

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol

Title Associate Chief Medical Leadership, Workforce & Medical Affairs

Location Calgary

Expenses submitted during the month of November 2014

				Travel	(1)			l				
Source Date Document Purpose	Air	fare	Meals	Accommo	dation	her ivel	Total ⁻ ravel		ofessional velopment (2)	Worl Sess Hostin Hospi (3	ions g and tality	her 4)
Nov-14 P-Card Meetings Nov-14 Expense Claim Meetings		829	23			432 190	1,261 213		249			204
Total	\$	829	\$ 23	\$	-	\$ 622	\$ 1,474	\$	249	\$	-	\$ 204
Total for the Month \$ 1,927												
Maximum daily single meal expense claimed in the month Maximum daily base hotel rate claimed in the month	\$ \$	12										

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

Non economy air travel in the month

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

\$

Alberta Health Services

Cardholder's	Name L MEDICAL Dept		EXECUTIVE ASSIST Cardholder's Position CALGARY SOUTHPO Cardholder's Site/Loc	/Title DRT		Reporting Perio		20/11/2014 \$6,245.70	\$1509.97	
	ASTEAD@A		THSERVICES.CA		Last	6 digits of the P-I	Card #			
Statement o	of Transaction	ons					-			
ransaction	Trans ID	Merchant Na	me & Description	Trans Original	Currency	Trans Amount	GST	FreighDescriptio	n	
6/10/2014	368143300	AIR CAN	AIR CANADA	52.50	CAD	52.50	.00	.00R. Nichol C October 29	hange fee. Moved flight from 6 ar to October 28	n
06/11/2014	370246776	AIR CAN	AIR CANADA	190.18	CAD	190.18	.00		resentation to Edmonton Internal	
06/11/2014	370631271	AIR CAN	AIR CANADA	190.18	CAD	190.18	.00	Edmonton	nd Med. Staff Bylaws Comm. mtg	
10/11/2014	5/06512/1	AIRCAN	AICCARADA	130.10	CAD	150.10			nd Med. Staff Bylaws Comm. mtg	
06/11/2014	370631275	AIR CAN	AIR CANADA	15.75	CAD	15.75	.00		eat selection Presentation to Internal Medicine and Med. Staff	ł
									nmittee Edmonton Nov 20	
13/11/2014	370973140	PRESTIGE TP	ANSPORTATIO,	72.00	CAD	72.00	3.43	.00R. Nichol S	ept 9 Airport to Westin Clin. Asst.	-
0/11/2014		LIMOUSINES A	ND TAXICABS					Negotiation	as Edmonton	
13/11/2014	370973141	PRESTIGE TR	ANSPORTATIO, AND TAXICABS	72.00	CAD	72.00	3.43		nd W. Hondas Westin to Airport Regotiations Sept 10	

RUN DATE: 12/08/2014

PAGE NO: 1

P-Card details Online ® Cardholder Statement Report

Alberta Health	
 Services	

13/11/2014	370973143	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00R. Nichol Airport to Matrix Edm Oct 1 Just
13/11/2014	370973144	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00R. Nichol Matrix Edmonton to Airport Oct 1 Just Culture mtg
3/11/2014	370973146	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00R. Nichol airport to Union Bank Inn Edm. Clin. Asst. Negotiations Oct 8
3/11/2014	370973147	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00R. Nichol W. Hondas AMA office to Airport
4/11/2014	370973136	CONFERENCE BOARD OF, BUSINESS SERVICES NOT ELSEWHERE CLASSIF	249.00	CAD	249.00	11.86	R, Nichol webinar Emotional Intelligence in the Boardroom November 14
8/11/2014	371542487	AIR CAN AIR CANADA	190.18	CAD	190.18	.00	.00R. Nichol attend Prov MA Development
01/1/2014	011042407			0,10			session Edmonton Dec 5
8/11/2014	371542488	AIR CAN	190.18	CAD	190.18	.00	.00R. Nichol attend Prov Medical Affairs. Development session Edm Dec 5

