

## 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 September 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)
Sep-17	Expense Claim	Meetings		96	636	170	902			
Sep-17	Direct Billing	Meetings				128	128			
<b>Total</b>			\$ -	\$ 96	\$ 636	\$ 298	\$ 1,030	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,030

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 189  
 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	\$ 902.48									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
9/6/2017	PPEC Calgary Delta Airport Hotel		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC return	PPEC Calgary Delta Airport Hotel	1			30	
9/13/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Accommodations	\$ 636.57			Patient & Family Advisory Grp Mtg	3				
9/13/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 31.50			Patient & Family Advisory Grp Mtg	1				
9/13/2017	Patient and Family Advisory Grp Mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Patient and Family Advisory Grp Mtg Dinner \$24.00	1				
9/14/2017	Patient and Family Advisory Grp Mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Patient and Family Advisory Grp Mtg Dinner \$24.00	1				
9/14/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 31.50			Patient & Family Advisory Grp Mtg	1				
9/14/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Taxi	\$ 6.50			Patient & Family Advisory Grp Mtg - transit between hotel and mtg location	1				
9/15/2017	Patient and Family Advisory Grp Mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Patient and Family Advisory Grp Mtg Dinner \$24.00	1				
9/15/2017	AMA Rep Forum	AB - Other Zones	Parking - Lot or Parkade	\$ 31.50			AMA Rep Forum	1				
9/15/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Taxi	\$ 3.25			Patient & Family Advisory Grp Mtg	1				
9/16/2017	Patient and Family Advisory Grp Mtg	AB - Other Zones	Meals Per Diem	\$ 23.50			Patient and Family Advisory Grp Mtg Bfast \$10.50 Lunch \$13.00	1				
9/16/2017	Patient & Family Advisory Grp Mtg	AB - Other Zones	Car Rental	\$ 51.01			Patient & Family Advisory Grp Mtg	1				
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>								
BELANGER, FRANCOIS		Approve		22-Sep-17								

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



Rowland Nichol

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 13-SEP-17 21:55  
 Depart Date : 16-SEP-17 08:02  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton SEP-17-2017 03:00 9999

Date	Reference	Description	Charges (CAD)	Credits (CAD)
13-SEP-17	[REDACTED]	Room Charge	189.00	
13-SEP-17	[REDACTED]	GST	9.73	
13-SEP-17	[REDACTED]	Destination Marketing Fee	5.67	
13-SEP-17	[REDACTED]	Tourism Levy	7.79	
13-SEP-17	[REDACTED]	Parking Self	30.00	
13-SEP-17	[REDACTED]	GST	1.50	
14-SEP-17	[REDACTED]	Room Charge	189.00	
14-SEP-17	[REDACTED]	GST	9.73	
14-SEP-17	[REDACTED]	Destination Marketing Fee	5.67	
14-SEP-17	[REDACTED]	Tourism Levy	7.79	
14-SEP-17	[REDACTED]	Parking Self	30.00	
14-SEP-17	[REDACTED]	GST	1.50	
15-SEP-17	[REDACTED]	Room Charge	189.00	
15-SEP-17	[REDACTED]	GST	9.73	
15-SEP-17	[REDACTED]	Destination Marketing Fee	5.67	
15-SEP-17	[REDACTED]	Tourism Levy	7.79	

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R. Nichol Patient & Family Advisory Grp Mtg  
 September 14 and 16  
 AMA Rep Forum September 15  
 \$636.57 (755.02 less charges parking and  
 Share Restaurant)

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 Canada  
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Rowland Nichol

Page Number : 2 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 13-SEP-17 21:55  
 Depart Date : 16-SEP-17 08:02  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
15-SEP-17	[REDACTED]	Parking Self	30.00	
15-SEP-17	[REDACTED]	GST	1.50	
16-SEP-17	[REDACTED]	Mastercard-[REDACTED]		-755.02

