

## Board and Executive Expense Report

**Name** Shelly Pusch  
**Title** Chief Zone Officer, North Zone  
**Location** Westlock  
 Expenses submitted during the month of November 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)
Nov-14	P-Card	Meetings				137	137			
Nov-14	Expense	Meetings		21		501	522			
<b>Total</b>			\$ -	\$ 21	\$ -	\$ 638	\$ 659	\$ -	\$ -	\$ -

**Total for the Month** \$ 659

Maximum daily single meal expense claimed in the month \$ 21  
 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>CHIEF ZONE OFFICER</u>	Billing Reporting Period:	<u>20/11/2014</u>
Cardholder's Name	Cardholder's Position/Title		
<u>NORTH ZONE</u>	<u>WESTLOCK ADMIN BUILDING</u>	Total Statement Amount:	<u>\$137.01</u>
Cardholder's Dept	Cardholder's Site/Location		
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u>		Last 6 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
20/10/2014	368254074	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Area 10 SOD Interviews FMM
04/11/2014	370246102	KIMBER CABS, LIMOUSINES AND TAXICABS	33.01	CAD	33.01	1.57		Sparsely Populated Region Advisory Group Meeting - Reimbursement will come to AHS from CIHI
06/11/2014	370246100	TRANSLINK, TRANSPORTATION COMMUTER PASSENGER	4.00	CAD	4.00	.00	.00	Sparsely Populated Region Advisory Group Mtng - Reimbursement will come to AHS from CIHI
06/11/2014	370246101	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	75.00	CAD	75.00	3.57	.00	Sparsely Populated Region Advisory Group Meeting - Reimbursement will come to AHS from CIHI

<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 transactions to the proper cost centre.</li> </ul>		
<p><u>Phongster Khaty</u> Name of Cardholder Designate</p> <p><u>Kathy E. Poudanis II</u> Signature of Cardholder Designate</p>	<p><u>ERC 16 C30 112</u> Cardholder Designate Position Title</p> <p><u>Nov 17, 2014</u> Date of Signature</p>	
<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>		
<p><u>PUSCH, SHELLY</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position Title</p> <p><u>Nov 17, 2014</u> Date of Signature</p>	
<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>		
<p><u>Kim B. Ross</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p>	<p><u>Exec Assistant</u> Approver Designate Position Title</p> <p><u>18 Nov 2014</u> Date of Signature</p>	
<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>		
<p><u>Deb Gordon</u> Name of Approver</p> <p><u>[Signature]</u> Signature of Approver</p>	<p><u>UP + CHOO Northern AB</u> Approver Position Title</p> <p><u>Nov 20, 2014</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p><b>Attach:</b></p> <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> <li>And where applicable:             <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> </ul> </li> <li>Return, refund and/or credit receipts</li> <li>Dispute letter</li> <li>Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meet), why travel was necessary and detailed explanation of reason.</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 15th Floor, North Tower, 10000-107 Street Edmonton, AB T5J 1E4</p>	
<b>Accounts Payable only:</b>		
Reference #:	Reviewed by:	Date:

FIMBER 0485  
2633 VICTORY WAY VEGVIBE  
RICHMOND BC  
V2Z 2S1S3

11-04-2017 15:55:31  
Acct # [REDACTED]  
Exp Date [REDACTED]  
Name: SHELLE PUSCH  
A0000000001010 MasterCard

Track [REDACTED]  
Auth [REDACTED]

Purchase \$20.70  
Tip \$4.31  
Total \$25.01

(00) APPROVED-THANK YOU

Retain this copy for your records  
Customer copy

TH. NO. 06 05:12P  
VALIDATE - Insert this direction  
PROOF OF PAYMENT/TRANSFER -1-  
Adult 2 ZONE  
\$ 4.00  
TRANSACTIONS

NOT VALID FOR TAXES  
Transact  
Date/Time  
11/04/2017 15:55:31  
10000000001010  
Purch Type: 2 ZONE  
Purchase: \$ 4.00  
Purchased Amount: \$ 0.00

