

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of June 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)
Jun-14	Expense	Meetings		30		422	452		-	-
Jun-14	P-Card	Meetings		14	108	79	201			
Total			\$ -	\$ 44	\$ 108	\$ 501	\$ 653	\$ -	\$ -	\$ -

Total for the Month \$ 653

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 99
 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

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: 20-May-14 To 20-Jun-14
 Travel Period from: 5-Jun-14 To 6-Jun-14 (if applicable)
 Out-of-Province Travel

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

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					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	\$451.63						\$451.63		
2B												
2C												
2D												
				\$451.63							Less Cash Advance	
											TOTAL CLAIM	\$451.63

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 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.

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: Shelly Pusch Date: _____

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.
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Approved claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Deb Gordon DOFA Level: [REDACTED] Position #: [REDACTED] Phone #: [REDACTED] Ext: _____
 Signature: [Signature] Title: Chief Health Operations Officer, Northern AB Date: 13 JUNE 2014

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 Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0004 71110100064	Emp # (E-People) [REDACTED]	Page 2A
<i>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.</i>		

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 <small>(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</small>	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						
5-Jun-14	Travel to Hinton for Meeting with the Minister	AB	Meeting	Yes										314.00 ✓
5-Jun-14	Dinner	AB	Meeting	Yes	D-\$20.75	\$20.75								
6-Jun-14	Breakfast	AB	Meeting	Yes	B-\$9.20	\$9.20								
6-Jun-14	Travel back home	AB	Meeting	Yes										313.00 ✓
10-Jun-14	Travel to Edmonton for meeting with MLA Everett McDonald	AB	Meeting	Yes										208.00 ✓
SUBTOTALS														Total Kms 835.00 ✓

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 ✓
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Note: Total will auto fill into pg 1, Section E, if form completed electronically - Additional pg 2's can be found after Page 3	Mileage \$ \$421.68 Travel \$ Subtotal \$29.95 Auto fills on page 1 - TOTAL TRAVEL \$ \$451.63
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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)

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>SVP NORTH ZONE</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/06/2014</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>[REDACTED]</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$201.79</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
29/05/2014	[REDACTED]	BANFF EAST GATE, GOVERNMENT SERVICES NOT ELSEWHERE CLASSIFIED	39.20	CAD	39.20	1.87	.00	NRoR Mtng - Parks Pass
31/05/2014	[REDACTED]	DELTA BANFF ROYAL CANA, LODGING HOTELS, MOTELS, RESORTS	25.20	CAD	25.20	.00	.00	Parking - NRoR Mtng Banff
06/06/2014	[REDACTED]	LAKEVIEW INN & SUITES, LODGING HOTELS, MOTELS, RESORTS	107.91	CAD	107.91	5.14		Minister Mtng Hinton
09/06/2014	[REDACTED]	BOSTON PIZZA #100, EATING PLACES, RESTAURANTS	14.48	CAD	14.48	.69		Mtng Cold Lake MLA & Mayor
10/06/2014	[REDACTED]	IMPARK00020383U, AUTOMOBILE PARKING LOTS AND GARAGES	15.00	CAD	15.00	.71	.00	Mtng - Leg with MLA Everett McDonald

Signatures
Cardholder Designate (if Applicable)

By signing this statement

- 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.

KATHY PRODANTUK
Name of Cardholder Designate

EAC to C20 NZ
Cardholder Designate Position/Title

Kathy Prodanuk
Signature of Cardholder Designate

June 11, 2014
Date of Signature

Cardholder

By signing this statement

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- 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.

PUSCH, SHELLY
C20
SVP NORTH ZONE

Name of Cardholder

Cardholder Position/Title

Shelly Pusch
Signature of Cardholder

June 11, 2014
Date of Signature

Approver Designate (if Applicable)

By signing this statement

- 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.
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Kim Belrose
Name of Approver Designate

Executive Assistant
Approver Designate Position/Title

Kim Belrose
Signature of Approver Designate

25 June 2014
Date of Signature

Approver

By signing this statement

- 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.
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Deb Gordon
Name of Approver

VP - Chief Health Operations
Approver Position/Title

Deb Gordon
Signature of Approver

25 June 2014
Date of Signature

Officer, Northern Alberta
Submit approved statement with attachments to Accounts Payable:
Attach:

- 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: _____

Lakeview Inn & Suites - Hinton

500 Smith Street
Hinton, Alberta
T7V 2A1

Phone: 780-865-2575

Email: hinton@lakeviewhotels.com

LAKEVIEW INN & SUITES
500 SMITH ST
HINTON, AB T7V 2A1
TEL (780) 865-2575

TERM ID: F4007897

BALANCE: 069
SHIFT: 001

Completion

INVT: [REDACTED]

SECT: 065001031001

Guest Folio

Arrival Date: 05 Jun 2014

Departure Date: 06 Jun 2014

Room Type: [REDACTED]

