

AHS Board and Executive Expense Report

Name Dr. Rollie Nichol
Title ACMO Medical Leadership, Workforce & Medical Affairs
Location Calgary
 Expenses submitted during the month of February 2017

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Feb-17	P-Card	Meetings				137	137			
Feb-17	Expense Claim	Meetings		58	167	628	853			
Feb-17	Direct Billing	Meetings	1,467				1,467			
Total			\$ 1,467	\$ 58	\$ 167	\$ 765	\$ 2,457	\$ -	\$ -	\$ -

Total for the Month \$ 2,457

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 149
 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.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 137.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/23/2017	Physician Compensation Committee		Airport Taxi Service	\$ 71.00			Physician Compensation Committee	1			
1/23/2017	Physician Resource Planning mtg and Hearing Prep Meeting		Airport Taxi Service	\$ 66.00			Physician Resource Planning mtg and Hearing Prep Meeting	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	24-Feb-17

[REDACTED]

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Monday, January 23, 2017 1:17 PM
To: [REDACTED]
Subject: Receipt Jan 20th

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Jan 23, 2017 9:16 AM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE	PURCHASE
ORDER ID	[REDACTED]
AMOUNT (CAD)	\$71.00
CARD NUM ACCOUNT	[REDACTED] MC
DATE	Jan 23 2017 09:15AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

APPROVED - THANK YOU 027

REFUND POLICY

R. Nichol Physician Compensation
Committee
January 20, 2017
AMA to YEG

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Monday, January 23, 2017 1:19 PM
To: [REDACTED]
Subject: Receipt Dr Nichol Jan 19th

----- Forwarded message -----

From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Jan 23, 2017 9:17 AM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$66.00

CARD NUM [REDACTED]
ACCOUNT MC

DATE Jan 23 2017 09:15AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

R. Nichol Physician Resource Planning
and Hearing Prep Meeting
Edmonton January 18, 2017
YEG to SSP

REFUND POLICY

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 853.41								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/24/2017	ALP Project Sponsor		Mileage-Other	\$ 303.00	8 Ave SW, Calgary	10230 Jasper Ave, Edmonton	Meeting with Executive Education Program	1			600
1/24/2017	Meeting with Executive Education Program	AB - Other Zones	Parking - Lot or Parkade	\$ 20.00			Meeting with Executive Education Program	1			
1/26/2017	Patient and Family Advisory Group and Hearing		Mileage-Local-Home Zone	\$ 27.78	Residence	YYC Return	Patient and Family Advisory Group and Hearing	1			55
1/26/2017	Patient & Family Group and Hearing	AB - Other Zones	Accommodations	\$ 167.28			Patient and Family Group and Hearing	1			
1/27/2017	Patient & Family Group and Hearing	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Patient & Family Group meeting and Hearing	1			
1/31/2017	Physician Resource Planning		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC Return	Physician Resource Planning	1			30
1/31/2017	Physician Resource Planning	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource Planning	1			
2/1/2017	PPEC		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC Return	PPEC	1			30
2/2/2017	CMO Offsite Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			CMO Offsite Meeting	1			
2/2/2017	CMO Offsite	AB - Other Zones	Meals Per Diem	\$ 10.50			CMO Offsite Bfast \$10.50	1			
2/3/2017	CMO Offsite Meeting		Mileage-Local-Home Zone	\$ 15.15	YYC	Residence	CMO Offsite Meeting	1			30
2/7/2017	HQN Meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			HQN Meeting Dinner \$24.00	1			

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 853.41								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/7/2017	HQN Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			HQN Meeting	1			
2/7/2017	HQN Meeting		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC Return	HQN Meeting	1			30
2/23/2017	Meeting with staff QEII Grand	AB - Other Zones	Taxi	\$ 25.00			Meeting with staff QEII Grand	1			
2/23/2017	Meeting with staff QEII Grand	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Meeting with staff QEII Grand	1			
2/23/2017	Meeting with staff QEII Grand	AB - Other Zones	Meals Per Diem	\$ 24.00			Meeting with staff QEII Grand Dinner \$24.00	1			
2/23/2017	Meeting with staff QEII Grand		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC Return	Meeting with staff QEII Grand	1			30
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	28-Feb-17								

RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

CITY OF EDMONTON

Terminal: 7010u Zone: 7010

Plate: [REDACTED]

LP - P3 South/West Side

Valid through:

TUESDAY 24 JAN 17

6:00 PM

Amount Paid: \$20.00 (GST incl.)

Start Time: 1/24/2017 11:19 AM

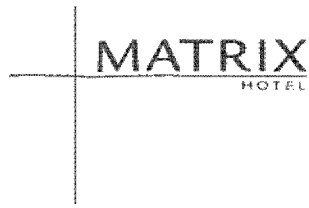
Trn: [REDACTED]

Auth No: [REDACTED]

Receipt No: [REDACTED]

RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT THIS IS YOUR RECEIPT

R. Nichol Meeting with Executive
Education Program
Edmonton January 24, 2017
Parking



Mr Rowland Nichol
[Redacted]

Room Number: [Redacted]
Arrival Date: 01-26-17
Departure Date: 01-27-17
Page No: 1 of 1

Guest Name:

INFORMATION INVOICE

Folio No:

01-27-17

Date	Description	Charges	Credits
01-26-17	Room Revenue	149.00	
01-26-17	Destination Marketing Fee - 3%	4.47	
01-26-17	Tourism Levy - 4%	6.14	
01-26-17	Room GST - 5%	7.67	
Total		167.28	0.00
Balance		167.28	

Signature:

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #105631154 RT 0008

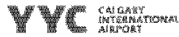
R. Nichol Patient & Family Advisory Group
and Hearing
January 26 - 27, 2017
Edmonton

RECEIPT
GST NO. R122556194

EXIT No. A4
IN: 01/26/17 08:07
OUT: 01/27/17 18:07
DURATION: 1 10: 00
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD



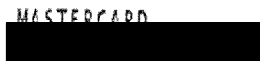
THANK YOU FOR
YOUR VISIT



R. Nichol Patient & Family Advisory Group
and Hearing
January 26 - 27, 2017
Parking YYC

RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: C57
IN: 02/07/17 09:33
OUT: 02/07/17 19:30
PAID: \$ 29.35
DURATION: 0 09: 57
(GST INCLUDED)



YOU HAVE 10 MIN.
TO EXIT



R. Nichol HQN Meeting
Edmonton
February 7, 2017

RECEIPT
GST NO. R122556194

EXIT No. 4103
IN: 01/31/17 08:16
OUT: 01/31/17 17:53
DURATION: 0 09: 37
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT



R. Nichol Physician Resource Planning
Edmonton January 31, 2017

RECEIPT
GST NO. R122556194

EXIT No. 4103
IN: 02/02/17 06:11
OUT: 02/02/17 18:29
DURATION: 0 12: 18
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT



R. Nichol CMO Offsite Meeting
Edmonton February 2, 2017

Fare: \$ 25 Date: Feb 23
From: Hospital To: Airport
Driver: Mania C. No.: 250
Co. Name: _____
Print Name: _____
Signature: _____

RECEIPT
GST NO. R122556194

EXIT No. AS
IN: 02/23/17 11:15
OUT: 02/23/17 20:56
DURATION: 0 09: 41
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD



THANK YOU FOR
YOUR VISIT

R. Nichol Meeting with staff QEII
Grand Prairie February 23, 2017



Expense Report Direct Bill Summary

Purpose of This Form:

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

Expenses Paid Directly to Third Party Vendors:

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

Direct Bill Report

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

Name : Dr Rollie Nichol	Reporting Period for the Month of : Feb-17
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
26-Jan-17	Direct Billing	Airline Ticket	Patient & Family Advisory Group meeting	Marlin Travel	190.48
27-Jan-17	Direct Billing	Airline Ticket	Patient & Family Advisory Group meeting	Marlin Travel	185.48
31-Jan-17	Direct Billing	Airline Ticket	Physician Resource Planning	Marlin Travel	175.48
31-Jan-17	Direct Billing	Airline Ticket	Physician Resource Planning	Marlin Travel	175.48

Total Paid in the Month	\$ 726.92
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Expense Report Direct Bill Summary

Purpose of This Form:

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- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Dr Rollie Nichol	Reporting Period for the Month of : Feb-17
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
02-Feb-17	Direct Billing	Airline Ticket	CMO Offsite	Marlin Travel	197.06
02-Feb-17	Direct Billing	Airline Ticket	CMO Offsite	Marlin Travel	171.68
07-Feb-17	Direct Billing	Airline Ticket	Health Quality Network	Marlin Travel	180.14
07-Feb-17	Direct Billing	Airline Ticket	Health Quality Network	Marlin Travel	190.48

Total Paid in the Month	\$ 739.36
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Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 19 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	153.00	0.00	\$0.00	37.48	0.00	190.48 CAD
Total:	153.00	0.00	0.00	37.48	0.00	190.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/17/2017		[REDACTED]	190.48 CAD
Total Payment:					190.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL HEARING AND PATIENT & FAMILY ADVISORY GRP

