

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)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Nov-14	P-Card	Meetings	829			432	1,261	249		
Nov-14	Expense Claim	Meetings		23		190	213			204
Total			\$ 829	\$ 23	\$ -	\$ 622	\$ 1,474	\$ 249	\$ -	\$ 204

Total for the Month \$ 1,927

Maximum daily single meal expense claimed in the month \$ 12
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

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 Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period: 20/11/2014
PROVINCIAL MEDICAL AFFAIRS Cardholder's Dept	CALGARY SOUTHPORT Cardholder's Site/Location	Total Statement Amount: \$6,246.70 \$1509.97
DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address	Last 6 digits of the P-Card # [REDACTED]	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
16/10/2014	368143300	AIR CAN AIR CANADA	52.50	CAD	52.50	.00	.00	R. Nichol Change fee. Moved flight from 6 am October 29 to October 28 - 2
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06/11/2014	370246776	AIR CAN AIR CANADA	190.18	CAD	190.18	.00	.00	R. Nichol presentation to Edmonton Internal Medicine and Med. Staff Bylaws Comm. mtg Edmonton - 10
06/11/2014	370631271	AIR CAN AIR CANADA	190.18	CAD	190.18	.00	.00	R. Nichol presentation to Edm. Internal Medicine and Med. Staff Bylaws Comm. mtg Edmonton - 11
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
06/11/2014	370631275	AIR CAN AIR CANADA	15.75	CAD	15.75	.00	.00	R. Nichol seat selection Presentation to Edmonton Internal Medicine and Med. Staff Bylaws Committee Edmonton Nov 20 - 11
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13/11/2014	370973140	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol Sept 9 Airport to Westin Clin. Asst. Negotiations Edmonton - 21
13/11/2014	370973141	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol and W. Hondas Westin to Airport Clin Asst. Negotiations Sept 10 - 22
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

13/11/2014	370973143	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol Airport to Matrix Edm Oct 1 Just Culture	- 24
13/11/2014	370973144	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol Matrix Edmonton to Airport Oct 1 Just Culture mtg	- 25
[REDACTED]									
13/11/2014	370973146	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol airport to Union Bank Inn Edm. Clin. Asst. Negotiations Oct 8	- 27
13/11/2014	370973147	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol W. Hondas AMA office to Airport Oct 8 Clin Asst Negotiations	- 28
[REDACTED]									
14/11/2014	370973136	CONFERENCE BOARD OF BUSINESS SERVICES NOT ELSEWHERE CLASSIFIED	249.00	CAD	249.00	11.86	.00	R. Nichol webinar Emotional Intelligence in the Boardroom November 14	- 32
[REDACTED]									
18/11/2014	371542487	AIR CAN AIR CANADA	190.18	CAD	190.18	.00	.00	R. Nichol attend Prov MA Development session Edmonton Dec 5	- 38
18/11/2014	371542488	AIR CAN AIR CANADA	190.18	CAD	190.18	.00	.00	R. Nichol attend Prov Medical Affairs Development session Edm Dec 5	- 39
[REDACTED]									

Signature

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 transactions to the proper cost centre.

Name of Cardholder Designate _____ Cardholder Designate Position Title _____

Signature of Cardholder Designate _____ Date of Signature _____

Cardholder
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 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.

RAMSTEAD DEBRA _____ EXECUTIVE ASSISTANT
Name of Cardholder _____ Cardholder Position Title _____
Debra Ramstead _____ *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 and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Name of Approver Designate _____ Approver Designate Position Title _____

Signature of Approver Designate _____ 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.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Dr. Vermylen _____ *VP Quality + CMO*
Name of Approver _____ Approver Position Title _____
Signature of Approver _____ *NOV 27/14*
Date of Signature _____

Submit approved statement with attachments to Accounts Payable:

<p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required. Signed Cardholder Statement Report (or copies of electronic signature) if signatures are not on receipt. And where applicable: Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Dispute letter Business reasons for travel require detailed descriptions - include where travelled to, who attended (if meal); why travel was necessary and detailed explanation of reason 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10050-127 Street Edmonton, AB T5J 3E4</p>
--	--

Accounts Payable only:

Reference # _____ Received by _____ Date _____

2

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

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: 

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

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
AC8172	Calgary (YYC)	Edmonton International (YEG)	DH3	G	Confirmed
<i>Operated by:</i>	Tue 28-Oct 2014	Tue 28-Oct 2014			
<i>Air Canada Express-Jazz</i>	18:30	19:22			
Seat number(s) requested:	6D				

