

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of October 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)
Oct-14	P-Card	Meetings	483		366	38	887			
Oct-14	Expense	Meetings				420	420			
Total			\$ 483	\$ -	\$ 366	\$ 458	\$ 1,307	\$ -	\$ -	\$ -

Total for the Month \$ 1,307

Maximum daily single meal expense claimed in the month \$ 38 2 people
 Maximum daily base hotel rate claimed in the month \$ 154
 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	CHIEF ZONE OFFICER	Billing Reporting Period:	20/10/2014
Cardholder's Name	Cardholder's Position Title		
NORTH ZONE	WESTLOCK ADMIN BUILDING	Total Statement Amount	\$886.81
Cardholder's Dept	Cardholder's Staff/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
① 22/09/2014	885323546	DELTA CALGARY SOUTH, DELTA HOTELS	172.99	CAD	172.99	00	00	Planning Meeting - Calgary
② 02/10/2014	868319407	M/PARK0020383U, AUTOMOBILE PARKING LOTS AND GARAGES	20.00	CAD	20.00	95	00	MT Meeting
③ 09/10/2014	867155846	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	43.78	CAD	43.78	20	00	AMHS Service Planning Session - Heather Toporowski & Shelly Pusch Dinner
④ 09/10/2014	867155857	M/PARK0020383U, AUTOMOBILE PARKING LOTS AND GARAGES	18.00	CAD	18.00	95	00	Service planning meeting
⑤ 11/10/2014	867367575	MATRIX HOTEL, LODGING HOTELS, MOTELS, RESORTS	148.90	CAD	148.90	70	00	AMHS Service Planning Meeting
⑥ 14/10/2014	867614745	WESTJET 8380610048311 Westjet Airlines	10.50	CAD	10.50	00	00	Interviews FMM
⑦ 4/10/2014	867614746	WESTJET 8382102167065 Westjet Airlines	472.76	CAD	472.76	00	00	Interviews FMM

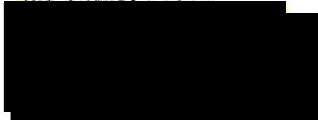
Signatures		
Cardholder Designate (if Applicable)		
By signing this statement		
<ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 		
<u>PRODANUK, KATHY</u>	<u>SAO to CZO A2</u>	
Name of Cardholder Designate	Cardholder Designate Position/Title	
<u>Kathy Prodanuk</u>	<u>Oct 21 / 2014</u>	
Signature of Cardholder Designate	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>	<u>CHIEF ZONE OFFICER</u>	
Name of Cardholder	Cardholder Position/Title	
<u>Shelly Pusch</u>	<u>Oct 22 / 14</u>	
Signature of Cardholder	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>Kim Belrose</u>	<u>Exec Assistant</u>	
Name of Approver Designate	Approver Designate Position/Title	
<u>Kim Belrose</u>	<u>27 OCT 2014</u>	
Signature of Approver Designate	Date of Signature	
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>Debra Erickson</u>	<u>VP & CMO Northern, AB</u>	
Name of Approver	Approver Position/Title	
<u>Debra Erickson</u>	<u>20 OCT 14</u>	
Signature of Approver	Date of Signature	
Submit approved statement with attachments to Accounts Payable:		
Attach:	Address:	
<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. 	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: _____

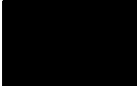
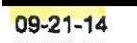
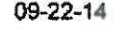
①

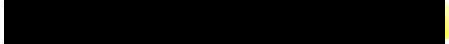
DELTA
CALGARY SOUTH

135 Southland Drive S.E. Calgary, Alberta, T2J 5X5
Tel: 403-278-5050 Fax: 403-225-5834

AB HEALTH SERVICES
Ms Shelley Pusch



Room: 
Folio: 
Cashier: 
Arrival: 09-21-14
Departure: 09-22-14

Date	Description	Additional Information	Charges	Credits
09-22-14	Guaranteed No Show Revenue		154.00	✓
09-22-14	DMF		4.62	
09-22-14	Room GST		7.93	
09-22-14	Tourism Levy		6.34	
09-22-14	Mastercard			172.89

GST Summary	
Registration No: 895126332	
Room	7.93
F&B	0.00
Other	0.00
Total	7.93

Total	172.89	172.89
Balance Due	0.00	CDN

Guest Signature: _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.