AllS red

P-Card details Online ® ardholder Statement Report

Cardholder Designate (if Applicuble) By signing this statement • Thereby carbly that I have reviewed and reconciled this stateme Program User Guide and Training. I have allocated the transactory		
 I hereby certify that I have reviewed and recording the statement 	aliana ana ana	
Program User Guide and Training. I have allocated the transarb		
	ant in BNO On the to the bust of my an inty in secondance to	AHS COME IN POILES
	with the sic proper case denti-	
Navie of Cardinate Descent		
Name of Cardholder Dasignate	Cardholds: Designate Pesition Tale	
Signature of Cardholder Desaynate	Date of Signafare	
Cardholder		
By signing this statement	a full to a start	
 I attest that I have read and understand the "Trauat House days 	and Mushing Cassing Provide the Version of the	
expenses being claimed are in compliance with such policy	and vorking session carbo are "oncy (1122)" of Alburta Fre	am Services and califirm
 I attest the expenses successed in this claim are for valid business claimed by me or on niv behalt from Alberta Health Scauser are 	S DUIDOSE'S for Alberta Health Services and that they along	
claimed by me or on my behalt from Alberta Health Skryces or a charged is stlached.	any other Organization. A personal cheque for any personal	expenses madverteatly
 I attest that expenses submitted in this claim have been incurred provided. 	by using a cost effective method, otherwise rationale and	subbound gualities is
RAMS TEAD DEBRA	EXECUTIVE ASSISTANT	
Nume of Calanoider	Cardholder, Post on/Title	
Debra Kanstrad	25 Nov 2014	
Signature of Cardholder		
-	Date of Signature	
Approver Designate (if Applicable)		
By signing this statement		
 I attest that I have read and understand the "Travel. Hospitality at expenses being claimed are in compliance with such online. 	nd Working Session Expense Policy (1122)" of Alberta He	alin Services and conferm
expenses being claimed are in compliance with such policy.	a second freed of our about the	and delayers and condiffic
· I attest the expanses enclosed in this claim are for which human		
 I attest the expenses enclosed in this claim are for valid business claimed by the claimant or on their behalf from Alberta Henlth Sei charged has been obtained. 	purposes for Alberta Health Services and that this claim I	has not been previously
charged has been obtained.	revises of any other Organizarion. A personal cheque for pe	isonal expenses inadverto
 I attest that expenses submitted in this claim have beencuried provided 	by using a cost effective method otherwise railencle and	Supponing analysis a
provided		anhharruft erunitein (a
Name of Approver Designate	Approver Pasignate Foster a fille	
Construction of the second sec	the second s	
Signatura of Approver Drsignate	Date of Sar in tre	
Approver By signing this statement	and the second s	
 I altest that I have read and understand the "Travel, Hospitality an expenses boing claimed are in compliance with such potent 	nd Working Session Expense Policy (1:22)" of Alberta Had	th Services and conting
expenses boing claimed are in compliance with such policy.		
 Lattest the exponses enclosed in this right are for valid business claims 1 by the claimant or on their to that from Alberta Leads See 	nimenal for A hade Linder Conservation and lines the	Same Start Street
	Vic 1 of the other of the training and that this ciam in	as not been proviously
charged has been obtained.	the rest and outer organization is personal choque to pe	aonai exponsas inadreito
 I attent that expenses submitted in this claim have been incurred to provided. 	by using a cost effective method, otherwise rationals and a	unne dine analysis is
	100 11 01	white with a start a sta
		which will sumlage
Dr. Verngg Y/mp-	VP Quality+ CMO	append snayes a
	Approvin Populium Title	opporting straips a la
Dr. Verngg Y/mp-		opporting analysis is
Dr. Vernant pr	Approver Populan Tide	opporting analysis is
Dr. Vernanty m Name of Approver		
Dr. Vernanty m Name of Approver	Approver Populan Tide	
Dr. Vernant M. Signature of Approved statements to Accounts Payable:	Approvid Position Tide NOV 21114 Dite of Signature	
Dr. Vernandy m Name of Approver Signature of Approver ubmit approved at a terms at with attachments to Accounts Payable: ttach: 'Original (or scanned) itemaded receipts with documented business re- 'Original (or scanned) itemaded receipts with documented business re-	Approver Position Tide NOV 21114 Dite of Signature	
Dr. Vernant M. Signature of Approved statements to Accounts Payable:	Approver Position. Tide NOV 27114 Dr. ts. of Signature Pacons in clusting names of participante Address:	
Dr. Vering V.M. Name of Approver VMA Signature of Approver VMA signature of Approver VMA stachments to Accounts Payable: thech: ' Original (or scanned) itemwood receipts with documented business re- where required	Approver Position. Tide NOV 21114 Di is of Signature Masons in cluding names of participante Addreas: A borta Health	Services
Dr. Vering View Name of Approver Signature of Approver ubmit approved at a terms of with attachmenta to Accounte Payable: ttach: Criginal (or scanned) itemade receipts with documented business re- where required • bigned Cardholder Statement Report or cortes of electronic scanation	Approver Position Tide NOV 21114 Di te uf Signature Address: Address: Address: A borta Health Accounts Payl	Servic es ablu:
Dr. Verna V.M. Name of Approver VMA Signature of Approver VMA Bignature of Approver VMA Bignature of Approver VMA Bignature of Approver VMA thach: Criginal (or scanned) itemade receipts with documented business re- where required • Signed Carbolder Statement Report (c) copies of electronic signature And where explicable	Approver Position Tide NOV 21114 Do to of Signature Pasons in cluding names of participante Address: A borta Health Ac Jourts Pay Thi Streep PSignature PSignature Address:	Servic es able
Dr. Verna V.M. Name of Approver VMA Signature of Approver VMA Bignature of Approver VMA Bignature of Approver VMA Bignature of Approver VMA thach: Criginal (or scanned) itemade receipts with documented business re- where required • Signed Carbolder Statement Report (c) copies of electronic signature And where explicable	Approver Position. Tide NOV 21114 Do to of Signature Pasons in cluding names of participante Address: A borta Health Accounts Pay 701 Stree PSignatures are not on reportion 101 Stree PSignatures Page 101 Stree PSignatures Page 101 Stree PSignatures Page 101 Stree PSignatures PSignatures 101 Stree PSignatu	Services ably in Tower, 10050-107 frame
Dr. Vernand with attachments to Accounts Payable: Signature of Approver with attachments to Accounts Payable: Ittach: Criginal (or so anned) itemazed receipts with documented business re- where required • Signed Cardholder Statement Report (c) copies of electronic signature And where regulate	Approver Position Tide NOV 21114 Do to of Signature Pasons in cluding names of participante Address: A borta Health Ac Jourts Pay Thi Streep PSignature PSignature Address:	Services ably in Tower, 10050-107 frame
Dr. Verna V.M. Name of Approver VMA Signature of Approver VMA Bignature of Approver VMA stach: Original (or scanned) itemade receipts with documented business re- where required • Signed Carloholder Statement Report (c) copies of electronic signature And where explicable • Sogned Carloholder Statement Report (c) copies of electronic signature And where explicable • Sogned Operatorizations for frame • Personal checke payable to "Albertz Health Services" • Return, reland audior credit receipts	Approver Position. Tide NOV 21114 Do to of Signature Pasons in cluding names of participante Address: A borta Health Accounts Pay 701 Stree PSignatures are not on reportion 101 Stree PSignatures Page 101 Stree PSignatures Page 101 Stree PSignatures Page 101 Stree PSignatures PSignatures 101 Stree PSignatu	Services ably in Tower, 10050-107 frame
Dr. Verna Ver Name of Approver Signature of Approver Units approved at a term and with attachments to Accounts Payable: ttach: Criginal (or scanned) itemade receipts with documented business re- where required Coigned Cardholder Statement Report (or copies of electronic signature And where regulated Copies of pre-interevals for inavel Personal charue payable to "Alberta Hoalth Services" Return, reland addior credit receipts Disputer, letter	Approver Position. Tide NOV 21114 Do is of Signature Pactors in cluding names of participante Address: A borta Health Accounts Pay 7th Strees PSu 10th Fisor, Nu Edmonton Ae	Services ably in Tower, 10050-107 frame
Dr. Verna Ver Name of Approver Signature of Approver ubmit approved statement with attachments to Ascounto Payable: ttach: Criginal (or scanned) itemaded receipts with documented business re- where required cogned Cardholder Statement Report (or copies of electronic signatur And where replicable Copies of pre-interrovals for travel Personal checkle payable to "Alberta Health Services" Return refund audior credit receipts Disputer letter Disputer letter Business reasons for travel (course refailed descriptions - activity web and a very service)	Approver Position. Tide NOV 21114 Do is of Signature Pactors in cluding names of participante Address: A borta Health Accounts Pay 7th Strees PSu 10th Fisor, Nu Edmonton Ae	Services ably in Tower, 10050-107 frame
Dr. Verna Ver Name of Approver Signature of Approver Until approved statement with attachments to Accounts Payable: Itach: Criginal (or scanned) itemade receipts with documented business re- where required Copies of electronic signature And where explicable Copies of perarprovals for fram) Personal cheque payable to "Albertz Health Services" Return, reland audior credit receipts Disputes letter Business reasons for bravel roquire defailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with maalt why travel was receasery and detailed descriptions - include with travel was receasery and detailed with the second	Approver Position. Tide NOV 21114 Do is of Signature Pactors in cluding names of participante Address: A borta Health Accounts Pay 7th Strees PSu 10th Fisor, Nu Edmonton Ae	Services ably in Tower, 10050-107 frame
Dr. Verna Ver Name of Approver Signature of Approver ubmit approved statement with attachments to Ascounto Payable: ttach: Criginal (or scanned) itemaded receipts with documented business re- where required cogned Cardholder Statement Report (or copies of electronic signatur And where replicable Copies of pre-interrovals for travel Personal checkle payable to "Alberta Health Services" Return refund audior credit receipts Disputer letter Disputer letter Business reasons for travel (course refailed descriptions - activity web and a very service)	Approver Position. Tide NOV 21114 Do is of Signature Pactors in cluding names of participante Address: A borta Health Accounts Pay 7th Strees PSu 10th Fisor, Nu Edmonton Ae	Services ably in Tower, 10050-107 frame

After la Health

Propriotary and Confidential Powared by BMO Spend & Paymout Solutions

AIR CANADA

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada. Please bring your itinerary-receipt to the airport.

Main Contact Information

R. Nichol Air Canada change fee. Moved flight from 6 am October 29 to October 28 at 6:30 pm Attend Sr. Leaders Retreat Edmonton

Booking reference:

Customer Care Mr Rowland Nichol DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA Form of payment: 1-888-422-7533

Air Canada Reservations 1-888-247-2262 **Air Canada Flight Information**

International Reservations

Alert me of flight changes Flight notification

Flight Itinerary

Name:

E-mail

Flight	From	То	Aircraft	Booking class	Status
AC8172	Calgary (YYC)	Edmonton International (YEG)	DH3	G	Confirmed
Operated by:	Tue 28-Oct 2014	Tue 28-Oct 2014			
Air Canada Express- Jazz	18:30	19:22			
Jazz Seat number(s) reque		19.22			

Passenger Information

Name: Frequent Flyer Pgm:	Passen Mr Rowland Nichol Air Canada Aeroplan	nger 1 Ticket number: Program number;
Purchase Summary	/	
	Passenger: 1 Ticke	rt number
Date of issue		16-Oct 2014

AIR CANADA

(including <u>navigational & other charges</u>) **Taxes, Fees & Charges** Combined Taxes *see fare calculation below (XT)

Total Fare in :

Options

10 B

Change fee in Canadian dollars Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

Ticket particularities: AC ONLY/NON-REF/CHGE FEE

*Fare calculation: 28OCT14YYC AC YEA Q12.00R122.00CAD134.00 END ROE1.00 PD7.12CA 8.56XG30.00SQ Canadian tax registration numbers: XG Canada Goods and Service Tax (GST) #10009-2287 RC Canada Harmonized Sales Tax (HST) #10009-2287 XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip
 cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accomodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's general conditions of carriage.

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the <u>Travel documentation</u> and <u>US Secure Flight Program</u> US Secure Flight Program for important information on documents and identification required for travel.

Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance from RBC Travel Insurance Company via www.aircanada.com/insurance or by calling 1-866-530-6021. To make sure you get the best possible protection, purchase insurance prior to your departure.

U.S. Residents - CSA Travel Protection offers American travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of the United States can purchase travel insurance from CSA Travel Protection via <u>www.aircanada.com/us/en/insurance</u> or by calling 1-866-473-3315. To make sure you get the best possible protection, purchase insurance prior to your departure.

Comments, Compliments and Complaints

Would you like to comment on a past travel experience? Your comments, compliments and complaints will help us improve the

No	Ad	ditio	onal	
	co	llec	tion	
	1	P	1	
	1	2.5		ĺ
			0.00	١
	1	2	.50	
				J
			/	1
		-	-	

PD

aircanada.com - Flights - Booking Confirmation

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



R. Nichol AC Presentation to Lumonton Internal Medicine and Medical Staff Bylaws Committee mtg Edmonton

Booking R	eference:			Cu	stomer	Care		
Electronic	Ticketing confi	irmed. This is your official			Canada 388-247-2	2623		
itinerary/		inned. This is your official				× .		
Main Cont Mr Rowland debra rams Mobile Home		althservices és		De	ght Arriv partures 388-422-7			
Work:								
			-				_	
Flight Itin	nerary							<i>2</i>
Flight	From	To S	Stops	Duration	Aircraft	Fare	Meal	
AC81321	Calgary	Edmonton, Edmonton	0	0hr52	DH3	Type Flex, G		
ACOLDE	(YYC) Thu 20-Nov 2014 07:30	Int'l (YEG) Thu 20-Nov 2014 08:22		0.040		0.00		
ala ante arre de								
Operated b ¹ Air Canad	y: a Express - Jazz							
Passenge	er Informatio	on						
1: Mr Roy	wland Nichol : /	Adult (16+), Ticket Number:						
Air Canada	- Aeropla		eal P	reference:	Non	e		
Payment Ca				al Needs:	Non			
Seat Selecti	ion: AC8	3132 5F						
Purchase	Summary							
Fare Sumr	narv		~					
Passenger 7				Adul	t			
Air Transp	ortation Charg	es		100				
Departing F	Flight - Flex			132.0	D			
Surcharges				12.0	0			
	es and Charges							
	port Improvemer			30.0				
		Tax (GST/HST #10009-2287 RT	0001)	9.0				
	rs Security Charg	ge (AISC) re options (per passenger)		7.1				
Number of		re options (per passenger)		190.10 X				
	e, taxes and opti	ons		190.1				
	rance (declined)			0.0				
Grand Tota	al - Canadian de	ollars		\$190.1	8			
Payment I	nformation							
Credit/Deb	oit Ca	Amount paid: aclusive) will appear on your cred	\$190. lit or d	. 18 ebit card st	atement:			
		irfare - per ticket)		1000	10100000			
Ticket numb	per(s)							
			~~~					
Fare Rule	es							

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

· Changes:

https://book.aircanada.com/pl/AConline/en/BookTripPlanServlet;jsessionid=G32GvAJlia... 2014-11-06

# aircanada.com - Flights - Booking Confirmation

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.	



R. Nichol AC Presentation to Edmonton Internal Medicine and Medical Staff Bylaws Committee mtg Edmonton

Booking Informa	tion
-----------------	------

Booking Reference:

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

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

**Customer** Care Air Canada 1-888-247-2262 (2)

**Flight Arrivals and** Departures 1-888-422-7533

# **Flight Itinerary**

Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal
AC81531	Edmonton, Edmonton Int'l (YEG) Thu 20-Nov 2014 18:00	Calgary (YYC) Thu 20-Nov 2014 18:50	0	0hr50	DH4	Flex, G	

Operated by: ¹ Air Canada Express - Jazz

### **Passenger Information**

1: Mr Rowland Ni	chol : Adult (16+), Ticket	Number:		
Air Canada - Aeropla		Meal Preference:	None	
Payment Card:		Special Needs:	None	
Seat Selection:	AC8153 1A (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	132.00	
Surcharges	12.00	
Taxes, Fees and Charges		
Canada Airport Improvement Fee	30.00	
Canada Goods and Services Tax (GST/HST #10009-2287 RT0001)		
Air Travellers Security Charge (ATSC)	7.12	
Total airfare and taxes before options (per passenger)	190.18	-
Number of passengers	x 1	
Total airfare, taxes and options	190.18	4
Seat Selection		
Mr Rowland Nichol		
AC8153: 1A - 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:	205.93	2
Travel Insurance (declined)	0.00	1.
Grand Total - Canadian dollars	\$205.93	Č,

# **Payment Information**

Credit/Debit C - Amount paid: \$205.93 The following charges (tax inclusive) will appear on your credit or debit card statement:

Air Canada: \$190.18 (Airfare - per tlcket)
Air Canada: \$15.75 (Advance Seat Selection - for passenger 1)





	, (
DR. NICHOL.	DR.
MAL ALL DONL.	Oe-
Ap> Malin .	R
PRESILGE TRANSPORTATION 10135 31 Avenue NW Edwonton AB T6N-1C2 780-463-5000	PRE 1 E
Term 1d14502412509440	Jern Id:
ILEM M/C PURCHASE	M/C PURC
Op I Card	
APPRUVED	APPR
AMOUNT CAD\$72.00	AMOUI
DEBRA RANSTEAD	DEC
at	
EDMPRESTIGE.COM Thank you for being our guest GST 862184769	Thank
Date: 2014/11/12 Time: 04:47:52 Response: AUTH	Date: 2
***CUSTOPIER CONV***	

DR.NICHOL.
Oct. 01/ 2014.
Matini 7 aP
PRESTIGE TRANSPORTATION 10135 31 Avenue NW Edmonton AB T6N-1C2 780-463-5000
lerm Id:4502412509440
I M/C PURCHASE No TN: 114995
•
APPROVED
AMOUNT CAD\$72.00
DEBRA RAHSTEAD
EDMPRESTIGE.COM Thank you for being our guest 6ST 862184769
Date: 2014/11/13 Time: 04:49:34
<b>]</b> P <b>/</b> ***



HR.HONDAS + DR.DICH Det - 08/2014 AMA7 AP PRESIIGE IRANSPORTATION 10135 31 Avenue NN Edmonton AB T6H-102 780-463-5000 **DUPLICATE#* Jerm IA:14507412509440 M/C PURCHASE OF Id:114995

# APPROVED

AMOUNT CAD\$72.00

# PEBRA RANSTEAD

I agree to pay above total, as per cardholder or merchant agreement. Retain this copy for your records.



.

# **Debra Ramstead**

From: Sent: To: Subject: noreply@conferenceboard.ca November 14, 2014 1:24 PM Debra Ramstead **Payment Confirmation** 

# **Payment Confirmation**

# Invoice

Number: Date: November 14 Description: Emotional Intelligence in the Boardroom

# **Billed** to

Name: Dr. Rollie Nichol Title: Vice-President and Associate Chief Medical Officer **Company: Alberta Health Services** 

# **Transaction summary**

Amount: \$249.00 (CAD) **Reference Numb** 

> If you do not wish to receive any further email notifications, please click here. Please allow 10 business days for your request to be processed.

Please send any questions or comments to contactcboc@conferenceboard ca. The Conference Board of Canada 255 Smyth Road Ottawa ON K1H 8M7

© Copyright 2014

32

R. Nichol Conference Board of Canada webinar Emotional Intelligence in the Boardroom November 14, 2014

for your fina	incial records (e	d. Please print/retain this page .g, for taxation, expense claim or purposes). We thank you for			3、	8	R. Ni Atten Deve	chol d Provincial Medical Affairs lopment Session Edmonton Dec
choosing Air board.	Canada and loc	k forward to welcoming you on			5000			
Booking	Informatio	1			949	61 <b>7</b> -930	amp5	
Booking R	leference:			CI	ustomer	Care		
	Ticketing con	firmed. This is your official		<b>Ai</b> 1-	r Canada 888-247-2	262 3		
Main Cont Mr Rowland	act:	althservices.ca		De	ight Arriv epartures 888-422-7			
-light Iti	nerary							
Flight	From	То	Stops	Duration	Aircraft	Fare Type	Meal	
AC81321	Calgary (YYC) Fri 05-Dec 2014 07:30	Edmonton, Edmonton Int'l (YEG) Fri 05-Dec 2014 08:30	0	1hr00	DH3	Flex, G		
	a Express - Jazz			_			_	
1: Mr Rov Air Canada Payment Ca Seat Selecti	- Aeropli Ird:	Adult (16+), Ticket Number:	Meal I	Preference: al Needs:	Non Non			
Fare Sumr								
Passenger	Туре			Adu	lt			
and the second second	ortation Charg	jes		132.0	0			
Surcharges				12.0	0			
1	es and Charges port Improveme			30.0	0			
		5 Tax (GST/HST #10009-2287 RT	0001)					
	rs Security Char e and taxes befo	ge (ATSC) pre options (per passenger)		7.1				
	passengers			x				
	e, taxes and opt rance (declined)			<b>190.1</b> 0.0				
	al - Canadian d			\$190.1				
Payment I	nformation							
Credit/Det	oit Ca	Amount paid: Amount paid: Amount paid:			atement:			
Air Can	ada: \$190.18 (A	Airfare - per ticket)						
Ticket numb	ber							
are Rule	5							
Fare Rule		YYC) To Edmonton (YEG) - Flex						

• Changes:

						21		
or your finan ayment card	g is confirmed. Please prin cial records (e.g. for taxatio reconciliation purposes). W Canada and look forward to	n, expense claim e thank you for	or		ALL OF THE		Att	Nichol tend Provincial Medical Affairs evelopment Session Edmonton Dec 5
	and Constraints				4.5	aan	iner.	
	nformation							
Booking Re	ference:	15			ustomer r Canada	Care		
Electronic 1 itinerary/re	licketing confirmed. This acceipt.	is your official		1-	888-247-2	262 🥎		
Main Conta Mr Rowland debr <u>a.ramst</u> Mob Hom Wor		a		De	ight Arriv epartures 888-422-7			
light Itin	erary							
Flight	From	То	Stops	Duration	Aircraft	Fare	Meal	
AC8169 ¹	Edmonton, Edmonton Int'l (YEG) Fri 05-Dec 2014 17:00	Calgary (YYC) Fri 05-Dec 2014 17:56	0	Ohr56	DH3	Type Flex, G		
	d:	, Ticket Num		Preference: al Needs:	Non Non			
urchase	Summary							*
Fare Summ Passenger Ty				Adu	It			
Air Transpo Departing Fli Surcharges	rtation Charges ght - Flex			<b>132.0</b> 12.0				
Canada Airpo Canada Good Air Travellers Total airfare Number of p Fotal airfare,	and Charges brt Improvement Fee ds and Services Tax (GST/H: s Security Charge (ATSC) and taxes before options (p assengers taxes and options ance (declined)		RT0001)	30.0 9.0 7.1 <b>190.1</b> <b>x</b> <b>190.1</b> 0.0	8 1 8			
Grand Total	- Canadian dollars			\$190.1	8			
ayment In	formation							
	charges (tax inclusive) will da: \$190.18 (Airfare - per ti				tatement:	đ		
are Rules								
	light Edmonton (YEG) To Ci	algary (YYC) - Fle	ax					
Changes		1997, 1978, 1978, 1979 1997, 1978, 1979, 1979						

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

			EE DETAILS (						#1721010012810000		nalaan iyaa ya ku shara saasaa ya ya
. 1	orate.	Nº L' De Et	hand Employee # ployee # (E-Peorle) over and your payro	. VJU. DEVIC'I DAS	LOL 7 .3'8'	er to the i. a.	ten E-People pays: "Licion E-Peuble nayis" u, sterit e # 'E-People		Expense Date Fro Travel Period from Out-of-Province T	n: 1-Nov-14 To 37	3011/26.4 Nov-14
		and Nichol	Second and a second			antan ana ang ang ang ang ang ang ang ang a	Position (Title):	and the second	Statement and the second second	of the VP Employ and	
ocal	io i										
mpli	y										
EC	TION E	: FINANCI	CODING & TO								
			ODING ONLY →	Project Nu Expanditur		ion			Task Number	an a	
		Total - Sec	tion B: Travel -		1	Sectored and the substantial for Comparison	ection C&D: Other & For	elon Expenses -	Pa 3	r	
g	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	TOTAL REIMBUI	
A	101	0700	71:10000012	\$213.20	11				Exheirse	Total Section C2D	\$213.20
B			· · · · · · · · · · · · · · · · · · ·		11					Loss Cash Advance	
c					1						
D					1					TOTAL CLAIM	\$213.20
				\$213.20	11	•••U	er to enter Coding & \$ Amou	nts		L	
	The second second second	AUTHORI	to fills I um page 22	28.10.2D	11	NOTE:	These fiel is do not autom tite	illy fill for Section C	C &		
 		Employee Sig	jnature:	1				Date	••		
					. ,		1		5 00. S		
1		Company and a second second second	): Dr. Verna Yiu		Alm	1A	DOFA Level				
		Signatu	ru:		1110	10	_ THE VPGW	ality + 1	CMO	Data Dec 2	114
	••	ه م و ه - در م		e 16 an 16		and the second s	and the second second			NAMES AND	
		PRINT ONLY			1.000		DOFA Level	Position		Phone #	Ext
d hur			and the second design of the s	and a strength of the second strength		and and the second second	and a construction				6.46

Prime under a studiet advant the avera dotte word "break averands Branch Services scripter" Se . P. L. Hub Thord C. H. Payable Edm. von A. 77/374



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTIO	ON A:	EMPLOY	EE DETAILS (f	or AHS Staff O	NLY)						
* Indi	licete N	/A in the Em		if your payroll has	not migrate	d to the New E	lew E-People payroll system 5-Peopla payroll system 5 # (E-People)	T	xpense Date From ravel Period from Out-of-Province Tr	1: <u>1-Nov-14</u> To <u>30-</u>	3011/2014 Nov-14
		d Nichol					Position (Title):	Assoc Chief Medi	cal Officer, Office o	of the VP Quality and	
ocatio					Annual Contraction						
			CODING & TOT	Project Nu Expenditure		on			Fask Number		
	Ţ	otal - Sec	tion B: Travel -	Pg 2		Total - S	ection C&D: Other & Fore	ign Expenses -	Pg 3	TOTAL REIMBUR	RSEMENT
(n	Bal Jnit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	\$213.20
A 1	101	0000	71110000012	\$213.20				-		Total Section C&D	
в			Í	·······		l				Less Cash Advance	
										TOTAL CLAIM	\$213.20
CTIC	DN F: /	AUTHORI	(c) "carrently 5 yearing factors for next persons performs for an over converting strength of factors in all for shown experiments	an Carriel Prices (1927) of Martin Santa Strong of Chys	informan-	NOTE:	er to enter Coding & S Amoun These fields do not automatical	In fill for Section C	5. pr	n# 1122	
	taya sad in		registe printen di Alberta realte				NUTLINE TO STREAM AND AND ADDREED				
1147 Tak an	epillans and	ndia a ilia sami'i	in an banks and the former the second for an and the second for a second to be se	and the second of the second o			I to be target of in this larget for Allerty and	Terror is in the Daries		i open fung with receipts chilled be sent by i indirectly to Accounts Payable for processing	
			ويحصفها ورغوا العاد العاد				Title			Date	
						100 million 100	met av in semplace ett kun prove. S by Se damars of or Secondari from Kasinia rasti	Simplet in My other Organizi	*		
			ave peet more the state a set								
pprove	ed By ()	PRINT ONLY	H				DOFA Level	Position #		Phone #	Ext
54 × 2 ⁴ 24	arawn.	Signatur	9:				Title			Date	

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of me Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Phylocy (FOIP) Act, respectively, for the subcase of administering AHS Procure to Phylocogram

Please send completed claim torm (with receipts and other required lisckup) to: Alberte Health Servic as 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

# EXPENSE CLAIM DETAILS

elect from dro	B: TRAVEL EXPENSES NOTE: If expense addwn (column Prov) where expenses were incurred (Out of N An Is lives are used for clamy terms that cliffer in Province, US and Out	NUMBER FOR	rtj		a strowner y			t the "Cost I	Effective Met	hod Used" (	Column is R			
	Business Reason for Travel - Detailed Description	Prov, US,			Fi	urther Exp	lanatic		select "No" RED in the "R	ationale is R	equired" sec	tion on this	page	
Date id-mmm-yy	Required Include destination, who attended (if mean	Out of N.Amer	What is travel	Cost Effective	Meal (	Allowance	_	eceipt) with Receipt	policy limit	ing claimed i stated in Ap	pendix "A"	Rental Car/ Bus/LRT/		Mileage
, and the second s	why have was necessary and detailed explanation of reason). A description of just "Meeting" will be returned for clarification	where expenses incurred?	related to?	Method Used? Yes/No	Meal Type with	Ailowance	Meal Type	with Receipt	ratic Airfare	nale is requi Hotel	Taxi		Allowance	(kir)
a-Nov-14	Mg with Dr. Balley and Lao Regenitors Mig Red Deer	AB - Provinc	Meeting	Yes	L-511 60	\$11.60								290 00
20-Nov-14	Presentation Edmonton Internet Medice and Medical Staff Bylaw Committee Meeting	AB - Local	Meeting	Yes	L-\$11 60	\$11 60						525 40		90.00
						100								
	անկանիչը փորվանությունը անդանությունը։ անդանակությունը անդանակությունը։ անդանակությունը անդանակությունը անդանակո													
														~ ~ ~
	a a a													
														Total Kms
	SUBTOTALS					\$23.20						\$26.40		350.00
'i	MILEAGE - Business Kilome - details of travel location to & from must					uran			Enter \$	0.505 km, \$0	47 km <u>OR</u> ra (see )	te per Union Wienge data	and the second	\$0,505
	Rates applicatile \$0.505 per km for unger 5.000km	vi or \$0.47	per km for g	eer 5.000kr	yyi or per Unic	an Agreemer	đ						Mileage \$	\$161.60
	and a second			A								Trave	i \$ Subtotal	\$51.60
NO	te: Total will auto fill into pg 1. Section E. if form comp	pieted elev	ctromically -	Additional	pg z's can b	e tound at	er Pag	eo	T.	Aut	o fills on pag	e 1 - TOTAL	TRAVEL \$	\$213.20



R Nichol - Edm Nov 20, 2014 Presentation - Edmonton Internal Medicine Dr. AG-Judicial Review Medical Staff Bylaws



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

	A: EMPLOY	EE DETAILS (	UI AND Stan UI	NLT						
						leiv E-People payloù system	State Street Street	xpense Date From		-0 Nov-1
		nplayee # (E-People) byee and your payro				-People payrol, system		ravel Period from: ut-of-Province Tra	To	
Name: Row	and the substitution of the set	you entry your payro	A DEFENDING YOU M	in only ridy	a an Linpoye	Position (Title):		al Officer. Office of	and the second se	
Location			Dept CMO/Medic	al Affairs	DOFA Leve				Phone #.	ixt:
Employee #	F.Paculat				•					
		CODING & TOT								
SEGIION	C. FINANCI	E CODING & TOT			in an in the state of the second		<u></u>			
CAPITAL	ROJECT	ODING ONLY >	Project Nu					ask Number		
			Expenditure	Organizati	on	· · · · · · · · · · · · · · · · · · ·	E	xpenditure Type		
	Total - Sec	tion B: Travel - I	Pg 2		Total - S	ection C&D. Other & Fore	ign Expenses -	Pg 3	TOTAL REIMBUI	REMENT
Pgi Bal	Location	Functional	Total	Bal	Location	Functional Centre (FC)	Secondary/	Total		ACCORDENT.
- Unit		Centre (FC)	Expense	Unit			Expense	Expense	Total Section B	
ZA 101	0000	71110000012		101	0000	7110000012	54020000	\$90.14	Total Section C&D	\$204.08
28				101	6300	71110000012	94020000	\$113.94	Less Cash Advance	
20									TOTAL OLIVIE	101.00
2D								1.1-51	TOTAL CLAIM	\$204.08
					+*Us	er to enter Coding & \$ Amount	ts	\$204.08	h	
NOTE: 1	us secton au	to fills from pane 2A	, 2B- 2C & 2D		NOTE: 1	These fields do not automatical	ly fill for Section C	80		
	AUTHORI				· · · · · ·					
det a casa -	Letter in	4 a 25 7 5 6 - 5 5	10 - 51 - gen - mg	1 1 1 -			an a di Madrata Ny hi aratr	42		
1 , <del>, , , , ,</del> , , , ,		· · · · · · · · · · · · · · · · · · ·	A	h. 10	N.1	1	A POP TO STUDE	weed that is not	ц.:	
		all - the second plant is	17	1.~			Date			
	Employce Sic	mature.			and a second sec					
1		me				destruction of the second s				
ן אז אי לי ליוב אי נוארוי לי	274 - 9632 20 1	me		a 1. 16. v	san ne nen se	ny nakurian ny ini isia na ikay ankar	مورجي ۽ بيالي جي - 'جي ڪ		nen malaise a contra contra Natura	
ا مهاری روید می در مورد می	22 - 332 - 332 - 23 	me on strategy - 2014 for recent as for the strategy strategy		a 1. 16. v	sen lengen um Linearen 1 Se	ny nakurian ny ini isia na ikay ankar	Position #			
Approvod By	PRINT ONLY	j: Dr. Verna Yiu		a 1. 16. v	sen lengen um Linearen 1 Se	n, nakaran terden kina terden ankar None DOFA Lovel	Posicion #	1.55* = 3	Phone	
and the second s	PRINT ONLY			a 1. 16. v	sen lengen um Linearen 1 Se	n, nakaran terden kina terden ankar None DOFA Lovel		1.55* = 3	Herson on an ann an Is	
pprovod By	IPRINT ONLY Signature	): Dr. Verna Yiu		M	14- 1-14- 15 140-14- 14- 14-	DOFA Lovel	Position # Areality / ci	mo	Phone	
Approved By	(PRINT ONLY Signatur	): Dr. Verna Yiu Pri Verna Yiu		M	ан та за 100 п. – за Додина – за	n aka a ta	Position # Areality / ci	mo	Phone	
Approved By	(PRINT ONLY Signatur	j: Dr. Verna Yiu j: Dr. Verna Yiu 1933 - Drati Andrea Statistica 1933 - Drati Andrea Statistica 1933 - Drati Andrea Statistica 1934 - Drati Andrea Statistica 1935 - Drati Andrea Statistica 1936 - Drati Andrea Statistica 1937 - Drati Andrea Statisti	1	M	140 41 - 14 - 140 41 - 14 - 1	DOFA Lovel	Postuon # Arcality / cl	mo	Phon: Date DLC 12,	
Approved By	(PRINT ONLY Signatur	): Dr. Verna Yiu Pri Verna Yiu	1	M	140 41 - 14 - 140 41 - 14 - 1	n aka a ta	Position # Areality / ci	mo	Phone	

างสิทธิศักรณ์ที่สาวการสารทธรรมการสร้านสาวสาราชส์ทางการสารสารสารสารสารสารสารสารสารสารสารสารทธรรม สาราวรรมที่จะส พร้างสารสารสารสารสารสารสารสาร

Please send completed cleam form (with receipts and other required backup) to: Allienta Heelih Services 10030-107 St, Korth Tower. 10th Floor Ac_ounts Payable, Edwardon, AB 151 324

. 1 ct 5.



# TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION	A: EMPLOY	EE DETAILS (	for AHS Staff O	NLY)						
<ul> <li>Indicat</li> </ul>	e N/A in the En	nployee # (E-People		not migrate	ed to the New E	lew E-People payroli system E-People payroll system a # (E-People)	1	Expense Date From Travel Period from Dut-of-Province Tr	то	10-Nov-14
	vland Nichol	oyoo ana you poyn		and only har	e un cinpio je	Position (Title):		and a second	f the VP Quality and	and an or an a state of the second
ocatio			Dept: CMO/Medic	al Affairs	DOFA Leve	I: (if applicable)	Union:	Busine	ss Phone #:	
nployee	# (E-People):									
ECTION	E: FINANC	E CODING & TO	TAL CLAIM							
APITAL	PROJECT C	ODING ONLY $\rightarrow$	Project Nu Expenditure	100 C 100 C 100 C	on	^ ·	-	Task Number xpenditure Type		
and a second	Total - Sec	tion B: Travel -	Pg 2		Total - S	ection C&D: Other & Fore	ign Expenses -	Pg 3	TOTAL REIMBUI	RSEMENT
g Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/ Expense	Total Expense	Total Section B	
A 101	0000	71110000012		101	0000	71110000012	64020000	\$90.14	Total Section C&D	\$204.08
3				101	0000	71110000012	64020000	\$113.94	Less Cash Advance	
;									TOTAL CLAIM	\$204.08
	This section au	to fills from page 2	4, 2B, 2C & 2D			er to enter Coding & \$ Amoun These fields do not automatical		\$204.08 & D	L	
st the extension st that the expension st that the expension of the expension	sendo tin the solution is such tid to solution Employee Signal refind constant all as	In valid beam is purposes for none been is curred by using a co- curs it to all the allowe statement <b>gnature:</b> curship policies of Alberta Health for using publics of Alberta Health for using publics purposes for	Aberts Freih Terrer of and that sat effective at a for every fre s	process and confi	been pre- s Currer ting analyse is proved tim expenses libro, ar been previously claimed	red ara in manusance war such jourdes. I by the rise runt or a the match from Alberta Head	or any other Organization alling and Working Session E Date <u>21 N</u> OV	spenses Policy-Optumen	claim form with receipts should be sent by t directly to Accounts Payable for processing	
proved E	By (PRINT ONLY	): Dr. Verna Yiu				DOFA Level	Position #		Phone #	1
	Signatu					Title			Date	
st the experise	i enuçar dir trisicla i el		Alber a Health ervice and that	this claim has no	a second the second second	ned are in a mplaanse with a with policies. I by the numer tor on their better tham Altera Healt altere	h Sarvices in any offier longaniza	ber.		
		): William Honda	1 11/1	111		DOFA Level	sition #	1	Phone #	
ry signing this	sm. attest *al i am com Signatu	pliant to all the above statements	MAN .	MAL	1	Title Sr. Program Offic	cer. Medical Affairs		Date 21-Nov-04	

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 partnerse of administering AHS Procure to Pay program.

Please send completed claim form (with receipts and other required backup) to: Alberta Health Services 10030-107 St, North Tower, 10th Floor, Accounts Payable, Edmonton, AB T5J 3E4

- 1 of 3-

EXPENSE CLAIM DETAILS

and any sec

# If NOT claiming any expenses in Sections C or D, this page does NOT have to be submitted.

SECTION	N C: OTHER EXPENSES				E	Emp#	(E-People)								Page 3
$\rightarrow$ if expen	s to be claimed in this section include but are not lin ses are for <u>travel, gas, etc., go to Section B on pg 2</u> . ER [*] expenses listed below MUST have a secondary/expense of	code indicat	ted!												
1911	*** <u>Subtotal</u> "Other Expenses" for <u>each</u>	function	nal cen	tre sej	parately a	and er	iter <u>each su</u>	1		and an end of the second s					
	Business Reason for Expense - Detailed Description Re (include who attended-(if meal/Hospitality), why expense was			F	Finance C	e Coding		Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUI the "Rationale is Required" section on this page							
