

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of Aug 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)
Aug-14	P-Card	Meetings	983	28	136	382	1,529			
Aug-14	Expense	Meetings		21		271	292			
Total			\$ 983	\$ 49	\$ 136	\$ 653	\$ 1,821	\$ -	\$ -	\$ -

Total for the Month \$ 1,821

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 125
 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> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/08/2014</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$1,529.35</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
① 05/03/2014	3603C8184	CMTN AIR 634216351181, AIR CARRIERS, AIRLINES	982.80	CAD	✓ 982.80	43.88		High Level/La Crete/FI Verrillon - Tour with CEO
② 07/08/2014	360485387	QUINZI 9 8808, FAST-FOOD RESTAURANTS	7.54	CAD	✓ 7.54	.38		H.L./F.V./L.C Site Tours ✓
③ 07/08/2014	360485388	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	20.89	CAD	✓ 20.89	.98		Site Tours - H.L./F.V./L.C
④ 08/08/2014	360633661	THE MIRAGE HOTEL & RES, BEST WESTERN HOTELS	135.88	CAD	✓ 135.88	6.47		Site Tours H.L./F.V./L.C
⑤ 08/08/2014	360633662	BUDGET, BUDGET RENT-A-CAR	288.48	CAD	✓ 288.48	.00		H.L./F.V./L.C Site Tours
⑥ 08/08/2014	360633663	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	50.00	CAD	✓ 50.00	2.38		H.L./F.V./L.C site tours
⑦ 08/08/2014	360748819	ESSO, FUEL DISPENSER, AUTOMATED	43.93	CAD	✓ 43.93	.00		Rental vehicle - site tours H.L./F.V./L.C

Signatures		
<p>Cardholder Designate (# Applicable) By signing this statement</p> <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 		
<p><u>KATHY PRODRANIK</u> Name of Cardholder Designate</p> <p><u>Kathy E Prodranik</u> Signature of Cardholder Designate</p>	<p><u>CAR 4011Z C20</u> Cardholder Designate Position/Title</p> <p><u>August 21, 2014</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <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. 		
<p><u>SUSCH, SHELLY</u> Name of Cardholder</p> <p><u>SHELLY</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p><u>Aug 21/14</u> Date of Signature</p>	
<p>Approver Designate (# Applicable) By signing this statement</p> <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. 		
<p><u>Kim Belrose</u> Name of Approver Designate</p> <p><u>K. Belrose</u> Signature of Approver Designate</p>	<p><u>Executive Assistant +</u> Approver Designate Position/Title</p> <p><u>22 Aug 2014</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <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. 		
<p><u>Deb Gordon</u> Name of Approver</p> <p><u>Deb Gordon</u> Signature of Approver</p>	<p><u>VP CHOD Northern Alberta</u> Approver Position/Title</p> <p><u>22 AUG 2014</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach:</p> <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 • 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 meals), why travel was necessary and detailed explanation of reason 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 0R4</p>	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date _____

①

#360308184

Reservations
1-888-865-8585



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- [About Us](#)
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4. [Payment](#)
5. [Confirmation](#)

Congratulations, your trip has been booked!

Reservation Code [REDACTED]

Trip from
Edmonton (YEG)
to
High Level (YOJ)

Travel Dates
Thu 07 Aug 2014 - Fri 08 Aug 2014

Flights

Depart
Thu 07 Aug 2014

Edmonton (YEG)

High Level (YOJ)

Central Mountain Air
9M 774

Departing
09:30 AM (next day)

Arriving
11:10 AM (next day)

Class:
Economy

Aircraft:
BEH

Duration:
02hr 40min

- Shelly Pusch

Depart
Fri 08 Aug 2014

High Level (YOJ)

Edmonton (YEG)

Central Mountain Air
9M 772

Departing
05:15 PM (next day)

Arriving
06:45 PM (next day)