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

\*\* Total 755.02 -755.02  
 \*\*\* Balance -0.00

REST EASY - Nothing recharges mind and body like sound sleep. Experience superior rest at home with the Westin Heavenly(R) Bed, a revitalizing retreat for the sleep of your dreams. Learn more at westin.com/store

Claiming only room and parking:  
 Room - 3 days \$636.57  
 Parking -3days \$ 94.50

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Rowland Nichol

Page Number : 3 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 13-SEP-17 21:55  
 Depart Date : 16-SEP-17 08:02  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this visit [REDACTED]

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	[REDACTED]	Phone	Other	Total	Payment
09-13-2017	189.00	9.73	7.79	[REDACTED]	0.00	37.17	243.69	0.00
09-14-2017	189.00	9.73	7.79	[REDACTED]	0.00	37.17	251.19	0.00
09-15-2017	189.00	9.73	7.79	[REDACTED]	0.00	37.17	260.14	0.00
09-16-2017	0.00	0.00	0.00	[REDACTED]	0.00	0.00	0.00	-755.02
<b>Total</b>	<b>567.00</b>	<b>29.19</b>	<b>23.37</b>	[REDACTED]	<b>0.00</b>	<b>111.51</b>	<b>755.02</b>	<b>-755.02</b>



## 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**

<b>Name :</b> Dr Rollie Nichol	<b>Reporting Period for the Month of :</b> Sep-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Sep-17	Direct Bill	Car Rental	Patient and Family Advisory Group Mtg	Marlin Travel	127.89

<b>Total Paid in the Month</b>	<b>\$ 127.89</b>
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TELUS

ENTERPRISE RENTAL AGREEMENT

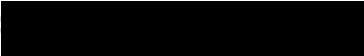


From : Customerservice@enterprise.com

Sat, Sep 16, 2017 03:30 PM

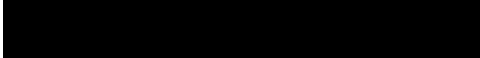
Subject : ENTERPRISE RENTAL AGREEMENT

To :



ENTERPRISE RENT A CAR, 1036 - 9 AVENUE SW, CALGARY, AB T2P1L9 (403) 212-5232

RENTAL AGREEMENT REF #



SUMMARY OF CHARGES

RENTER

NICHOL, ROWLAND

DATE & TIME OUT

13/09/2017 05:12 PM

DATE & TIME IN

16/09/2017 03:29 PM

BILLING CYCLE

24-HOUR

VEH

#1 2018 CHEV IMPA 41LT

VIN#



LIC#

KM DRIVEN 1011

BILL TO ACCOUNT

ALBERTA HEALTH SERVICES

ATTN: UNKNOWN

PO BOX 1600

EDMONTON, AB T5T2N9

CLAIM INFO



Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	13/09 - 16/09	3	DAY	\$40.00	\$120.00
REFUELING CHARGE	13/09 - 16/09				\$0.00
<b>Subtotal:</b>					<b>\$120.00</b>

Taxes & Surcharges

GOODS AND SERVICES TAX	13/09 - 16/09			5%	\$6.09
VEHICLE LICENSE FEE RECOVERY	13/09 - 16/09	3	DAY	\$0.60	\$1.80
<b>Total Charges:</b>					<b>\$127.89</b>

Bill-To / Deposits

ALBERTA HEALTH SERVICES

TIME & DISTANCE	13/09 - 16/09	3	DAY		
REFUELING CHARGE	13/09 - 16/09				
GOODS AND SERVICES TAX	13/09 - 16/09	1	PERCENT	5%	
VEHICLE LICENSE FEE RECOVERY	13/09 - 16/09	3	DAY		
<b>Subtotal:</b>					<b>-\$127.89</b>

Total Amount Due

\$0.00

PAYMENT INFORMATION

AMOUNT PAID TYPE

CREDIT CARD NUMBER