Passenger Information

Passenger 1
Name: Mr Rowland Nichol
Frequent Flyer Pgm: Air Canada Aeroplan
Ticket number: 
Program number: 

Purchase Summary

Passenger: 1 Ticket number 

Date of issue: 16-Oct 2014
Fare Amount in Canadian dollars: 134.00

(including navigational & other charges)

Taxes, Fees & Charges

Combined Taxes *see fare calculation below (XT)

PD

Total Fare in :

No Additional collection

Options

Change fee in Canadian dollars

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

50.00
2.50

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 [Travel documentation](#) and [US Secure Flight Program](#) 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 www.aircanada.com/us/en/insurance 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

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

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



Booking Information

Booking Reference: [REDACTED]
 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
AC8132 ¹	Calgary (YYC) Thu 20-Nov 2014 07:30	Edmonton, Edmonton Int'l (YEG) Thu 20-Nov 2014 08:22	0	0hr52	DH3	Flex, G	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Rowland Nichol : Adult (16+), Ticket Number: [REDACTED]
 Air Canada - Aeroplane Meal Preference: None
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: AC8132 5F

Purchase Summary

Fare Summary	Adult
Passenger Type	
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)	9.06
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
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$190.18

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$190.18
 The following charges (tax inclusive) will appear on your credit or debit card statement:
 • Air Canada: \$190.18 (Airfare - per ticket)
 Ticket number(s) [REDACTED]

Fare Rules

Departing Flight Calgary (YYC) To Edmonton (YEG) - Flex
 • Changes:

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 [REDACTED]
Presentation to Edmonton Internal Medicine and Medical Staff Bylaws Committee mtg Edmonton

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) 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 Nichol : Adult (16+), Ticket Number: [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: None
Payment Card: [REDACTED] 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		Adult
Passenger Type		
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)		9.06
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
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
Travel Insurance (declined)		0.00
Grand Total - Canadian dollars		\$205.93

Payment Information

Credit/Debit Card [REDACTED] - Amount paid: \$205.93

The following charges (tax inclusive) will appear on your credit or debit card statement:

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

✓
DR. MICHAEL
Sept. 09/2014
Ap 7 Westin

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term 1-4502412509440
Item
W/C PURCHASE
Op Id
Card

APPROVED

AMOUNT CAD\$72.00
DEBRA RAMSTEAD

Ref.
Auth.

BOOK ON LINE at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/11/13 Time: 04:41:59
Response:

CUSTOMER COPY

MR. HONDAS + DR. NICOLA

Sept. 10/2014

Westin 7 @ P.

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440

Item

H/C PURCHASE

Op Id: 114935

Card

APPROVED

AMOUNT CAD\$72.00

DEBRA RANSHEAD

Book online at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/09/10 14:44:14

Response

CUSTOMER COPY

DR. NICHOL.
Oct. 01/2014.
Ap7 Malin.

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item [REDACTED]
M/C PURCHASE
Op Id [REDACTED]
Card [REDACTED]

APPROVED
AMOUNT CAD\$72.00
DEBRA RAMSTEAD

EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/11/13 Time: 04:47:52
Response: AUTH [REDACTED]

CUSTOMER COPY

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DR. NICHOL.
Oct. 01/2014.
Malin 7 ap

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item [REDACTED]
M/C PURCHASE
Op Id:114995

APPROVED
AMOUNT CAD\$72.00
DEBRA RAMSTEAD

BOOK ON LINE AT
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/11/13 Time: 04:49:34

[REDACTED] DPV***

25

DR. NICHOL.
Ap7 UNOS BACK WD
Oct. 07/2014.

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6N-1C2
780-463-5000

Term Id:4502412509440
Item [REDACTED]
M/C PURCHASE
Op Id:114995

APPROVED
AMOUNT CAD\$72.00
DEBRA RAMSTEAD

BOOK ON LINE AT
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2014/11/13 Time: 04:52:22

[REDACTED]

27

MR. HONDAS + DR. DIEN

Oct. 08/2014

ANA 7 AP

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000
DUPLICATE

Term Id:4507412509440

M/C PURCHASE
Op Id:114995

APPROVED

AMOUNT CAD\$72.00

PEBRA RAMSTEAD

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

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2014/11/13 Time: 04:55:02
Respor

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Debra Ramstead

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

Payment Confirmation

Invoice

Number: [REDACTED]
Date: November 14, 2014
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 Number: [REDACTED]