2

PLACE ON DASH THIS SIDE UP

Impark
Lot 383-2/ 10034 - 100 Street
GST 88731-5638-RT0006

Expires **02 Oct 14**
06:00 PM Paid \$ 20.00C ✓

Entry time 02 Oct 14 10:47 AM

RECEIPT



VALID ONLY IF PROPERLY DISPLAYED
ON STREET SIDE OF THE DASH
THIS SIDE UP

MIT mtg

✓

3

PLACE ON DASH THIS SIDE UP

PROOF OF PURCHASE

MATRIX HOTEL
10640-100 Avenue
EDMONTON, AL

10/09/2014 9

Purchase

Matrix Hotel
10640-100 Avenue
GST # 866344902

17 GLADYS

Guests: 2

MASTERCARD

Amount: \$ 38.05
Tip: \$ 5.71

Total: \$ 43.76 ✓

2014/10/09 18:52:21

Seq #:

Appr Code:

Resp Code: 01/027

1	HOUSE SALAD	12.25
2	*add chicken	13.50
1	CAESAR SALAD	10.50

Subtotal 36.25
G.S.T. 1.81

Total Due \$38.06

GRATUITY _____

TOTAL _____

Signature _____

Guest Name _____

Room # _____

Master Card
XXXXXXXXXXXX11010
65 72 18 70 CA 18 9 1 A
00 40 00 00 00
E8 03
02 44 00 00 00 00 00 01

APPROVED
Thank You

Signature

IMPRINT

Use this only for your card

Walter Toporowski
+ Shelly Rush - Dinner
- AA/AMS Planning session (Oct 9/10)

4

AA/AMS Service Planning

IMPARK
4036 80-42C-197E

EARLY BIRD

Number 101 387
no card and out priv issues
Date: 01:184 OCT 09

Price: 18.00 ✓
Card: [REDACTED]
Exp: [REDACTED]
Expire: [REDACTED]

6:00 PM THU
OCT 09 14

03 NO 65/3158381000
LINE RECONS ON BACK

TICKET VOID IF RE-SOLD

VOID IF RE-SOLD

PLEASE PLACE THIS SIDE UP ON DASH

PLEASE THIS SIDE UP ON DASH

✓

N/A Shelly Pusch



Room Number: [REDACTED]
 Arrival Date: 10-09-14
 Departure Date: 10-10-14
 Page No: 1 of 1
 Confirmation No: [REDACTED]

INFORMATION INVOICE

Folio No:

10-10-14

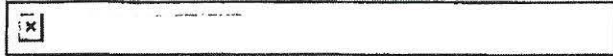
Date	Description	Charges	Credits
10-09-14	Room Revenue	139.00	
10-09-14	Destination Marketing Fee - 3%	4.17	
10-09-14	Tourism Levy - 4%	5.73	
Total		148.90	0.00
Balance		148.90	

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0001

Kathy Prodaniuk

From: noreply@itinerary.westjet.com on behalf of WestJet Airlines <noreply@itinerary.westjet.com>
Sent: October 14, 2014 2:33 PM
To: Shelly Pusch L.
Subject: Reservation Confirmation



WestJet
22 Aerial Place N.E.
Calgary, Alberta,
Canada
Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary. Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight. This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Booking Confirmation

Your reservation code is: [REDACTED]

Main contact: Mrs Shelly Pusch
E-mail: shelly.pusch@albertahealthservices.ca
Phone Number: [REDACTED]

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#). Please ensure that if your travel plans include a flight on a WestJet Encore turboprop aircraft that you review the [following details](#) as there are some differences in allowances and amenities from flights on our larger WestJet Boeing 737 aircraft. If you are flying to Dublin, there are also some specific regulations you should be aware of before you leave.

Guest

Mrs. Shelly Pusch Flight Edmonton (YEG)-Fort McMurray (YMM),Fort McMurray (YMM)-Edmonton (YEG)
Ticket Number [REDACTED]
Seat YEG-YMM: 14C;YMM-YEG: 14C

Air Itinerary Details

W5139 WestJet	Edmonton, CA Mon 20 Oct. 2014 06:40 AM	Fort McMurray, CA Mon 20 Oct. 2014 07:36 AM	Fare type: Econo Non-stop
W53259 Operated by WESTJET ENCORE	Fort McMurray, CA Mon 20 Oct. 2014 03:20 PM	Edmonton, CA Mon 20 Oct. 2014 04:32 PM	Fare type: Econo Non-stop

Fare 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	CAD 352.00	CAD 24.00	CAD 96.76	CAD 472.76	x 1	CAD 472.76
						Total airfare: CAD 472.76

Tax details

Rate code	Description	Amount
XG	Goods and Services Tax (GST)	CAD 22.51
CA	Air Travellers Security Charge (ATSC)	CAD 14.25
SQ	Airport Improvement Fee (AIF)	CAD 60.00
		Total taxes: CAD 96.76

Fare family benefits

YEG-YMM: Econo Seat Sale Benefits

- First checked bag fee of \$25-29.50 CAD (for flights within Canada or to/from the U.S. for travel after October 28, 2014)

- Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece (for travel after October 28, 2014)
- Second checked bag fee of \$20-23.60 CAD and excess checked baggage fee of \$50-59 CAD per eligible piece (for travel before October 29, 2014)

Fare family benefits

YMM-YEG: Econo Seat Sale Benefits

- First checked bag fee of \$25-29.50 CAD (for flights within Canada or to/from the U.S. for travel after October 28, 2014)
- Second checked bag fee of \$25-29.50 CAD and excess checked baggage fee of \$75-88.50 CAD per eligible piece (for travel after October 28, 2014)
- Second checked bag fee of \$20-23.60 CAD and excess checked baggage fee of \$50-59 CAD per eligible piece (for travel before October 29, 2014) ✓

Seats

Regular seat	WS 139 YEG - YMM Seat 14C Mrs Shelly Pusch	CAD 5.00 + CAD 0.25 Tax (6)
Regular seat	WS 3259 YMM - YEG Seat 14C Mrs Shelly Pusch	CAD 5.00 + CAD 0.25 Tax
		Total Seats: CAD 10.50 ✓

Total

Charged to MASTERCARD [REDACTED]	CAD 472.76 ✓
Charged to MASTERCARD [REDACTED]	CAD 10.50 (7)
Total	CAD 483.26 ✓

WestJet offers

Get travel insurance

Don't forget to include travel insurance as part of your trip. WestJet has partnered with RBC Insurance to provide you with the right coverage for your travel experience. [Get a quote](#)

Important Information

Thank you for choosing WestJet
 QST # 1202807956TQ0001 GST # 866112535

- Terms and conditions of carriage, baggage allowances, baggage fees and service fees may differ significantly if you are travelling on one of our [airline partners](#); it is important to familiarize yourself with the terms and conditions of the airline operating the flight. To view the baggage allowances and fees of our code-share partners, visit our [code-share baggage](#) info page.
- [Positive identification](#) is required at check-in. Please ensure the name on the reservation matches the identification for the guest prior to check in.
- Please check in a minimum of 90 minutes prior to scheduled departure for flights within Canada, and 2 hours prior for international flights and flights to the United States.
- Guests are required to be through security and at their departure gate 30 minutes prior to the scheduled departure of their flight.
- Failure to show up for the first flight segment of a scheduled round trip or multi-segment reservation will result in the cancellation of the return segment or remaining segments. The fare paid for these segments will be forfeited and compensation will not be issued.
- For detailed information on your flight visit:
 - [Fares, taxes and fees](#) (For change/cancel guidelines, baggage fees, service fees and other taxes and fees)
 - [Baggage allowances](#) (Carry-on, checked, sporting goods, restricted items)
 - [Seat selection](#) (How it works, changing your seat and more)
 - [Inflight services](#) (Buy on board, up! magazine and more)
 - [Inflight entertainment](#) for information on our live seatback television.
- Carbonzero and WestJet have teamed up to provide you the opportunity to help reduce the effects of climate change and mitigate the greenhouse gas emissions associated with air travel through the [purchase of carbon offsets](#).



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: 17-Oct-14 To 20-Oct-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Shelly Pusch Position (Title): SVP North Zone
 Location: _____ Dep: _____ DOFA Level: _____ (if applicable) Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0004	71110100064	\$420.31						\$420.31		
2B												
2C												
2D												
				\$420.31							TOTAL CLAIM	\$420.31

NOTE: This section auto fills from page 2A, 2B, 2C & 2D
 **User to enter Coding & \$ Amounts
 NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I certify 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 this policy.

I certify the expenses entered 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 certify the expenses submitted in this claim have been incurred by using a valid Alberta Health Services purchase card and supporting analysis is provided above.

Approved By (PRINT ONLY): **Deb Gordon** DOFA Level: _____ Position #: _____ Phone: _____ Ext: _____
 Signature: _____ Title: **VP Chief Health Operations Officer, Northern AB** Date: **27 Oct 2014**

I certify 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 this policy.

I certify the expenses entered 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 certify the expenses submitted in this claim have been incurred by using a valid Alberta Health Services purchase card 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 Procure to Pay program

ACCESS TAXI

743-3333

Est. 1987, Member of the
Fort Lauderdale Airport Taxi

DATE 2014-10-20 TIME 3:00 PM

COMPANY _____

DRIVER _____

ADDITIONAL BY _____

FROM HOSPITAL TO AIRPORT ✓

PASSENGERS _____

DRIVER _____

DATE 36.00 _____

CASH _____