

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title ACMO, Medical Leadership, Workforce & Medical Affairs
Location Calgary

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	461				461			
Sep-14	Expense Claim	Meetings		62	185	86	333			
Sep-14	Direct Billing	Meetings	144				144			
Total			\$ 605	\$ 62	\$ 185	\$ 86	\$ 938	\$ -	\$ -	\$ -

Total for the Month \$ 938

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 164
 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

RAMSTEAD, DEBRA	EXECUTIVE ASSISTANT	Billing Reporting Period:	20/09/2014
Cardholder's Name	Cardholder's Position/Title		
PROVINCIAL MEDICAL AFFAIRS	CALGARY SOUTHPORT	Total Statement Amount:	\$ 461.21
Cardholder's Dept	Cardholder's Site/Location		
DEBRA.RAMSTEAD@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
		SERVICES NOT ELSEWHERE CLASSIFIED						Workers conference and workshop
02/09/2014	363035219	AIR CAN ██████████ AIR CANADA	222.73	CAD	222.73	.00	.00	R. Nichol attend meetings Edmonton Sept 10 (Zone Med. Dirs., N. Shipley, CMO Retreat planning, Clinical Assts. Negotiations)
02/09/2014	363221935	AIR CAN ██████████ AIR CANADA	222.73	CAD	222.73	.00	.00	R. Nichol Meetings Edmonton Sept 10 (Zone Med. Dirs., N. Shipley, Clinical Assts Negotiations)
02/09/2014	363221936	AIR CAN ██████████ AIR CANADA	15.75	CAD	15.75	.00	.00	R. Nichol Meetings Edmonton Sept 10 (Zone Med. Dirs., N. Shipley, Clinical Assts Negotiations)

Cardholder Statement Report

Signatures

Cardholder Designate (if Applicable)

I, the undersigned, hereby certify that I have reviewed and approved the statement of P-Card activity for the period of my ability to do so in accordance to the Alberta Health Services P-Card Policy (1022) and that the information is true and correct to the best of my knowledge.

Name of Cardholder Designate

Name of Approver Designate

Signature of Cardholder Designate

Signature of Approver Designate

Cardholder

By signing this statement:

- I attest that I have read and understood the "Travel, Hospitality and Working Away Expenses Policy (1022)" of Alberta Health Services and confirm expenses being claimed are in compliance with this policy.
- I attest the expenses were used for business or official purposes for Alberta Health Services and that this claim has not been previously claimed by me or another individual for Alberta Health Services or any other organization. A personal receipt for personal expenses is mandatory for such claims.
- I attest that expenses claimed in this statement have been approved by a cost-effective method, otherwise rationale and supporting analysis is provided.

Name of Cardholder

Name of Approver

D. Remstead
Signature of Cardholder

24 Sept 2014
Signature of Approver

Approver Designate (if Applicable)

By signing this statement:

- I attest that I have read and understood the "Travel, Hospitality and Working Away Expenses Policy (1022)" of Alberta Health Services and confirm expenses being claimed are in compliance with this policy.
- I attest the expenses claimed in this statement are for business or official purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or another individual for Alberta Health Services or any other organization. A personal receipt for personal expenses is mandatory for such claims.
- I attest that expenses claimed in this statement have been approved by a cost-effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate

Name of Approver Designate

Signature of Approver Designate

Signature of Approver

Approver

By signing this statement:

- I attest that I have read and understood the "Travel, Hospitality and Working Away Expenses Policy (1022)" of Alberta Health Services and confirm expenses being claimed are in compliance with this policy.
- I attest the expenses claimed in this statement are for business or official purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or another individual for Alberta Health Services or any other organization. A personal receipt for personal expenses is mandatory for such claims.
- I attest that expenses claimed in this statement have been approved by a cost-effective method, otherwise rationale and supporting analysis is provided.

Dr. Verne Yiu
Signature of Approver

VP Quality + CMO
Signature of Approver

[Signature]
Signature of Approver

Sept 25/14
Signature of Approver

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original for eligibility, terminated or date with document for personal expenses including names of participants if applicable.
- Original for a claim (Statement from card holder, copies of receipts, original receipt and invoice, photo if applicable).
- Original for approval for travel.
- Personal receipt payable to Alberta Health Services.
- Receipt, refund order, bank statement.
- Original letter.
- Supporting receipts for travel expenses if applicable, receipts for other expenses if applicable and original receipt for personal expenses if applicable.

Address:

Alberta Health Services
Accounts Payable
Rembrandt Plaza
1st Floor, N9-9, Tower 1000, 101-15th Ave
Edmonton, AB T5J 3C4

Accounts Payable only

Reference #

Received by

Date:

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.