Class:
Economy

Aircraft:
BE11

Duration:
00hr 30min

- Shelly Pusch

Payment

Payment Summary

[hide details](#) [show details](#)

Fare
906.00 CAD
1. Adult Passenger:
906.00 CAD

Taxes
76.80 CAD
1. Adult Passenger:
76.80 CAD
Goods and Services Tax (GST) Canada
46.80 CAD
Airport Improvement Fee (AIF)Canada
30.00 CAD

Flights

Fare
906.00 CAD
Taxes
76.80 CAD

Total:
982.80 CAD

Type:
Credit Card

Total Paid:
982.80 CAD
MasterCard ending 79126

Bag fee information can vary.

Bag fees are subject to change - please contact airline for more information.

My Login

Create account

- My Trips

- Baggage

- Schedules

- Terms & Conditions

Next steps

- Print Itinerary

13

0

2

360485387

Aug 7 / Lunch H.L / FV / L
Site
Tours

QUIZNO'S 9908
5808 RAINBOW BLVD
HIGH LEVEL, AB T0N 1Z0
(780) 926-4455

QUIZNO'S SUB #5473
780 926 8861
HIGH LEVEL AB

[Redacted]

ORDER # [Redacted]

Sale

INVT: [Redacted] Chip
PCARD [Redacted] SEQ#137001001013
Application Label: MasterCard
AID: A000000041010
TVR: 00 00 00 00
TSI: 00 00

TTCG HAMS SWISS 4.99
BOTTLE DRINK 2.19

TAKE-OUT

Total: CAD\$ 7.54

TAX TOTAL \$ 7.18
TOTAL \$ 7.54

APPROVED [Redacted]

0001-000

NO SIGNATURE REQUIRED

DEBIT \$ 7.54
CHARGE TIP \$ 0.00
ACCOUNT# :
AUTH# :

07-Aug -14

13:11:33

MERCHANT COPY

9103 COUNTER AUG.07.2014
REG1 AM 12:14

For more comments call 866-410ASTED
Visit us at www.quiznos.com
Quiznos 87311 R10001

(3)

#360633661

Aug 7 Supper H4/ALL
Site
Tours



Best Western Mirage Hotel
9116 Highway 58
High Level, AB

CH [REDACTED] Gst 1
Aug07'14 08:10PM
*** Memo Check ***

	SEAT:2	
1 GR CKN BRG		14.00
YAM FRIES		3.00
Subtotal		17.00
17.00 GST		0.85
Amount Due		17.85

Thanks for Dining With Us!
PLEASE PAY SERVER

RM:

TIP:

TOTAL:

Signature:

THE MIRAGE HOTEL & RESORT
9516 HIGHWAY 58
HIGH LEVEL, AB T8M 1Z0
(708)821-1000

[REDACTED]

Sale

INVT: [REDACTED] Chip
CARD SEQR: 522081001016
Application Label: MasterCard
AID: A0000000001010
TVR 00 00 00 00 00
EQL:FR 00

Amount: \$ 17.85
Tip: \$ 3.00

Total:CAD\$ 20.85

001/00
07-Aug-14 21:37:09

CUSTOMER COPY
BEST WESTERN MIRAGE
THANK YOU!

(4)

THE HILAND HOTEL & RESORT
3616 HIGHWAY 89
HIGH LEVEL, AB TCM 120
780-821-1000



780-821-1000
(780) 821-1000

INFO@BESTWESTERNHIGHLEVEL.COM
WWW.BESTWESTERNHIGHLEVEL.COM

HL/FV/L
Site Tours

BATCH#: 969
SHIFT#: 002

Completion

CRAD
SEQ#: 408001001003

Application Label:
AID: 62050000941010
TIN: 03 03 00 00 03

Total: CAD\$ 135.88

APPROVED 191028
000/00

08-Aug -14 07:00:40

CUSTOMER COPY

Room # [REDACTED]
Conf # [REDACTED]
Arrival 08/07/14
Departure 08/08/14
Room Type JRSUNS-1 QUEEN
Guests 1 / 0
Payment [REDACTED]
Acct [REDACTED]

