

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of May 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) |
| May-14 | P-Card | Meetings | 562 | 21 | 393 | 33 | 1,009 | | - | - |
| Total | | | \$ 562 | \$ 21 | \$ 393 | \$ 33 | \$ 1,009 | \$ - | \$ - | \$ - |

Total for the Month \$ 1,009

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 189
 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

| | | | |
|--|---|---|------------|
| PUSCH, SHELLY Cardholder's Name | SVP NORTH ZONE Cardholder's Position/Title | Billing Reporting Period: | 20/05/2014 |
| ██████████ Cardholder's Dept | ██████████ Cardholder's Site/Location | Total Statement Amount: | \$1,008.13 |
| SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address | | Last 6 digits of the P-Card #: ██████████ | |

| Statement of Transactions | | | | | | | | |
|---------------------------|------------|---|-----------------------|----------|--------------|--------|---------|--|
| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
| 1. 15/04/2014 | ██████████ | AIR CAN 0142133418331, AIR CANADA | ✓ 543.11 | CAD | ✓ 543.11 | 00 | 00 | Northern Lights Regional Health Centre Accreditation |
| 2. 15/04/2014 | ██████████ | AIR CAN 0142133418331, AIR CANADA | ✓ 18.90 | CAD | ✓ 18.90 | 00 | 00 | NLRHC - Accreditation |
| 3. 29/04/2014 | ██████████ | THE PANTRY FORT MCMURR, EATING PLACES, RESTAURANTS | ✓ 20.50 | CAD | ✓ 20.50 | 98 | | FMM - Accreditation |
| 4. 30/04/2014 | ██████████ | MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS | ✓ 196.56 | CAD | ✓ 196.56 | 9.34 | | FMM Accreditation |
| 5. 08/05/2014 | ██████████ | MPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES | ✓ 27.00 | CAD | ✓ 27.00 | 1.29 | 00 | Edmonton - Mtng with Deb Gordon |
| 6. 13/05/2014 | ██████████ | PRECISE PARKLINK INC, AUTOMOBILE PARKING LOTS AND GARAGES | ✓ 5.50 | CAD | ✓ 5.50 | 26 | | FMM - Accreditation |
| 7. 13/05/2014 | ██████████ | MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS | ✓ 489.00 | CAD | ✓ 489.00 | 23.29 | | FMM - Accreditation |
| 8. 13/05/2014 | ██████████ | MERIT HOTEL, LODGING HOTELS, MOTELS, RESORTS | ✓ -292.44 | CAD | ✓ -292.44 | -13.93 | | FMM - Accreditation |

| Signatures | | |
|---|--|-------------|
| <p>Cardholder Designate (if 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 Prodavink</u> Name of Cardholder Designate</p> <p><u>Kathy Prodavink</u> Signature of Cardholder Designate</p> | <p><u>EAC to C20N2</u> Cardholder Designate Position/Title</p> <p><u>May 23, 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>PUSCH, SHELLY</u> Name of Cardholder</p> <p><u>[Signature]</u> Signature of Cardholder</p> | <p><u>SVP NORTH ZONE</u> Cardholder Position/Title</p> <p><u>May 26/14</u> Date of Signature</p> | |
| <p>Approver Designate (if 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 Belose</u> Name of Approver Designate</p> <p><u>[Signature]</u> Signature of Approver Designate</p> | <p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>MAY 28 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>[Signature]</u> Signature of Approver</p> | <p><u>Vp Chief Health Professions Officer, Northern Alberta</u> Approver Position/Title</p> <p><u>29-947-2014</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 meal), 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 3E4</p> | |
| Accounts Payable only: | | |
| Reference #: _____ | Reviewed by: _____ | Date: _____ |

1. & 2.

