

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 May 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)
May-17	Expense Claim	Meetings		11	184	253	448			
May-17	Direct Billing	Meetings	692			42	734			
Total			\$ 692	\$ 11	\$ 184	\$ 295	\$ 1,182	\$ -	\$ -	\$ -

Total for the Month \$ 1,182

Maximum daily single meal expense claimed in the month \$ 11
 Maximum daily base hotel rate claimed in the month \$ 164
 Non economy air travel in the month \$ -

1) Travel expenses

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

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

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

4) Other

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

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 Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 447.95								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
5/11/2017	Patient & Family Advisory Grp Mtg		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC return	Patient & Family Advisory Grp Mtg	1			30
5/11/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Accommodations	\$ 184.13			Patient & Family Advisory Grp Mtg	1			
5/11/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Taxi	\$ 66.00	YEG	Westin	Patient & Family Advisory Grp Mtg	1			
5/12/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Patient & Family Advisory Grp Mtg	1			
5/12/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Taxi	\$ 66.00	SSP	YEG	Patient & Family Advisory Grp Mtg	1			
5/19/2017	Physician Compensation Committee	AB - Other Zones	Fuel	\$ 35.80	Calgary	Edmonton return	Physician Compensation Committee	1			
5/19/2017	Physician Compensation Committee	AB - Other Zones	Fuel	\$ 11.67	Calgary	Edmonton return	Physician Compensation Committee	1			
5/19/2017	Physician Compensation Committee	AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee left Calgary approx. 0600 to 0630 as meeting started at 0930 Bfast \$10.50	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	25-May-17								

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454



Rowland Nichol
 Alberta Health Services li

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 11-MAY-17 14:45
 Depart Date : 12-MAY-17 07:25
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton MAY-12-2017 07:25 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
11-MAY-17	[REDACTED]	Room Charge	164.00	
11-MAY-17	[REDACTED]	GST	8.45	
11-MAY-17	[REDACTED]	Destination Marketing Fee	4.92	
11-MAY-17	[REDACTED]	Tourism Levy	6.76	
12-MAY-17	[REDACTED]	Mastercard [REDACTED]		-184.13

Approve EMV Receipt for MC - [REDACTED] N Verified
 [REDACTED]
 Application Label:MASTERCARD

** Total 184.13 -184.13
 *** Balance -0.00

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell

Continued on the next page

RECEIPT
GST NO. R122556194

TKT NO: [REDACTED]
POF: A1
IN: 05/11/17 11:35
OUT: 05/12/17 18:08
PAID: \$ 58.70
DURATION: 1 06: 33
(GST INCLUDED)

MASTERCARD
[REDACTED]

REF. [REDACTED]
YOU HAVE 10 MIN.
TO EXIT



ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/05/
TIME 2398 15:52:00
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$66.01

MASTERCARD
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORD:

GST 73871 2892 RT0001

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/05/12
TIME 0558 15:53.32
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$66.00

MASTERCARD
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

CO-OP

Calgary Co-op
North Hill Gas Bar
540 - 16th Avenue NE
Calgary AB (403) 299-4277
GST# R100730894

Member Number [REDACTED]

Type: SALE

Qty	Name	Price	Total
1	REGULAR GASOLINE	\$ 0.979	\$ 35.80
	Pump:	5	
	Litres:	36.570	
	Price / Litre:	\$ 0.979	
Subtotal			\$ 35.80
GST [Incl Pumps]			\$ 1.70
Total			\$ 35.80

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 35.80

CARD NUMBER: [REDACTED]
DATE/TIME: 05/19/2017 18:06:58
REFERENCE #: [REDACTED]
TERM: [REDACTED]
AUTHOR.# : [REDACTED]

01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:

retain this copy for your records

CUSTOMER COPY

5/19/17 6:06:57 PM Receipt# [REDACTED]
Pos:71 Cashier:63 Store:2

Thank you for filling up with:
"The Pump That Pays"

PETRO-CANADA
37553 HWY 2 SOUTH
RED DEER
Alberta T4E 1B1

GST: 855305073 e (403) 347-3556
2017-05-19 PC0137192-8584601 07:09
TERMINAL: [REDACTED]
PAYPOINT: [REDACTED]

FUEL (L) (\$/L) (\$)
Pump 3
Regular 11.684 0.999 11.67*
Total Owed 11.67

TOTAL PAID
CREDIT CARD \$ 11.67

#TAXES INCL. #TAXES EXCL.
GST TOTAL \$ 0.56

MASTERCARD [REDACTED]
INV. [REDACTED] AUTH. [REDACTED]
Purchase [REDACTED]