Posting	Oper	AcctCo	Description	From	Reference	Amount
08/07/14	MG	RC	ROOM CHRG REVENUE			\$124.99
08/07/14	MG	9	TOURISUM LEVY			\$5.00
08/07/14	MG	93	Tourism Improvement Fee			\$3.75
08/07/14	MG	ES	Eco-Stay Sur-Charge			\$2.00
08/07/14	MG	9	TOURISUM LEVY			\$0.08
08/07/14	MG	93	Tourism Improvement Fee			\$0.06
08/08/14	AP	MC	PAYMENT MC			\$135.88-

Balance Due \$0.00

THE UNDERSIGNED GUEST AGREES TO PAY THE AMOUNT INDICATED ON THE BALANCE DUE PORTION OF THIS INVOICE. IF THE CHARGES ARE TO BE BILLED TO A THIRD PARTY, THE UNDERSIGNED AGREES TO BE PERSONALLY LIABLE FOR PAYMENT OF THE CHARGES IN THE EVENT THAT THE INDICATED THIRD PARTY, PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF SUCH CHARGES.

EACH UNREGISTERED PERSON OR PET IN THE ROOM HAS A PENALTY OF \$250.00

SMOKING IN NON-SMOKING ROOMS IS STRICTLY PROHIBITED, VIOLATORS WILL BE CHARGED \$250.00

G.S.T.# RT881518518

EACH BEST WESTERN BRANDED HOTEL IS INDEPENDENTLY OWNED AND OPERATED

Signature

(5)

HL/FV/L
Site Tours
with
... UP

BUDGET CAR AND TRUCK RENTAL OF HIGH LEVEL

360633662

Nº [REDACTED]

Box 581 / Airport Rd.
High Level, Alberta T0H 1Z0
Tel.: (780) 926-3114 Fax: (780) 926-4020
TOLL FREE 1-877-926-3114
G.S.T. #889882205RT0001

1. MUST BE LICENSED TO DRIVE THE VEHICLE

TRAFFIC VIOLATIONS / TICKETS / FINES
REPLACEMENT VEHICLE
VEHICULE DE REMPLACEMENT

[REDACTED]

OWNER / CITY
VILLE PROPRIETAIRE
VEHICLE NO.
Nº DU VEHICULE
LICENCE NO.
Nº DE PERMIS
MAKE / MODEL
MARQUE
TIME IN
HEURE D'ENTREE
TIME OUT
HEURE DE SORTIE
MAX PAYLOAD
CHARGE UTILE MAX

AMOUNT
MONTANT \$

SUPER REZ

FIRST 50 FREE

AVE 08/14 4:5
AVE 07/14

RENTER - CLIENT
SHELLEY L. PASCHE

HOME TEL. NO.
Nº TEL. RES.
DATE OF BIRTH
DATE DE NAISSANCE

ADDRESS - ADRESSE

CITY
VILLE
PROV. CAN. / PROVINCE

LICENCE NO. / N° DE PERMIS
PROV. / PROVINCE
EXP. DATE / DATE D'EXP.

EMPLOYER TEL. NO. / N° TEL. DE L'EMPLOYEUR
ADDRESS - ADRESSE

ADDITIONAL DRIVER - CHAUFFEUR SUPPL.
DATE OF BIRTH / DATE DE NAISSANCE

ADDRESS - ADRESSE
HOME TEL. NO. / N° TEL. RES.

LICENCE NO. / N° DE PERMIS
PROV. / PROVINCE
EXP. DATE / DATE D'EXP.