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 contactcbooc@conferenceboard.ca.
The Conference Board of Canada
255 Smyth Road
Ottawa ON K1H 8M7

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R. Nichol [REDACTED]
 Attend Provincial Medical Affairs
 Development Session Edmonton Dec 5



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

Booking Information

Booking Reference: [REDACTED]
 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
AC8132 ¹	Calgary (YYC) Fri 05-Dec 2014 07:30	Edmonton, Edmonton Int'l (YEG) Fri 05-Dec 2014 08:30	0	1hr00	DH3	Flex, G	

Operated by:
¹ Air Canada Express - Jazz

Passenger Information

1: Mr Rowland Nichol : Adult (16+), Ticket Number: [REDACTED]
 Air Canada - Aeroplan [REDACTED] Meal Preference: None
 Payment Card: [REDACTED] Special Needs: None
 Seat Selection: AC8132 5C

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)	9.06
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
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$190.18

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$190.18
 The following charges (tax inclusive) will appear on your credit or debit card statement:
 • Air Canada: \$190.18 (Airfare - per ticket)
 Ticket number: [REDACTED]

Fare Rules

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

- Changes:

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 [REDACTED]
Attend Provincial Medical Affairs
Development Session Edmonton Dec 5

Booking Information

Booking Reference: [REDACTED]
Electronic Ticketing confirmed. This is your official itinerary/receipt.

Main Contact:
Mr Rowland Nichol
debra.ramstead@albertahealthservices.ca
Mob [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
AC8169 ¹	Edmonton, Edmonton Int'l (YEG) Fri 05-Dec 2014 17:00	Calgary (YYC) Fri 05-Dec 2014 17:56	0	0hr56	DH3	Flex, G	

Operated by:

¹ Air Canada Express - Jazz

Passenger Information

1: Mr Rowland Nichol : Adult (16+), Ticket Num [REDACTED]

Air Canada - Aeroplan [REDACTED] Meal Preference: None
Payment Card: [REDACTED] Special Needs: None
Seat Selection: AC8169 5C

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)	9.06
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
Travel Insurance (declined)	0.00
Grand Total - Canadian dollars	\$190.18

Payment Information

Credit/Debit Card [REDACTED] Amount paid: \$190.18

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$190.18 (Airfare - per ticket)

Ticket number [REDACTED]

Fare Rules

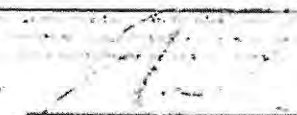

Departing Flight Edmonton (YEG) To Calgary (YYC) - Flex

- Changes:

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)		
<ul style="list-style-type: none"> * Enter Employee # (old) and Employee # (if applicable) if you, or your organization, has migrated to the new E-People payroll system * Indicate No in the Employee # (E-People) if you, or your organization, 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: 1-Nov-14 To: 30-Nov-14 Travel Period from: 1-Nov-14 To: 30-Nov-14 Out-of-Province Travel: <input type="checkbox"/>	
Name: Rowland Nichol		
Position (Title): Assoc. Chief Medical Officer, Office of the VP Quality and		
Location: [REDACTED]		
Employ: [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	030	711000012	\$213.20						\$213.20		
2B												
2C												
2D												
				\$213.20							TOTAL CLAIM	\$213.20
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					NOTE: These fields do not automatically fill for Section C & D							

SECTION F: AUTHORIZATION			
Employee Signature: 		Date: _____	
Approved By (PRINT ONLY): Dr. Verna Yiu		DOFA Level: [REDACTED]	
Signature: 		Title: VP Quality + CMO	
		Date: Dec 2/14	
Approved By (PRINT ONLY): _____		DOFA Level: _____	
Signature: _____		Position #: _____	
		Phone #: _____ Ext: _____	
		Date: _____	

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: 1-Nov-14 To 30-Nov-14
 Travel Period from: 1-Nov-14 To 30-Nov-14
 Out-of-Province Travel

Name: Rowland Nichol Position (Title): Assoc. Chief Medical Officer, Office of the VP Quality and

Location: [Redacted]
 Employer: [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	0000	71110000012	\$213.20						\$213.20		
2B												
2C												
2D												
				\$213.20								

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

Total Section B	\$213.20
Total Section C&D	
Less Cash Advance	
TOTAL CLAIM	\$213.20

SECTION F: AUTHORIZATION

I affirm that I have read and understand the Travel, Hospitality & Working Session Expense Policy (1122) of Alberta Health Services and that my expenses being claimed are in compliance with the principles and mandatory requirements of this policy.
 I affirm the expenses included 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 their agent from Alberta Health Services or any other Organization.
 I affirm the expenses submitted in this claim have been incurred by using a cost effective method, otherwise otherwise and supporting evidence is provided above.