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 19 Jan 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: ROWLAND NICHOL

Booking Date: 17 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08134	CALGARY INTL 26 Jan 17 9:05AM		EDMONTON INTL 26 Jan 17 9:57AM	W/	



Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 06 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket [REDACTED]	148.00	0.00	\$0.00	37.48	0.00	185.48 CAD
Total:	148.00	0.00	0.00	37.48	0.00	185.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	1/05/2017		[REDACTED]	185.48 CAD
Total Payment:					185.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST . 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL HEARING AND PFG ADVISORY GRP MTG

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

/

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 06 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	05 Jan 17			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 27 Jan 17 4:55PM		CALGARY INTL 27 Jan 17 5:49PM	G/	



Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 11 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	138.00	0.00	\$0.00	37.48	0.00	175.48 CAD
Total:	138.00	0.00	0.00	37.48	0.00	175.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/10/2017	[REDACTED]	[REDACTED]	175.48 CAD
Total Payment:					175.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL MEETINGS AHS STAFF - PHYSICIAN RESOURCE PLANNING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 11 Jan 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	10 Jan 17			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 31 Jan 17 4:55PM		CALGARY INTL 31 Jan 17 5:49PM	G/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 11 Jan 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
--	---

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	138.00	0.00	\$0.00	37.48	0.00	175.48 CAD
Total:	138.00	0.00	0.00	37.48	0.00	175.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/10/2017		[REDACTED]	175.48 CAD
Total Payment:					175.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL MEETINGS AHS STAFF - PHYSICIAN RESOURCE PLANNING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
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---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

GOVERNMENT CENTRE
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tél · 780 425 8611

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 11 Jan 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	10 Jan 17			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08134	CALGARY INTL 31 Jan 17 9:05AM		EDMONTON INTL 31 Jan 17 9:57AM	G/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 18 Jan 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	147.58	0.00	\$0.00	49.48	0.00	197.06 CAD
Total:	147.58	0.00	0.00	49.48	0.00	197.06 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/18/2017		[REDACTED]	197.06 CAD
Total Payment:					197.06 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL CMO OFFSITE MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
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 *****PLEASE NOTE CHECKIN TIMES*****
 **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

GOVERNMENT CENTRE
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tel · 780 425 8611

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 18 Jan 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	18 Jan 17			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03142	EDMONTON INTL 02 Feb 17 5:30PM		CALGARY INTL 02 Feb 17 6:30PM	Q/	



Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 18 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket [REDACTED]	122.20	0.00	\$0.00	49.48	0.00	171.68 CAD
Total:	122.20	0.00	0.00	49.48	0.00	171.68 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/18/2017		[REDACTED]	171.68 CAD
Total Payment:					171.68 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL CMO OFFSITE MEETING

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GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 TEL : 780 425 8611



ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 18 Jan 17

Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	18 Jan 17
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00918	CALGARY INTL 02 Feb 17 7:00AM		EDMONTON INTL 02 Feb 17 8:00AM	L/	



Invoice

ALBERTA HEALTH SERVICES
 ALBERTA HEALTH SERVICES
 10030 - 107 STREET
 EDMONTON AB
 T5J 3E4

Trip #: [REDACTED]
 Booking Date: 01 Feb 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	130.66	0.00	\$0.00	49.48	0.00	180.14 CAD
Total:	130.66	0.00	0.00	49.48	0.00	180.14 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/01/2017	[REDACTED]	[REDACTED]	180.14 CAD
Total Payment:					180.14 CAD

Balance Due CAD Currency **0.00 CAD**

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL HEALTH QUALITY NETWORK MEETING

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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 01 Feb 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

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AIR

Passengers: ROWLAND NICHOL
Booking Date: 01 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00349	CALGARY INTL 07 Feb 17 9:50AM		EDMONTON INTL 07 Feb 17 10:42AM	L/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip # [REDACTED] Booking Date: 01 Feb 17 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	141.00	0.00	\$0.00	49.48	0.00	190.48 CAD
Total:	141.00	0.00	0.00	49.48	0.00	190.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/01/2017	[REDACTED]	[REDACTED]	190.48 CAD
Total Payment:					190.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL HEALTH QUALITY NETWORK MEETING

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Tél · 780 425 8611

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 01 Feb 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: ROWLAND NICHOL
Booking Date: 01 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03148	EDMONTON INTL 07 Feb 17 6:25PM		CALGARY INTL 07 Feb 17 7:26PM	Q/	