

## Board and Executive Expense Report

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

Expenses submitted during the month of April 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)
Mar-14	P-Card	Meetings		19		42	61		-	-
<b>Total</b>			\$ -	\$ 19	\$ -	\$ 42	\$ 61	\$ -	\$ -	\$ -

**Total for the Month** \$ 61

Maximum daily single meal expense claimed in the month \$ 19 2 persons  
Maximum daily base 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

<b>Instruction:</b>			
<ul style="list-style-type: none"> <li>• Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement</li> <li>• Cardholder AND Approver's signatures required where indicated below</li> </ul>			
<u>PUSCH, SHELLY</u>	<u>SVP NORTH ZONE</u>	Billing Reporting Period:	<u>20/04/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	Total Statement Amount:	<u>\$60.67</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		Last 5 digits of the P-Card #	<u>[REDACTED]</u>
Cardholder's e-mail address			

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
24/03/2014	046890678	WENDY S RESTAURANT Q1R, FAST-FOOD RESTAURANTS	19.17	CAD	19.17	9%		Beaverlodge Project Mtng - lunch for Shelly & Deb
24/03/2014	046993725	SHELL, FUEL DISPENSER, AUTOMATED	41.50	CAD	41.50	0%		Mtng Beaverlodge - Pump only accept prepaid gas

**Signatures**

**Cardholder Designate (if Applicable)**

By signing this statement:

- I hereby certify that I have read and understood 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 incurred in this claim are for valid business purposes of Alberta Health Services and that this claim has not been previously claimed by me or my behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been attached.
- I attest that expenses submitted in this claim have been incurred by using a valid credit card that, where applicable and supporting analysis is provided.

PRODANCIUK, KATHY  
Name of Cardholder Designate

EAC to CZO-NZ  
Credit Card Number (if applicable)

Kathy E Prodanuk  
Signature of Cardholder Designate

April 23, 2014  
Date of Signature

**Cardholder**

By signing this statement:

- 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 incurred in this claim are for valid business purposes of 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 attached.
- I attest that expenses submitted in this claim have been incurred by using a valid credit card that, where applicable and supporting analysis is provided.

PUSCH, SHELLY  
Name of Cardholder

VP NORTH ZONE  
Credit Card Number (if applicable)

Shelly Pusch  
Signature of Cardholder

Apr 23/14  
Date of Signature

**Approver Designate (if Applicable)**

By signing this statement:

- 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 incurred in this claim are for valid business purposes of 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 attached.
- I attest that expenses submitted in this claim have been incurred by using a valid credit card that, where applicable and supporting analysis is provided.

Kira Belrose  
Name of Approver Designate

Exec. Admin. Assistant  
Title of Approver Designate (if applicable)

[Signature]  
Signature of Approver Designate

APR 23 2014  
Date of Signature

**Approver**

By signing this statement:

- 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 incurred in this claim are for valid business purposes of 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 attached.
- I attest that expenses submitted in this claim have been incurred by using a valid credit card that, where applicable and supporting analysis is provided.

Debra Jordan  
Name of Approver

VP + CHOO Northern Alberta  
Title of Approver (if applicable)

[Signature]  
Signature of Approver

29-APR-2014  
Date of Signature

**Submit approved statement with attachments to Accounts Payable:**

**Attach:**

- Original (or scanned) itemized receipts with attachments (if applicable) including names of participants where required.
- Signed Cardholder Statement Report (or copies) indicating signature and signatures (if applicable) and where applicable.
- Copies of pre-approvals for travel.
- Personal cheques payable to "Alberta Health Services".
- Return, refund and/or credit receipts.
- Duplicate letter.
- Business receipts for travel required to be provided (e.g. where a travel agent was used, who authorized the travel, why travel was necessary and detailed explanation of reasons).

**Address:**

Alberta Health Services  
Accounts Payable  
7th Street Plaza  
11th Floor, North Tower, 1600-107 Street  
Edmonton, AB T5J 3P4

**Accounts Payable only:**

Reference # \_\_\_\_\_

Received by \_\_\_\_\_

Date: \_\_\_\_\_