Itinerary/Receipt

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Booking Information

Booking Reference: [REDACTED]

Customer Care

Air Canada
1-888-247-2262

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Flight Arrivals and Departures
1-888-422-7533

Main Contact:
Mrs Shelly Pusch
shelly [REDACTED]@ps.ca
Mobile: [REDACTED]
Work: [REDACTED]

Flight Itinerary

| Flight | From | To | Stops | Duration | Aircraft | Upgrade status |
|------------|--|--|-------|----------|------------|----------------|
| [REDACTED] | Edmonton, Edmonton Int'l (YEG) Mon 12-May 2014 20:30 | Fort McMurray (YMM) Mon 12-May 2014 21:31 | 0 | 1hr01 | [REDACTED] | [REDACTED] |
| [REDACTED] | Fort McMurray (YMM) Tue 13-May 2014 16:15 | Edmonton, Edmonton Int'l (YEG) Tue 13-May 2014 17:15 | 0 | 1hr00 | [REDACTED] | [REDACTED] |

Operated by:
1 Air Canada Express - Jazz

Passenger Information

1: Mrs Shelly Pusch : Adult (16+), Ticket Number: [REDACTED]

Frequent Flyer Prog : [REDACTED] Meal Preference: [REDACTED]
Payment Card: [REDACTED] Special Needs: [REDACTED]
Seat Selection: [REDACTED]

Purchase Summary

| Fare Summary | Adult |
|--|-----------------|
| Passenger Type | |
| Air Transportation Charges | |
| Base Fare | 424.00 |
| Surcharges | 24.00 |
| Taxes, Fees and Charges | |
| Canada Airport Improvement Fee | 55.00 |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 25.86 |
| Air Travellers Security Charge (ATSC) | 14.25 |
| Total airfare and taxes before options (per passenger) | <u>543.11</u> |
| Options | |
| Departing Flight - Flex | |
| * NIL | |
| Return Flight - Tango | |
| * Advance Seat Selection | 18.00 |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 0.90 |
| Total airfare, taxes and options (per passenger) | <u>562.01</u> |
| Number of passengers | 1 |
| Grand Total - Canadian dollars | \$562.01 |

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$562.01

3.

 CHECK # THE PANTRY FORT McMURR
 TABLE # 8200 FRANKLIN AVEN T9H2N9
 FORT McMURRAYAB
 21029496

 PURCHASE
 04-29-2014 19:59:31
 Acct # [REDACTED]
 Exp Date [REDACTED]
 Name: SHELLY PUSCH
 1 Pa [REDACTED]
 1 Su [REDACTED]
 1 H2 [REDACTED]
 Trace # [REDACTED] Operator [REDACTED]

 Inv. # [REDACTED]
 Auth # [REDACTED] RRN [REDACTED]
 SUE
 Purchase \$17.83
 Tip \$2.67
 Total \$20.50
 (00) APPROVED-THANK YOU

***** Retain this copy for your records
 ROOM # Customer copy
 GRATUITY
 TOTAL
 NAME PLEASE PAY YOUR SERVER
 SIGNATURE

 GST# 841323967
 PANTRY RESTAURANT PLEASE COME AGAIN!!!

5.

PLACE FACE UP ON DASH
 IMPARK LOT 256
 NO IN AND OUT PRIVILEGES

Expiration Date/Time
06:00 PM
MAY 08, 2014

Purchase Date/Time: 12:36pm May 08, 2014
 Total Parking: \$25.71
 Total gst: \$1.29
 Total Due: \$27.00 Rate: \$27 - All Day
 Total Paid: \$27.00 Payment Type: [REDACTED]
 Ticket #: [REDACTED]
 S/N #: [REDACTED]
 Setting: [REDACTED]
 Mach Name: Meter

[REDACTED] Auth #: [REDACTED]
 GST #687315638RT0001

Along with Deb Gordon

RECEIPT
 IMPARK LOT 256
 NO IN AND OUT PRIVILEGES
 Expiration Date/Time: 06:00pm May 08, 2014
 Purchase Date/Time: 12:36pm May 08, 2014
 Total Parking: \$25.71
 Total gst: \$1.29
 Total Due: \$27.00 Rate: \$27 - All Day
 Total Paid: \$27.00 Payment Type: [REDACTED]
 Ticket #: [REDACTED]
 Setting: L [REDACTED]
 Mach Name: [REDACTED]

[REDACTED] Auth #: [REDACTED]

6.