Total: CAD\$ 107.91

Folio: [REDACTED]

Room: [REDACTED]

APPROVED 220534
000.00

CC Number: [REDACTED]

06-Jun-14

07:15:41

CUSTOMER COPY
THANK YOU

			Amount	Tax	Total
5 Jun 2014	1	Room Charge	\$99.00	\$8.91	\$107.91
6 Jun 2014	1	Check-Out (Payment: [REDACTED])	\$-107.91	\$0.00	\$-107.91
		Room Charges	\$99.00	\$8.91	\$107.91
		Other Charges	\$0.00	\$0.00	\$0.00
		Credits	\$-107.91	\$0.00	\$-107.91
		Balance			\$0.00

Alberta Room Tax 4.00 % \$99.00 \$3.96
Room G.S.T. 5.00 % \$99.00 \$4.95

Reg # 856666409RT003

Signature _____

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parkscanada.gc.ca
parcsCanada.gc.ca

Banff East Gate
12149 1807 RT
Alberta
#10040



Expires:
2014/05/31
at 4pm



Sales Receipt

Transaction #: [REDACTED]
 Date: 5/29/2014 12:43:21 PM
 Cashier/Caissier: 11 Register/Caisse #: 11

Item	Description	Amt/Mnt
20003	NP FG Day /PN FG per jour 2 @ \$19.80	\$39.20
	2014/06/31	

Sub Total/Sous-Total \$37.33
 GST/TPS 1.87

Total \$39.20

Mastercard Tendered
 Change Due/Argent Remis

Thank you for visiting
 Merci de votre visite

BANFF EAST GATE
101 MOUNTAIN AVENUE
PO BOX 900
BANFF, AB T1L1K2
4036782505

SALE

MID: [REDACTED]
 TID: 009 REF#: [REDACTED]
 Batch #: [REDACTED]
 05/29/14 12:43:15
 APPR CODE 144316

AMOUNT \$39.20

APPROVED

AID: [REDACTED]
 TVR: 00 00 00 80 00
 TSI: E8 00

THANK YOU
PLEASE COME AGAIN

WE WELCOME YOU



459 Banff Avenue, Banff, Alberta, T1L 1B4
Tel: 403-762-3307 Fax: 403-762-2744

Cdn Foundation Health Care Improvement
Shelly Push
Canada

Room: [REDACTED]
Folio: [REDACTED]
Cashier: [REDACTED]
Arrival: 05-29-14
Departure: 05-31-14
Reference:

Group: Cdn Foundation for Health Care Improve

Date	Description	Additional Information	Charges	Credits
05-29-14	Parking		12.00	
05-29-14	GST - Other Revenue		0.60	
05-30-14	Parking		12.00	
05-30-14	GST - Other Revenue		0.60	
05-31-14	[REDACTED]	[REDACTED]		25.20

GST Summary	
Registration No: 100925932	
Room	0.00
F&B	0.00
Other	1.20
Total	1.20

Total	25.20	25.20
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.



BOSTON PIZZA
COLD LAKE

MULLY L SvrCk: 10 13:06 06/09/14
Separate checks: 4-of-4

1 MEX QUESADILLA, w/ Sausar 11.99
1 WATER 0.00

Sub total: 11.99
GST : 0.60
06/09 13:44 TOTAL 12.59

THANK YOU!
GST#892897547
PLEASE PAY SERVER
JOIN US FOR PASTA TUESDAYS!!!
CHECK OUT OUR
NEW FEATURE MENU !!!

TELL US HOW WE DID!
We value your feedback.
Complete a short survey and receive a
weekly chance to WIN an awesome
\$50 Boston Pizza Gift Card.
Keep this receipt and go to
www.tellbostonpizza.com
OR call 1.888.205.5778

For complete rules, eligibility
please visit www.tellbostonpizza.com

33051-60000-90011

STORE 100

PLACE ON DASH THIS SIDE UP

VALID ONLY IF PROPERLY DISPLAYED
ON STREETSIDE DASHBOARD
THIS SIDE UP

Impark
Lot 500-21 10001 - 107 Street
GST 88731-5638-RT0001

Expires

10 Jun 14

05:35 PM Paid \$ 15.00C

Entry time 10 Jun 14 02:35 PM

PLACE ON DASH THIS SIDE UP

KEEP THIS PORTION

Expires

10 Jun 14
05:35 PM

Paid
\$ 15.00C

RECEIPT

PROOF OF PURCHASE

BOSTON PIZZA #100
4308 50th Street
Cold Lake
T9M 1Y6
780-594-5558

** TRANSACTION RECORD **

Trans #: 9383

Check #: 53
Employee #: 50
Employee Name: MULLY

AID: A

amount \$12.59
TIP \$1.89
Total Cndt 14.48

ATM ID: 154740
GO-POS
BES10012/BEC10012

IMP

IMP

www.Impark.ca

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Impark Again