01 APPROVED - THANK YOU

-- IMPORTANT --
Retain This Copy For Your Records
CUSTOMER COPY

PETRO-POINTS
PURCHASE [REDACTED]
BONUS PG [REDACTED]
BALANCE [REDACTED]

Survey! Earn Points
& chance to win gas
petro-canada.ca/hero

R. Nichol Physician Compensation Committee
May 19, 2017 Edmonton
Fuel - rental vehicle

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 : May-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-04-2017	Direct Bill	Airline Ticket	Leadership Conference Apr 24-25	Marlin Travel	180.14
25-04-2017	Direct Bill	Airline Ticket	Leadership Conference Apr 24-25	Marlin Travel	170.74
11-May-17	Direct Bill	Airline Ticket	Patient & Family Advisory Group May 11, 2017	Marlin Travel	170.48
12-May-17	Direct Bill	Airline Ticket	Patient & Family Advisory Group May 11, 2017	Marlin Travel	170.48

Total Paid in the Month	\$	691.84
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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 : May-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
19-May-17	Direct Bill	Car Rental	Physician Compensation Committee	Marlin Travel	42.63

Total Paid in the Month	\$	734.47
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Invoice

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

Trip #: [REDACTED]
 Booking Date: 25 Mar 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]	03/23/2017		[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
 BOOKING METHOD NUTRAVEL
 REASON FOR TRAVEL LEADERSHIP CONFERENCE

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: 25 Mar 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: 03/23/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL 04/24/2017 7:00AM		EDMONTON INTL 04/24/2017 7:54AM	L		



Invoice

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

Trip #: [REDACTED]
 Booking Date: 25 Mar 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]	121.26	0.00	\$0.00	49.48	0.00	170.74 CAD
Total:	121.26	0.00	0.00	49.48	0.00	170.74 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/23/2017	[REDACTED]	[REDACTED]	170.74 CAD
	Total Payment:				170.74 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 BOOKING METHOD NUTRAVEL
 REASON FOR TRAVEL LEADERSHIP CONFERENCE

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

Trip #: [REDACTED]
Booking Date: 25 Mar 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: 03/23/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03148	EDMONTON INTL 04/25/2017 6:25PM		CALGARY INTL 04/25/2017 7:20PM	L		



Invoice

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

Trip #: [REDACTED]
Booking Date: 20 Apr 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]	133.00	0.00	\$0.00	37.48	0.00	170.48 CAD
Total:	133.00	0.00	0.00	37.48	0.00	170.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/20/2017		[REDACTED]	170.48 CAD
Total Payment:					170.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL PATIENT & FAMILY ADVISORY GROUP 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 *****
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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 20 Apr 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: 04/20/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08140	CALGARY INTL 05/11/2017 1:10PM		EDMONTON INTL 05/11/2017 2:04PM	G		



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 20 Apr 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]	133.00	0.00	\$0.00	37.48	0.00	170.48 CAD
Total:	133.00	0.00	0.00	37.48	0.00	170.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/20/2017		[REDACTED]	170.48 CAD
Total Payment:					170.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
BOOKING METHOD NUTRAVEL
REASON FOR TRAVEL PATIENT & FAMILY ADVISORY GROUP 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
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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 20 APR 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: 04/20/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 05/12/2017 5:05PM		CALGARY INTL 05/12/2017 5:57PM	G		



Federal GST# : 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

23-May-2017

Bill To Information

ALBERTA HEALTH SERVICES
PO BOX 1600
EDMONTON, AB - T5T2N9
CANADA

Rental Information

Reservation Number : [REDACTED]
Driver : NICHOL, ROWLAND
Pickup Date/Time : 05/18/2017 17:18
Return Date/Time : 05/19/2017 17:00
Miles/kms : 603
Car Class : ICAR Requested Class : ICAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2017/HYUN/TUCS 7N2VBH [REDACTED] 34607/35210/603

Rental Branch

CALGARY DOWNTOWN WEST
1036 - 9 AVENUE SW
CALGARY, AB - T2P1L9

Return Branch

CALGARY DOWNTOWN WEST
1036 - 9 AVENUE SW
CALGARY, AB-T2P1L9

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	40.00	40.00
			Sub Total	40.00
VEHICLE LICENSE FEE RECOVERY	1	DAY	0.60	0.60
GOODS AND SERVICES TAX	5	PERCENT	5.00	2.03
Total Charges (CAD)				42.63

Additional Information

Ext BilRef # 1 10100007111000012 COST CENTER# 10100007111000012



Remit Payment in CAD to ENTERPRISE RENT A CAR CANADA COMP. 709 MILNER AVE SCARBOROUGH, ON M1B6B6	For Billing Inquiries Tel#:8773121084 AskARCanada@ehi.com	Payment Terms Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.
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Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.