ORIGINAL
REPLACE
REPLACEMENT
KMS / KM
HOURS / HEURES
DAYS / JOURS
WEEKS / SEMAINES
TOTAL DRIVEN
TOTAL CONDUIT

KILOMETER RATE DOES NOT INCLUDE GASOLINE / LE TAUX DU KILOMETRE N'INCLUT PAS LA GAZOLINE
MINIMUM CHARGE IS ONE DAY (24 HOURS) OR SPECIFIED PART OF DAY PLUS APPLICABLE KILOMETERS / LA CHARGE MINIMALE EST D'UN JOUR (24 HEURES) OU PARTIE D'UN JOUR PLUS KILOMETRES

ANY VEHICLE RETURNED AT LOCATION OTHER THAN ORIGINALLY AGREED TO ON THIS CONTRACT, RENTER WILL BE SUBJECT TO THE APPLICABLE REDISTRIBUTION CHARGE
LE LOCATAIRE DE N'IMPORTE QUELLE VOITURE QUI SEHA RETOURNEE A UN ENDROIT DIFFERENT DE CELUI ORIGINALEMENT CONVENU DANS CE CONTRAT, SERA SOJET A L'APPLICATION DE LA SURCHARGE

OTHER EQUIPMENT TOTAL DAILY FEE
TOTAL AUTRE EQUIPEMENT FRAIS JOUR

LITIGATE
HAYON RELEVARE
HARD TRUCK
D'AXLE
FURNITURE PAD
MATERIEL DE PROT
POUR MEUBLES
OTHER
AUTRE
TOTAL

LESS DISCOUNT
MONTS ESCOMPTÉ
TOTAL TIME AND
KILOMETER CHARGES
TOTAL DES FRAIS POUR
TEMPS ET KILOMETRES

OTHER EQUIPMENT
AUTRE EQUIPEMENT
REDISTRIBUTION CHARGE
FRAIS DE SURCHARGE

I AGREE TO RETURN THIS VEHICLE TO THE RENTAL AGENT AT THE LOCATION AT THE ADDRESS AT THE END OF THE RENTAL PERIOD
J'ACCEPTS DE RETOURNER CE VEHICULE A L'AGENCE DE LOCATION BUDGET

EXTEND TO
EXTENSION
DATE
INITIALES

REFERRAL / REMARKS - RÉFÉRENCES / REMARQUES
R. TRI - 17:00

LOSS DAMAGE WAIVER (L.D.W.)
EXONERATION DES DOMMAGES PAR PERTE (E.D.P.)

YOU THE RENTER ARE ACCEPTING A LOW RATE PER DAY OR PART THEREOF AS RECORDED BELOW BY YOUR SIGNATURE OR L.D.W. IN THE PRESENT LOCATION ORDER TO WAIVE THE TERMS OF THIS AGREEMENT IN WHICH YOU WAIVED THE PAY FOR LOSS OF DAMAGE TO THE FULL VALUE OF THE VEHICLE PROVIDED THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT VIOLATED BY YOUR ACCEPTANCE. YOU THE RENTER ARE FINANCIALLY RESPONSIBLE FOR A RECORDED AMOUNT OF FINANCIAL RESPONSIBILITY FOR THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE.

YOU THE RENTER ARE ACCEPTING A LOW RATE PER DAY OR PART THEREOF AS RECORDED BELOW BY YOUR SIGNATURE OR L.D.W. IN THE PRESENT LOCATION ORDER TO WAIVE THE TERMS OF THIS AGREEMENT IN WHICH YOU WAIVED THE PAY FOR LOSS OF DAMAGE TO THE FULL VALUE OF THE VEHICLE PROVIDED THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT VIOLATED BY YOUR ACCEPTANCE. YOU THE RENTER ARE FINANCIALLY RESPONSIBLE FOR A RECORDED AMOUNT OF FINANCIAL RESPONSIBILITY FOR THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE.

L.D.W. CHARGE
FRAIS D'E.D.P.
RESPONSIBILITY
LA RESPONSABILITE

RENTER'S SIGNATURE
SIGNATURE DU CLIENT

PERSONAL EFFECTS COV. (P.E.C.)
DÉS BIENS PERSONNELS (D.B.P.)
I AGREE TO PAY FOR THE LOSS OF OR DAMAGE TO MY PERSONAL EFFECTS IN THE VEHICLE PROVIDED THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT VIOLATED BY MY ACCEPTANCE. YOU THE RENTER ARE FINANCIALLY RESPONSIBLE FOR A RECORDED AMOUNT OF FINANCIAL RESPONSIBILITY FOR THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE.

TRUCKS ONLY
LARGE INSURANCE AVAILABLE WITH P.L. ONLY
ASSURANCE SURPRISE OFFERTE AVEC ASSURANCE INDIVIDUELLE COV. LES ACCIDENTS EQUIPEMENT
I AGREE TO PAY FOR THE LOSS OF OR DAMAGE TO MY TRUCK IN THE VEHICLE PROVIDED THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT VIOLATED BY MY ACCEPTANCE. YOU THE RENTER ARE FINANCIALLY RESPONSIBLE FOR A RECORDED AMOUNT OF FINANCIAL RESPONSIBILITY FOR THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE.

PERSONAL ACCIDENT INSURANCE
ASSURANCE CONTRE LES ACCIDENTS
I AGREE TO PAY FOR THE LOSS OF OR DAMAGE TO MY PERSONAL ACCIDENT IN THE VEHICLE PROVIDED THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE NOT VIOLATED BY MY ACCEPTANCE. YOU THE RENTER ARE FINANCIALLY RESPONSIBLE FOR A RECORDED AMOUNT OF FINANCIAL RESPONSIBILITY FOR THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE AND TO THE RENTER'S RESPONSIBILITY FOR DAMAGE TO THE VEHICLE.

ACCEPTS PAY
ONLY
COV. / COV.
DECLINES
REFUSE
TOTAL

L.D.W.
E.D.C.
OTHER
AUTRE
SUB TOTAL
SOUS TOTAL

OTHER
AUTRE
SUB TOTAL
SOUS TOTAL

PSI
T.V.P.
PERSONAL EFFECTS
COV. / COV.
DÉS BIENS PERSONNELS
PERSONAL ACCIDENT
INSURANCE
ASSURANCE CONTRE
LES ACCIDENTS
CARGO INSURANCE
ASSURANCE MARCHANDISES
REFUELLING
ESSENCE
OTHER
AUTRE
SUB TOTAL
SOUS TOTAL

I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT TO RETURN VEHICLE TO BUDGET ON OR BEFORE THE BACK DATE AND PLACE SPECIFIED AND TO PAY ALL CHARGES AT THE RATES SPECIFIED ON BOTH SIDES OF THIS RENTAL AGREEMENT TO THE DATE THE VEHICLE IS RETURNED TO BUDGET

CUT
SORTIE F 28 34 38 42 38 14 18 E
IN
ENTREE F 28 34 38 42 38 14 18 E

H.S.T.
T.V.H.
SUB TOTAL
SOUS TOTAL

288.45

6

360633663

7

#3607468F1

ST# R128599776
 Edmonton Airports
 Can-TsJ 2T2 Edmonton
 Tax CodeCA5%

OF 2nd Fl 08/08/14 18:5
 receipt [REDACTED]

Short-term parking tkt
 L - No. [REDACTED]
 7/08/14 08:03 -
 9/08/14 08:02 -
 Period 2d0h0'
 Tax) \$50.00
 Total \$50.00
 Payment Received
 [REDACTED] \$50.00

type: Swiped

Sub Total \$47.6
 Tax 5% 2.3

*Fuel for
 Rental Vehicle*
 H/L/F/L
 8/14
 15445

High Level Esso Superstation
 10199 95 St.
 High Level, AB T4H 1Z0

ESSO EXPRESS PAY

HIGH LEVEL ESSO
 00318576
 96 STREET
 HIGH LEVEL, AB T0H
 URN:R809563703
 08/08/2014 442399016
 03:53:26 PM

PUMPH 4
 ERG 33.742L
 PRICE/L 1.299
 FUEL TOTAL \$ 43.83

GST in fuel \$ 2.09
 CREDIT \$ 43.83

TYPE: PURCHASE
 ACCOUNT: MCARDFLEET \$43.83
 AUTH: [REDACTED] INVOICE: [REDACTED]
 CARD NUMBER: [REDACTED]
 COUNTER: 15000
 VERIFIED BY PIN
 A- MasterCard
 B- 6000000041010

31 Approved - Thank You #2!
 LOYALTY: NO
 IMPORTANT - retain this copy for your records

Thank You!
 Have a Wonderful Day!

(CORRECTED)



TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

• 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)

Expense Date From: 21-Jul-14 **To:** 28-Aug-14
Travel Period from: _____ **To:** _____ (if applicable)
Out-of-Province Travel

Name: Shelly Pusch **Position (Title):** SVP North Zone
Location: Westlock Admin Building **Dept:** North Zone **DOFA Level:** _____ (if applicable) **Union:** MOS **Business Phone:** _____ **Ext:** _____
Employee # (E-People): _____

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					Total - Section C&D: Other & Foreign Expenses - Pg 3				
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense
2A	101	0004	71110100064	\$ 292.44					
2B									
2C									
2D									

TOTAL REIMBURSEMENT

Total Section B: \$ 292.44

Total Section C&D: _____

Less Cash Advance: _____

TOTAL CLAIM: \$ 292.44

NOTE: This section auto fills from page 2A, 2B, 2C & 2D. **NOTE:** These fields do not automatically fill for Section C & D.

SECTION F: AUTHORIZATION

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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Employee Signature: *Shelly Pusch* **Date:** Aug 21/14

Approved By (PRINT ONLY): **Deb Gordon** **DOFA Level:** _____ **Position #:** _____ **Phone:** _____ **Ext:** _____
Signature: *[Signature]* **Title:** Chief Health Operations Officer **Date:** 22 AUG 14

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.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): _____ **DOFA Level:** _____ **Position #:** _____ **Phone #:** _____ **Ext:** _____
Signature: _____ **Title:** _____ **Date:** _____

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 Procedure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064

Emp # (E-People) [REDACTED]

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 Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column **Prov**) where expenses were incurred (Out of N.America = Inter!)
Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Completion of the "Cost Effective Method Used" Column is **REQUIRED**.

If you select "No" in this column,

Further Explanation is REQUIRED in the "Rationale is Required" section on this page

Date dd-mmm-yy	Business Reason for Travel - Detailed Description (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Prov, US, or Out of N.Amer where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)	
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi				
					Meal Type with value	Allowance	Meal Type	with receipt							
7-Aug-14	Mileage to Airport (Site Tours with Deb Gordon & Vickie Kaminski)	AB	Meeting	Yes											310.00
13-Aug-14	Mileage to Whitecourt (Capital Projects Meeting)	AB	Meeting	Yes											228.00
19-Aug-14	Dinner (Site Tour to Bonnyville, Cold Lake & Lac La Biche)	AB	Meeting	Yes	D-\$20.75	\$20.75									
SUBTOTALS							\$20.75								Total Kms 538.00

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle
→ details of travel location to & from must be included above under the purpose of travel column
Rates applicable **\$0.505** per km for under 5,000km/yr or **\$0.47** per km for over 5,000km/yr or per Union Agreement

Enter \$0.505 km, \$0.47 km OR rate per Union Agreement <i>(see Mileage details to the left)</i>	\$0.505
Mileage \$	\$271.69
Travel \$ Subtotal	\$20.75
Auto fills on page 1 - TOTAL TRAVEL \$	\$292.44

Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3

Rationale is Required for expenses that are not Cost Effective
(Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)