Employee Signature: [Signature] Date: 28 Nov 2014

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

I affirm that I have read and understand the Administrative policies of Alberta Health Services that pertain to these expenses and that my expenses being claimed are in compliance with such policies.
 I affirm the expenses included 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 their agent from Alberta Health Services or any other Organization.
 I affirm the expenses submitted in this claim have been incurred by using a cost effective method, otherwise otherwise and supporting evidence 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.

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

RECEIPT
GST NO. R122556194

EXIT No. [REDACTED]
IN: 11/20/14 06:51
OUT: 11/20/14 19:13
DURATION: 0 12: 22
PAID: \$ 25.20
(GST INCLUDED)
VISA



THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade



051

Adult \$3.20
Expires
Nov 20/14 13:50


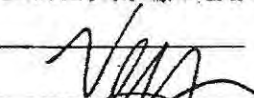



R Nichol - Edm Nov 20, 2014
Presentation - Edmonton Internal Medicine
Dr. AG Judicial Review
Medical Staff Bylaws

TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)		Expense Date From: 11-Oct-14 To 10-Nov-14	
<ul style="list-style-type: none"> • 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) 		Travel Period from: _____ To: _____	
Name: Rowland Nichol		Out-of-Province Travel	
Position (Title): Assoc. Chief Medical Officer, Office of the VP Quality and			
Location: [REDACTED]	Dept: CMO/Medical Affairs	DOFA Level: [REDACTED]	Business Phone #: [REDACTED] Ext: [REDACTED]
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
2A	101	0000	71110000012		101	0000	71110000012	\$402000	\$90.14 ✓	
2B					101	0000	71110000012	\$402000	\$113.94 ✓	
2C										
2D										
					**User to enter Coding & \$ Amounts				\$204.08	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D								NOTE: These fields do not automatically fill for Section C & D		
Total Section B				Total Section C&D		\$204.08		TOTAL CLAIM		\$204.08

SECTION F: AUTHORIZATION			
Employee Signature: 		Date: 11/12/14	
Approved By (PRINT ONLY): Dr. Verna Yiu	DOFA Level: [REDACTED]	Position #: [REDACTED]	Phone #: [REDACTED]
Signature: 	Title: VP Quality / CMO	Date: Dec 12/14	
Approved By (PRINT ONLY): William Hondas	DOFA Level: [REDACTED]	Position #: [REDACTED]	Phone #: [REDACTED]
Signature: 	Title: Sr Program Officer, Medical Affairs	Date: 21-Nov-14	

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

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: 11-Oct-14 To 10-Nov-14
 Travel Period from: _____ To _____ (if applicable)
 Out-of-Province Travel

Name: Rowland Nichol Position (Title): Assoc. Chief Medical Officer, Office of the VP Quality and
 Location: _____ Dept: CMO/Medical Affairs DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____
 Employee # (E-People): _____

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	0000	71110000012		101	0000	71110000012	64020000	\$90.14		\$204.08
2B					101	0000	71110000012	64020000	\$113.94		
2C											
2D											
									**User to enter Coding & \$ Amounts	\$204.08	
NOTE: This section auto fills from page 2A, 2B, 2C & 2D					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 & Working Session Expense Policy (1172)" of Alberta Health Services and confirm expenses being claimed are in compliance with the purposes and mandatory requirements of this 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# 1172

I, by signing this form, attest that I am compliant to all the above statements.
 Employee Signature: _____ Date: 21 Nov 2014

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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 claim form with receipts should be sent by the approver directly to Accounts Payable for processing.

Approved By (PRINT ONLY): Dr. Verna Yiu DOFA Level _____ Position # _____ Phone # _____
 Signature: _____ Title _____ Date _____

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
 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): William Hondas DOFA Level _____ Position # _____ Phone # _____
 Signature: _____ Title: Sr. Program Officer, 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 purpose 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