⑦ R. Nichol
 Attend mtgs Edmonton Sept 16
 Zone Medical Director
 N Shipy
 CMO Retreat Planning Mtg
 Clinical Assistants Negotiations
 AC Cancelled Flight - travelled
 on AC 8164 booked AC 8156

Booking Information

Booking Reference: [REDACTED]

Customer Care

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

Air Canada
 1-888-247-2262

Main Contact:
 Mr Rowland Nichol
 debra.ramstead@albertahealthservices.ca
 Mobile: [REDACTED]
 Home: [REDACTED]
 Work: [REDACTED]

Flight Arrivals and Departures
 1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8164 ¹	Calgary (YYC) Tue 09-Sep 2014 19:30	Edmonton, Edmonton Int'l (YEG) Tue 09-Sep 2014 20:22	0	0hr52	DH3	Flex, W	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Rowland Nichol : Adult (16+), Ticket Number: [REDACTED]
 Air Canada - [REDACTED] Meal Preference: None
 Aeroplan : [REDACTED]
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: AC8164 5C

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	163.00
Surcharges	12.00
Taxes, Fees and Charges	
Canada Airport Improvement fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.61
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	222.73
Number of passengers	x 1
Total airfare, taxes and options	222.73
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$222.73

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: \$222.73
 The following charges (tax inclusive) will appear on your credit or debit card statement:
 • Air Canada: \$222.73 (Airfare - per ticket)
 Ticket number(s): [REDACTED]

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - Flex

- Changes:
 - Prior to day of departure - Change fee per direction, per passenger, is \$50 CAD plus applicable

taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.

- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

● **Cancellations:**

- Tickets are **non-refundable and non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
- Customers who **no-show** their flight will forfeit the fare paid.
- **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
- Up to 24 hours after the purchase of a **new ticket**, Air Canada will cancel your ticket and provide a full refund without penalty.
- Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
- Read complete fare rules applicable to this fare.



Fly Carbon Neutral. Offset your portion of this flight's CO₂ emissions.
Offset now | Learn more

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: [REDACTED]

Name: Mr Rowland Nichol
E-mail: DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA
Form of payment: [REDACTED]

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
AC8156	Calgary (YYC)	Edmonton International (YEG)	CRJ	W	Confirmed
<i>Operated by:</i>	Tue 09-Sept 2014	Tue 09-Sept 2014			
<i>Air Canada Express-Jazz</i>	18:00	18:49			
Seat number(s) requested:	8C				

Passenger Information

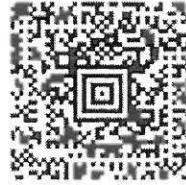
Passenger 1
Name: Mr Rowland Nichol
[REDACTED] Ticket number: [REDACTED]
 Air Canada Aeroplan Program number: [REDACTED]

Purchase Summary

Passenger: 1 Ticket number [REDACTED]

Date of issue: 09-Sept 2014
 Fare Amount in Canadian dollars: 175.00

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.



⑧ R. Nicol
 Attend meetings in Edmonton
 Sept 10
 Zone Medical Director
 N Spitzer
 cmo of Site Mgr. Planning
 Clinical Asst. Organization

Booking Information

Booking Reference: [REDACTED]

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

Main Contact:
 Mr Rowland Nichol
 debra.ramstead@albertahealthservices.ca
 Mobile: [REDACTED]
 Home: [REDACTED]
 Work: [REDACTED]

Customer Care
 Air Canada
 1-888-247-2262
Flight Arrivals and Departures
 1-888-422-7533

Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8153 ¹	Edmonton, Edmonton Int'l (YEG) Wed 10-Sep 2014 18:00	Calgary (YYC) Wed 10-Sep 2014 18:50	0	0hr50	DH4	Flex, W	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Rowland Nichol : Adult (15+), Ticket Number: [REDACTED]

Air Canada - [REDACTED] Meal Preference: **None**
 Aeroplan : [REDACTED]
 Payment Card: [REDACTED] Special Needs: **None**
 Seat Selection: AC8153 2F (Preferred) Paid

Congratulations on your selection of a Preferred seat. Please read the Terms and conditions.