TRANSACTION RECORD  
Account: [REDACTED]  
Card Number: [REDACTED]  
Card Entry: [REDACTED]  
Trans Type: [REDACTED]  
Amount: [REDACTED]  
Auth #: [REDACTED]  
Sequence #: [REDACTED]  
Terminal #: [REDACTED]  
Ref #: [REDACTED]

TRANSACTION APPROVED  
11/04/2017 15:55:31

GST# R128599776  
Edmonton Airports  
Can T5J 2T2 Edmonton  
Tax Code CA5%

POF 1st E1 06/11/14 22:16  
Receipt [REDACTED]  
Short-term parking 1kt  
DL No. 048692  
04/11/14 17:02  
07/11/14 17:01  
Period 3d0h0'  
(Tax) \$75.00  
Total \$75.00  
Payment Received \$75.00

[REDACTED]  
Sub Total \$71.43  
Tax 5% \$3.57

# [REDACTED]

GST# R 7599776

Edmonton Airports

Cancel 2T2 Edmonton  
CodeCA55

POF to 1 20/10/14 16:22  
Receipt [REDACTED]

Short : m parking 1st  
HL : N 00:560  
20/10/ : 05:18 -  
21/10/ : 05:37 -  
Period 1 0h0'  
(Tax) \$25.00

Total \$75.00

Payment received [REDACTED] 25.00

\*\* Sub To \$23.81  
Tax 1.10



## TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

<b>SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)</b>		Expense Date From: 24 Oct-14 To 7-Nov-14	
<ul style="list-style-type: none"> <li>• Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system</li> <li>• Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system</li> <li>• If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)</li> </ul>		Travel Period from: _____ To: _____ Out-of-Province Travel	
Name: Shelly Pusch		Position (Title): SVP North Zone	
Location: [REDACTED]	Dept: [REDACTED]	DOFA Level: [REDACTED]	Business Phone: [REDACTED] Ext: [REDACTED]
Employee ID: [REDACTED]			

<b>SECTION E: FINANCE CODING &amp; TOTAL CLAIM</b>											
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					TOTAL REIMBURSEMENT	
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	\$522.27
2A	101	0034	7111U103064	\$522.27 ✓						Total Section C&D	
2B										Less Cash Advance	
2C										<b>TOTAL CLAIM: \$522.27</b>	
2D											
				\$522.27	**User to enter Coding & \$ Amounts						
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D						

<b>SECTION F: AUTHORIZATION</b>									
<p><small>2014-10-20 10:00 AM</small></p> <p><small>Employee Signature: Shelly Pusch Date: _____</small></p>									
<p><small>Approved By (PRINT ONLY): Deb Gordon DOFA Level: [REDACTED] Position #: [REDACTED] Phone: [REDACTED]</small></p> <p><small>Signature: [Signature] Title: Chief Health Operations Officer Date: 11/20/2014</small></p>									
<p><small>Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____</small></p> <p><small>Signature: _____ Title: _____ Date: _____</small></p>									

Alberta Health Services is a Crown Corporation of the Government of Alberta. It is a separate legal entity from the Government of Alberta and is not a department of the Government of Alberta. It is not a government agency and is not subject to the provisions of the Access to Information Act and the Privacy Act. It is not a government body and is not subject to the provisions of the Freedom of Information Act and the Privacy Act. It is not a government body and is not subject to the provisions of the Access to Information Act and the Privacy Act.

**EXPENSE CLAIM DETAILS**

Enter Finance Coding 101 0004 71110100064

Emp # (E-People)                     

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 Required (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						
24-Oct-14	Mynham Rural Review Meeting	AB	Meeting	Yes										515.00
29-Oct-14	Senior Leaders Meeting - Edmonton	AB	Meeting	Yes										310.00
7-Nov-14	Provincial Advisory Council Meeting - Edmonton	AB	Meeting	Yes	BL-\$20.80	\$20.80								
7-Nov-14	Provincial Advisory Council Meeting - Edmonton	AB	Meeting	Yes										168.00
<b>SUBTOTALS</b>						\$20.80								Total Kms 993.00

**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  
*(see Mileage details to the left)* \$0.505

Mileage \$ \$501.47

Travel \$ Subtotal \$20.80

Auto fills on page 1 - TOTAL TRAVEL \$ \$522.27

**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)**