EXPENSE CLAIM DETAILS

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

SECTION C: OTHER EXPENSES					Emp # (E-People) [REDACTED]		Page 3			
<p>• Expenses to be claimed in this section include but are not limited to: <u>Hospitality & Hosting</u>, <u>Working Sessions</u>, <u>Recruitment</u>, <u>Relocation</u>, <u>Continuing Education</u>, <u>Business Insurance</u>, and miscellaneous expenses → If expenses are for <u>travel, gas, etc.</u>, go to <u>Section B on pg 2</u>. • ALL "OTHER" expenses listed below MUST have a secondary/expense code indicated!</p> <p align="center">***Subtotal "Other Expenses" for each functional centre separately and enter each subtotal into column "Section C Total" on page 1 Section E***</p>										
Date dd-mmm-yy	Business Reason for Expense - Detailed Description Required (include who attended-(if meal/Hospitality), why expense was required, what expense was and pertaining to and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page					
		Bal Unit	Location	Functional Centre	Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Continuing Education Select type from dropdown menu (if applicable)	GST is ON till slip/receipt, enter total amount in this column WITH GST	GST is NOT on till slip/receipt, enter total amount in this column	TOTAL OTHER \$
10-Oct-14	Rogers Wireless services - Dr R. Nichol October 2014	101	0000	71110000012	64020000	Yes			\$90.14	\$90.14
10-Nov-14	Rogers Wireless services - Dr R. Nichol November 2014	101	0000	71110000012	64020000	Yes			\$113.94	\$113.94

SECTION D: FOREIGN CURRENCY										
ONLY ENTER IN THIS SECTION IF AMOUNT NOT CONVERTED INTO CDN \$ (conversion not indicated on receipt/statement) If foreign currency has been converted to CDN \$ on your receipt, enter expense in CDN \$ in either Section B or C as applicable										
Please click on the following link for the Bank of Canada exchange rate using the date of expense			Bank of Canada Currency Converter →		Select foreign country in 'From cell', and Canadian Dollar in 'To cell'; Enter date of expense in both date cells then select convert which will give the exchange rate - enter this amount in exchange rate column					
Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification	Finance Coding			Secondary/Expense eg. 41000000 (8 characters)	Cost Effective Method Used? Yes/No	Completion of the "Cost Effective Method Used" Column is REQUIRED. If you select "No" in this column or the amount being claimed exceeds the Policy limit stated in "Appendix A", Further Explanation is REQUIRED in the "Rationale is Required" section on this page			
		Bal Unit	Location	Functional Centre			Foreign Currency Amount	Currency Type	Exchange Rate	Canadian Value

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)

Expenses Paid (Retain a copy for your records)
 Do not include amounts paid by Alberta Health Services or reimbursed / reimbursable by another organization



Wireless Services for
ROWLAND NICHOL

Account Number: [REDACTED]
 Invoice Number: [REDACTED]
 Invoice Date: Oct 10, 2014

Regular charges

14.35
 35.00
 0.00
 0.00
 30.00
 17.00
 0.00
 0.44
 0.75
 6.95

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).

Total before taxes: \$104.49

Total for Wireless: \$104.49

LEGEND

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

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
		0.00
Total Wireless Usage :		\$14.35

104.49
 less 14.35
 90.14



ROWLAND NICHOL

Account Summary

Account Number: [Redacted]
Invoice Number: [Redacted]
Invoice Date: Nov 10, 2014

Total: **\$113.94**
Charged to your credit card on or after Nov 25, 2014

Your last bill

Previous balance 104.49
Payment(s) p.2 -104.49
Balance from your last bill (including taxes): **\$0.00**

Any payments we received and processed after November 12, 2014 will show on your next bill.

Your current bill

Wireless p.3 113.94
Total current bill (including taxes): **\$113.94**

For online and other payment options, see page 2. **Total:** **\$113.94**



Other Rogers services available to you

- Magazines
- Long Distance
- Messaging

Still have questions?
Visit www.rogers.com or see
Contact us on page 2.



Your account number: [Redacted]
Total amount due: **\$113.94**

Thank you !
Your Rogers bill is paid by pre-authorized charge to your credit card.
You don't need to make any additional payments.



ROWLAND NICHOL



055034171355034171314112000011394000000000000000000000000000004





Wireless Services for [REDACTED]
ROWLAND NICHOL

Account Number: [REDACTED]
 Invoice Number: [REDACTED]
 Invoice Date: Nov 10, 2014

Regular charges

Ending Nov 10	23.80
Nov 11 - Dec 10	35.00
	0.00
	0.00
	30.00
	17.00
	0.00
	0.44
	0.75
	6.95

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).

Total before taxes: \$113.94

Total for Wireless: \$113.94

LEGEND

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

Wireless usage summary ending Nov 10/14

Type of usage	Usage Description	You used	Unit of measure	Total cost (\$)
Voice			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 Wireless Usage :				\$23.80