Purchase Summary

Fare Summary	
Passenger Type	Adult
Air Transportation Charges	
Departing Flight - Flex	163.00
Surcharges	12.00
Taxes, Fees and Charges	
Canada Airport Improvement Fee	30.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	10.61
Air Travellers Security Charge (ATSC)	7.12
Total airfare and taxes before options (per passenger)	222.73
Number of passengers	x 1
Total airfare, taxes and options	222.73
Seat Selection	
Mr Rowland Nichol	
AC8153: 2F - Preferred Seat (Window)	15.00
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)	0.75
Total including airfare, taxes, options and seat selection charges:	238.48
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$238.48

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: **\$238.48**
 The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$222.73 (Airfare - per ticket)
- Air Canada: \$15.75 (Advance Seat Selection - for passenger 1)

Ticket number(s) [REDACTED]

Fare Rules

Departing Flight Edmonton (YEG) To Calgary (YYC) - Flex

• Changes:

- Prior to day of departure - **Change fee** per direction, per passenger, is \$50 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Same-day confirmed changes** at check-in or at the airport are permitted at a flat fee of \$75 CAD/USD per direction, per passenger (subject to availability). Same-day flights only.
- **Same-day standby** is available **only** to passengers travelling on a flight between Toronto and Montreal or Ottawa (connecting flights excluded), as well as to passengers travelling between Toronto Pearson (YYZ) and LaGuardia (LGA), John F. Kennedy (JFK) and Newark (EWR) airports.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

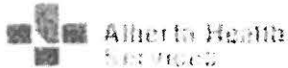
• Cancellations:

- Tickets are **non-refundable and non-transferable**.
 - **Cancellations** can be made up to 45 minutes prior to departure.
 - Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the original date of ticket issuance. If the fare for the new journey is lower, any residual amount will be forfeited.
 - Customers who **no-show** their flight will forfeit the fare paid.
 - **Complimentary advance standard seat selection** on Air Canada and Air Canada Express (operated by Jazz), subject to availability.
 - Up to 24 hours after the purchase of a **new ticket**, Air Canada will cancel your ticket and provide a full refund without penalty.
 - Flights operated by Air Canada: earn 100% Aeroplan Miles (Altitude Qualifying Miles)
 - Read complete fare rules applicable to this fare.
-



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[Offset now](#) | [Learn more](#)

Sent to AP emailed to Public Disclos



AHS - AP Processing - Internal Use Only	
Voucher #	
Nothing Convention	

**MEDICAL AFFAIRS
TRAVEL/MEETING EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION (Check one only)

Sole Proprietor Professional Corporation

Invoice Date: _____ Invoice #: _____

Vendor Name: **Nicol-Pereles Professional Corporation** Vendor# (if known): _____

Address: _____ City: _____

Province/State: _____ Postal Code: _____ Country: _____

Reason for Expense &/or Business Case: **Attending meetings in Grande Prairie and Edmonton related to ACMO**

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rationale is required
Cells that are locked (Complete calculations) are shaded Aqua Cells requiring selection from dropdown menu are shaded Orange

SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION (Departments must provide Complete Coding)

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 below

Corp/BU/Org e.g. 101	Location (if applicable) e.g. 0000	Functional Center/Primary e.g. 71113050440	Expense/ Secondary Acct e.g. 62312000	Cost Effective Method Used?	Expense Sub - Total	GST (if applicable)	TOTAL
101	0000	71110000012	62312000	Yes			
							\$332.53

Currency: Canadian \$ US \$ Other Currency

TOTAL PAYMENT

SECTION 3: AUTHORIZATION

Requisitioned by (Print Name): _____ Position Title/Program Group: _____ Date: _____ Phone#: _____

I hereby warrant that I have read the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and hereby warrant that my actions are in compliance with such policy.
I certify that expenses submitted in this claim have been incurred by me as a cost effective method where no actual supporting evidence is provided.
I hereby certify that the expenses stated above have not been previously claimed by me or any other individual from whom I am a member or any other Organization, but that the expenses in this claim are for valid business purposes for Alberta Health Services.

Claimant signature: _____ Position Title/Program Group: **ACMO** Date: **12-Sep-14** Phone#: _____

I hereby warrant that I have read the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and hereby warrant that the expenses claimed are in compliance with such policy.
I certify that expenses submitted in this claim have been incurred by me as a cost effective method where no actual supporting evidence is provided.
I hereby certify that the expenses stated above have not been previously claimed by me or any other individual from whom I am a member or any other Organization, but that the expenses in this claim are for valid business purposes for Alberta Health Services.

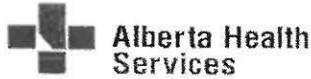
Approved by (Print Name): **Dr. Verna Yiu** Signature: _____ Date: **Sept 16/14** Phone#: _____

Title/Program Group: **VP, Quality & CMO** IDOEA Level: _____

GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1116 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122

1) All expense claims must be submitted on the Travel, Hospitality & Working Session Expense Claim Form.
2) Policies and amendments are available on the Accounts Payable - Claims web page and subject to appropriate accounting.
3) No cash advances or unsubmitted expense reports are allowed. Expenses will be processed without processing.