Date dd-mmm-yy	what expense was and pertaining to and detailed explanat reason) A description of just "Meeting" will be returned for clarific	ion of	Bal Unit	Lo	ocation	Func	tional Centre	Secondary/ Expense eg. 41000000 (8 characters)		Continuing Educ Select type fro dropdown me (if applicable	ation s m nu an	ST is ON till lip/receipt, anter total nount in this column WITH GST	GST is <u>NOT</u> slip/receipt, total amount column	enter is this	TOTAL OTHER \$
10-Oct-14	Rogers Wireless services - Dr R. Nichol October2014		101	101 0000		71	110000012	64020000	Yes				\$90.1	4	\$90.14
10-Nov-14	Rogers Wireless services - Dr. R. Nichul November 2014		101	1	0000	71	110000012	64020000	Yes				\$113.9	14	\$113.94
Please click o	I D: FOREIGN CURRENCY In the following link for the Bank of ange rate using the date of expense Bank of Canad	la Currenc		If foreign	n currency ha	is been o	converted to CDN oreign country	in 'From cell' ert which will	d, enter expe , and Cana give the ex	1\$ (conversion no rise in CDN \$ in eit dian Dollar in 'To change rate - en	ner Section cell'; Er ter this a	B ≥ C as a ter date o mount in e	epplicable f expense in exchange ra	ate colur	nn
Date	Business Reason for Travel - Detailed Description Req (include destination, who attended-(if meal),		F	inance	Coding		Secontary/ Expense eg 41000610	Cost Effective Method	this column o	of the "Cost Effect the amount being lanation is REQU	claimed e	xceeds the F	olicy limit sta	ted in "Ap	pendix A". Furthe
dd-mmm-yy	why travel was necessary and detailed explanation of rea A description of just "Meeting" will be returned for clarific		Bal Unit	Location	Functional	Çerte	(B characlers)	Used? Yes/No	Foreign Cu Amou		су Туре	Exchan	ge Rate	Can	adian Value
														•	
	is Required for expenses that are not Cost Effe sis supporting the method to assess cost effec						claim form) copy for your	<u>   </u>		1		1			

Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization



ROWLAND NICHOL Account Summary			Account Number: Invoice Number: Invoice Date:	Oct 10, 2014
Total:		\$104.49	invoice Date.	
Charged to your credit card on or after		Oct 25, 2014		
Your last bill	a na minimum annana ann a an	e namena a seconda da s Esta da seconda da second		
Previous balance Payment(s)	p.2	124.79 -124.79		
Balance from your last bill Any payments we received and processed after October 12	(including taxes): . 2014 will show on your next bill.	\$0.00		
Your current bill				
🚺 Wireless	p.5	104.49		
Total current bill	(including taxes):	\$104.49		
For online and other payment options, see pa	age 2. Total:	\$104.49		

# Other Rogers services available to you

O Magazines O Long Distance O Messaging Still have questions? Visit www.rogers.com or see Contact us on page 2.





Account Number:

Invoice Number: Invoice Date:

# 5 of 6

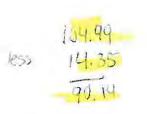
Oct 10, 2014

# **O** Wireless Services for ROWLAND NICHOL

Regular charges		
		14.35
		35.00
		0.00
		0.00
		30.00
		17.00
		0.00
		0 44
		0.75
		6.95
	Total before taxes:	\$104.49
Sena ya kata waka ya kata kata kata kata kata kata kat	Total for Wireless:	\$104.49

# Wireless usage summary ending Oct 10/14

Type of	-	• •		•	Unit of	Total cost (\$)
						0.00
						0.00
						0.00
						0.00
						14.35
						0.00
						0.00
						0.00
						0.00
						0.00
			Total Wireless Usag	le :		\$14.35



# 

- - WhoCalled Unless otherwise stated, all voice minutes, messages and wireless internet details set out above and/or in your agreement refer to usage on our network (i.e. within Canada and to a Canadian number, as applicable).

- Unlimited Received Text Msgs - 1000 Picture & Video Msgs

Your services include: *Smartphone Value Pack - Call Display with Name Display

- Enhanced Voicemail - 2500 Sent Text Messages

# LEGEND

LD = Long Distance MMS = Multimedia Msg KB = Kilobyte MB = Megabyte GB = Gigabyte



ROWLAND NICHOL			Account Number: Invoice Number: Invoice Date	Nov 10, 2014
Account Summary Total:		\$113.94	nitore pare.	
Charged to your credit card on or after		Nov 25, 2014		
Your last bill	nander (1997) - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992			
Previous balance		104.49		
Payment(s)	p.2	-104.49		
Balance from your last bill Any payments we received and processed after November	(including taxes): 12, 2014 will show on your next bill.	\$0.00		
Your current bill				
O Wireless	p.3	113.94		
Total current bill	(including taxes):	\$113.94		
For online and other payment options, see p	age 2. Total:	\$113.94		

# Other Rogers services available to you

O Magazines O Long Distance O Messaging Still have questions? Visit www.rogers.com or see Contact us on page 2.





# 3 of 4

# **O** Wireless Services for **ROWLAND NICHOL**

# Regular charges

30.00 17.00 0.00 0.44 0.75 6.95 <b>13.94</b>	
17.00 0.00 0.44 0.75	
17.00 0.00 0.44	
17.00 0.00	
17.00	
30.00	
0.00	
0.00	
35.00	
23.80	
	35.00

# Wireless usage summary ending Nov 10/14

Type of usage	Usage Description	You used	Unit of measure	Total cost (\$)
Voice	10°		Min:Sec	0.00
Voice			Min:Sec	0.00
Voice			Min:Sec	0.00
Voice			Min:Sec	0.00
Voice				23.80
Data			MB	0.00
Text Msg			Msgs	0.00
Text Msg			Msgs	0.00
Text Msg			Msgs	0.00
MMS			Msgs	0.00
	Total Wir	eless Usage :		\$23.80

# Account Number: Invoice Number: Invoice Date:

# Nov 10, 2014

# Your services include: *Smartphone Value Pack - Call Display with Name Display - Enhanced Voicemail

- 2500 Sent Text Messages
- Unlimited Received Text Msgs
- 1000 Picture & Video Msgs
- WhoCalled

Unless otherwise stated, all voice minutes, messages and wireless internet details set out above and/or in your agreement refer to usage on our network (i.e. within Canada and to a Canadian number, as applicable)

LEGEND LD = Long Distance MMS = Multimedia Msg KB = Kilobyte MB = Megabyte GB = Gigabyte