		\$10.50 CAD
Total:		\$349.91 CAD

#### Baggage limitations for Jamaica and Trinidad and Tobago

You are permitted one piece of carry-on baggage and two checked bags, the second at a cost of \$20. No third and fourth bag or overweight items will be permitted. You are not permitted any oversized bags, with the exception of one golf bag containing golf clubs. For more information, please visit our website at westjet.com.

#### Important details



Use Web check in to print your boarding pass and select your seat for free. This service is available as early as 24 hours (and up to 60 minutes) before your scheduled flight. Please review the Checked and Excess Baggage charges prior to checking in for your flight.



Identification and travel documents required vary based on where you are travelling and may change based on your nationality. Visit our ID requirements section for more information.



Do you have a special need? For information on travelling with oxygen, assistive devices, service animals see Guests with special needs.



We know how valuable your time is. To ensure we are able to depart and arrive as scheduled, please be sure you are through security and at your departure gate 30 minutes prior to your flight's scheduled departure time. If you arrive at the gate less than 10 minutes prior to departure and the aircraft is already boarded you will be denied boarding.

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