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AHS - AP Processing - Internal Use Only	
Voucher #	
Naming Convention:	

**MEDICAL AFFAIRS
TRAVEL/MEETING EXPENSE CLAIM FORM**

SECTION 1: PAYEE INFORMATION (Check one only)

Sole Proprietor Professional Corporation

Invoice Date: _____ Invoice #: _____

Vendor Name: Nichol-Pereles Professional Corporation Vendor# (if known): _____

Address: _____ City: _____

Province/State: _____ Postal Code: _____ Country: _____

Reason for Expense &/or Business Case: **Attending meetings in Grande Prairie and Edmonton related to ACMO**

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required
Cells that are locked (Complete calculations) are shaded Aqua Cells requiring selection from dropdown menu are shaded Orange

SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION
(Departments must provide Complete Coding)

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rational is Required" section below

Corp/BU/Org e.g. 101	Location (if applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050440	Expense/ Secondary Acct e.g. 69500001	Cost Effective Method Used?	Expense Sub - Total	GST (if applicable)	TOTAL
101	0000	71110000012	62312000	Yes			
<input checked="" type="checkbox"/> Canadian \$	<input type="checkbox"/> US \$	<input type="checkbox"/> Other Currency	TOTAL PAYMENT				\$332.53

SECTION 3: AUTHORIZATION

Requisitioned by (Print Name): _____ Position Title/Program Group: _____ Date: _____ Phone#: _____

I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy(1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.

I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.

I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.

Claimant's signature: *[Signature]* Position Title/Program Group: ACMO Date: 12-Sep-14 Phone#: _____

I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.

I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.

I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.

I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.

Approved by (Print Name): Dr. Verna Yiu Signature: _____ Date: _____

Title/Program Group: VP, Quality & CMO DOFA Level: _____

GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1118 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122

1) All employee claims must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

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. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email: Mark.Palka@albertahealthservices.ca

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required

SECTION 4: MEDICAL AFFAIRS - TRAVEL EXPENSE CLAIM PORTION

Date	Purpose of Expense	GST	Conference	Hotel	Parking /Taxi	Meal Type	Meals	Meal Receipt	Rental Car/Airfare	Cost Effective method used?	Mileage km
5-Sep-14	Debrief meeting with QEII st				\$35.70		\$41.55			Yes	
10-Sep-14	CA Negotiations in Edmonton	\$8.45		\$175.68	\$50.40		\$20.75			Yes	
SUBTOTAL		\$8.45		\$175.68	\$86.10		\$62.30				

Enter \$0.505, \$0.47 OR rate per Union Agreement (see Mileage details below)	0.505
Mileage \$	

SECTION 5: MEDICAL AFFAIRS STAFF COMMITTEE MEETING EXPENSES

BU/Unit	Location	Functional Centre	Expense Account	Approved AHS Committee Name	Meeting Date	Cost effective Method Used	Stipend	Other Expenses
SUBTOTAL								

Rational is Required for expenses that are not Cost Effective: (supporting analysis and documentation must be attached to this form)	Section 4 Subtotal	\$	324.08
	Section 4 GST Total	\$	8.45
	Section 5 Subtotal		
	Mileage Total		
	Total Payment	\$	332.53

MEAL PER DIEM RATES

B = Breakfast = \$9.20 L = Lunch = \$11.60 D = Dinner = \$20.75 A = ALL MEALS = \$41.55

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

→ details of travel location to & from must be included above under the purpose of travel column

\$0.505 per km for under 5,000km/yr

\$0.47 per km for over 5,000km/yr

or per Union Agreement

Reference Links

[Delegation of Authority for Financial Commitments Authorization Table](#)

[Policy #1118 - Delegation of Authority for Financial Commitments](#)

[Policy #1122 Travel, Hospitality & Working Session Expenses](#)

[AHS Chart of Account Mapping Tool \(this page also has a link for BAS Representatives\)](#)

RECEIPT
GST NO. R122556194

EXIT No. A2
IN: 09/04/14 18:07
OUT: 09/05/14 18:50
DURATION: 1 00: 43
PAID: \$ 35.70
(GST INCLUDED)
VISA
[REDACTED]

Airport Parking
Attend debrief meeting with staff
@ OELL in Grande Prairie Sept 5/14

REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

RECEIPT
GST NO. R122556194

EXIT No. A5
IN: 09/09/14 16:58
OUT: 09/10/14 19:10
DURATION: 1 02: 12
PAID: \$ 50.40
(GST INCLUDED)
VISA
[REDACTED]

Airport Parking
Attend Clinical Assistants
Negotiations Edmonton Sept 10/14

REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 780-426-3636
 http://www.westin.com/edmonton



Nichol, Rowland
 [Redacted]
 Page Number 1 Invoice Nbr [Redacted]
 Guest Number [Redacted] Arrive Date 09-09-2014 19:38
 Folio ID [Redacted] Depart Date 09-10-2014 07:11
 No. Of Guest [Redacted] Agent [Redacted]
 Room Number [Redacted]

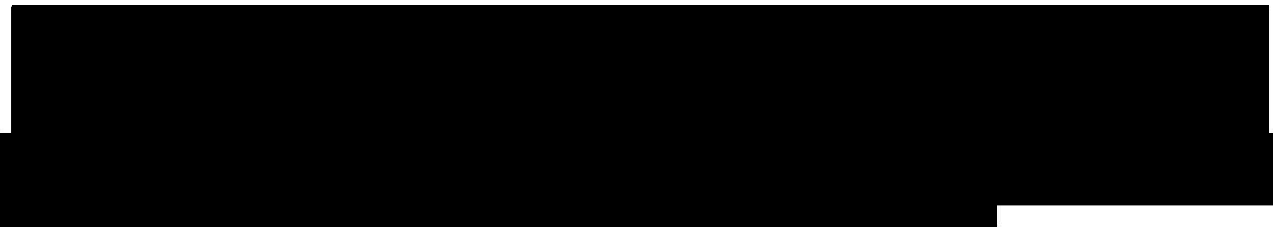
Duplicate Invoice

Date	Reference	Description	Charges	Credits
09-09-2014	[Redacted]	Room Charge	\$164.00	
09-09-2014	[Redacted]	GST	\$8.45	
09-09-2014	[Redacted]	DMF	\$4.92	
09-09-2014	[Redacted]	Tourism Levy	\$6.76	
09-09-2014	[Redacted]	[Redacted]		
09-10-2014	[Redacted]	Visa		

EXPENSE SUMMARY REPORT
 Currency: CAD

\$ 184.13

Date	Room	GST	Tour Levy	Food/Rev	Phone	Other	Total	Payment
09-09-2014	\$164.00	\$8.45	\$6.76	\$0.00	\$0.00	\$28.87	\$208.08	\$0.00
09-10-2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$-208.08
Total	\$164.00	\$8.45	\$6.76	\$0.00	\$0.00	\$28.87	\$208.08	\$-208.08



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Continued on the next page

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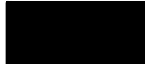
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HOTELS & RESORTS

Nichol, Rowland



Page Number
Guest Number
Folio ID
No. Of Guest
Room Number



Invoice Nbr
Arrive Date
Depart Date
Agent



09-09-2014 19:38

09-10-2014 07:11



Duplicate Invoice

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS. Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: YES

Name :	Rollie Nichol	Reporting Period for the Month of :	Sep-14
---------------	---------------	--	--------

DD-MMM-YY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
05-Sep-14	Direct Billing	Hotel	Attended hearing in Grande Prairie September 5, 2014 (Pomeroy Hotel direct billed to Prov MA North Zone office)	Other	143.54
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 143.54



Pomeroy Lodging LP o/a GP Pomeroy Hotel

GST #855473310 RT0014

11633 100th Street

Grande Prairie, AB T8V 3Y4

Telephone: (780)532-5221 Fax: (780)532-5441

Sep 01, 2015
11:54 am

ROWLAND NICHOL



Arrival Date: September 04, 2014
Departure Date: September 05, 2014

Folio #: [REDACTED]
Room Number: [REDACTED]
Rate: \$134.00
Pay Method: [REDACTED]

Information:

Date	Department	Reference	Voucher	Room	Debit	Credit
9/4/2014	ROOM CHARGE	Auto Posted		[REDACTED]	\$134.00	
9/4/2014	HOTEL TAX	Auto Posted		[REDACTED]	\$5.36	
9/4/2014	D.M.F. FEE	Auto Posted		[REDACTED]	\$4.02	
9/4/2014	HOTEL TAX	Auto Posted		[REDACTED]	\$0.16	
9/5/2014	Direct Bill	CHECKED-OUT Acc [REDACTED] AHS - MEDICAL AFFAI		[REDACTED]		\$143.54

I agree that my liability for all charges is not waived

Balance:

Signature _____