LEAVE ON DASH - THIS SIDE UP
 EXPIRATION DATE EXPIRATION TIME

14/05/14 07:40 AM

AMOUNT PAID \$ 5.50 73230000 07:40 AM

DETACH RECEIPT FROM TICKET

DATE ISSUED TIME ISSUED AMOUNT PAID

13/05/14 07:40 AM \$ 5.50

CREDIT CARD NUMBER

CC

Alberta Health Services
 CHARGES ARE FOR USE OF PARKING SPACE ONLY ALBERTA HEALTH SERVICES ENDEAVOURS TO PROTECT THE PROPERTY OF ITS PATRONS BUT WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO CAR OR CONTENTS.
 NON TRANSFERABLE

Alberta Health Services
RECEIPT

MERIT HOTEL
 8200 FRANKLIN AVENUE
 FORT McMURRAY AB

 CARD [REDACTED]
 CARD TYPE MASTERCARD
 DATE 2014/04/30
 TIME 0580 07:55:27
 RECEIPT NUMBER [REDACTED]

 Schelly Pusch
 [REDACTED]

 A/R Number
 Group Code
 Invoice No.
 Reference #

 PRE-AUTH COMPLETION
 TOTAL

\$196.56

 Room No. [REDACTED]
 Arrival 04-29-14
 Departure 04-30-14

 Page No. 1 of 1
 Cashier No. [REDACTED]
 User ID [REDACTED]
 Merit Hotel GST # [REDACTED]

APPROVED

 AUTH# [REDACTED]
 THANK YOU

CARDHOLDER COPY

 IMPORTANT - RETAIN THIS
 COPY FOR YOUR RECORDS

| Date | Description |
|----------|-----------------|
| 04-29-14 | Government Rate |
| 04-29-14 | Tourism Levy |
| 04-30-14 | [REDACTED] |

| | | |
|---------|--------|--------|
| Total | 196.56 | 196.56 |
| Balance | 0.00 | |

| | Tourism Levy | | | | | | | | |
|------|--------------|------|------|------|------|------|------|------|------|
| 0.00 | 7.56 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill 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. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

7. 8.

MERIT HOTEL
8200 FRANKLIN AVENUE
FORT MCMURRAYAB

CARD [REDACTED]
CARD TYPE [REDACTED]
DATE 2014/05/13
TIME 1209 07:30:42
RECEIPT NUMBER [REDACTED]

Schelly Pusch
[REDACTED]

PRE-AUTH COMPLETION
TOTAL \$489.00

Room No. [REDACTED]
Arrival 05-12-14
Departure 05-13-14

1 of 1
:21
SEATRICIA
849702444RT0014

APPROVED

AUTH# [REDACTED]
THANK YOU

| Date | Description | Charges | Credits |
|----------------|-----------------|---------------|---------------|
| 05-12-14 | Government Rate | 189.00 | |
| 05-12-14 | Tourism Levy | 7.56 | |
| 05-13-14 | [REDACTED] | | 196.56 |
| Total | | 196.56 | 196.56 |
| Balance | | 0.00 | |

CARDHOLDER COPY
IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

| | Tourism Levy | | | | | | | | |
|------|--------------|------|------|------|------|------|------|------|------|
| 0.00 | 7.56 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill 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. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

MERIT HOTEL
8200 FRANKLIN AVENUE
FORT MCMURRAYAB

CARD [REDACTED]
CARD TYPE [REDACTED]
DATE 2014/05/13
TIME 5122 07:32:06
RECEIPT NUMBER [REDACTED]

REFUND
TOTAL \$292.44

[REDACTED]

APPROVED
AUTH# [REDACTED]
THANK YOU

MERCHANT SIGNATURE
CARDHOLDER COPY
IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS