

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of September 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)
Sep-14	P-Card	Meetings	355		181		536			
Total			\$ 355	\$ -	\$ 181	\$ -	\$ 536	\$ -	\$ -	\$ -

Total for the Month \$ 536

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 166
 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

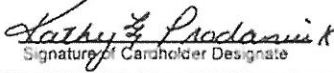
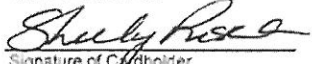

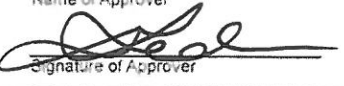
Instruction:

- 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

<u>PUSCH, SHELLY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/09/2014</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$536.10</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #	<u>██████████</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
19/08/2014	361639786	BEST WESTERN COLD LAKE, BEST WESTERN HOTELS	180.94	CAD	180.94	8.62		Site visit Bonnyville & Cold Lake
11/09/2014	363997482	AIR CAN 0142138857931, AIR CANADA	334.16	CAD	334.16	.00	.00	Sparsely Populated Region Advisory Group Meeting
11/09/2014	364280476	AIR CAN 0142138857931, AIR CANADA	21.00	CAD	21.00	.00	.00	Sparsely Populated Region Advisory Group Meeting

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>PRODANTUK, KATHY</u> <small>Name of Cardholder Designate</small>	<u>EAC to C20</u> <small>Cardholder Designate Position/Title</small>	
 <small>Signature of Cardholder Designate</small>	<u>Sept 22, 2014.</u> <small>Date of Signature</small>	
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> <small>Name of Cardholder</small>	<u>CHIEF ZONE OFFICER</u> <small>Cardholder Position/Title</small>	
 <small>Signature of Cardholder</small>	<u>Sept 22/14</u> <small>Date of Signature</small>	
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>Kim Belrose</u> <small>Name of Approver Designate</small>	<u>Executive Assistant</u> <small>Approver Designate Position/Title</small>	
 <small>Signature of Approver Designate</small>	<u>22 SEPT 2014</u> <small>Date of Signature</small>	
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>Deb Gordon</u> <small>Name of Approver</small>	<u>Vp of HR, Northern AB</u> <small>Approver Position/Title</small>	
 <small>Signature of Approver</small>	<u>03-10-14</u> <small>Date of Signature</small>	
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: • 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: _____

(r)

Western Cold Lake Inn
2x 245
52nd Street
Lake, AB T9M 1P1

BEST WESTERN COLD LAKE
INN
4815 52ND STREET
COLD LAKE AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2014/08/19
TIME 0492 09:31:30
RECEIPT NUMBER
F30701945-001-384-008-0

PRE-AUTH COMPLETION
TOTAL

\$180.94

Arrival : 08-18-14
Departure : 08-19-14
Room No. : [REDACTED]
Conf. No. : [REDACTED]
Cashier No. : [REDACTED]

CHIP CARD SWIPED
APPROVED
AUTH# [REDACTED] 01-027
THANK YOU

126 XXVX

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

	Charges	Payments
	166.00	
	6.64	
	8.30	
		180.94
Total	180.94	180.94 ✓
Balance		0.00

Guest Signature

I agree the room rate and additional charges are correctly stated.
Thank you


GST#: 89459 0660


2+3

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference: 

Name: Mrs Shelly Pusch
E-mail: SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA
Form of payment: 



Customer Care
Air Canada Reservations
1-888-247-2262
Air Canada Flight Information
1-888-422-7533

International Reservations
Alert me of flight changes
Flight notification

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC253	Edmonton International (YEG) Tue 04-Nov 2014 18:30	Vancouver (YVR) Tue 04-Nov 2014 19:12 - TERMINAL M -MAIN	E90	A	Confirmed
Seat number(s) requested: 20D					
AC246	Vancouver (YVR) Thu 06-Nov 2014 19:10 - TERMINAL M -MAIN	Edmonton International (YEG) Thu 06-Nov 2014 21:40	320	A	Confirmed
Seat number(s) requested: 23D					

Passenger Information

Name: Mrs Shelly Pusch
Frequent Flyer Pgm:
Passenger 1
Ticket number: 
Program number: 

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue	11-Sept 2014
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	254.00
Taxes, Fees & Charges	
Canada Security Charge (CA)	14.25
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	15.91
Canada Airport Improvement Fee (SQ)	50.00
Total Fare in Canadian dollars:	334.16 ✓
Options	
Seat Fee(s) in Canadian dollars	10.00 ✓
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.50 ✓
Seat Fee(s) in Canadian dollars	10.00 ✓
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	0.50 ✓

Ticket particularities:
AC ONLY/NON-REF/CHGE FEE

**Fare calculation:*
04NOV14YEA AC YVR Q18.00R109.00AC YEA Q18.00R109.00CAD254.00
END ROE1.00
Canadian tax registration numbers:
XG Canada Goods and Service Tax (GST) #10009-2287
RC Canada Harmonized Sales Tax (HST) #10009-2287
XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) and [US Secure Flight Program](#) US Secure Flight Program for important information on documents and identification required for travel.

Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance from RBC Travel Insurance Company via www.aircanada.com/insurance or by calling 1-866-530-6021. To make sure you get the best possible protection, purchase insurance prior to your departure.

U.S. Residents - CSA Travel Protection offers American travellers an easy way to purchase travel insurance. Whether you're