

## 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 November 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)
Nov-17	Expense Claim	Meetings		61	159	160	380			
Nov-17	Direct Billing	Meetings	689				689			
<b>Total</b>			\$ 689	\$ 61	\$ 159	\$ 160	\$ 1,069	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,069

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 Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 380.49									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
11/16/2017	Working Grp and PCC Mtg		Mileage-Local-Home Zone	\$ 7.58	Residence( condo)	YYC	Working Grp and PCC Mtg	1			15	
11/16/2017	Working Grp and PCC Mtg	AB - Other Zones	Taxi	\$ 61.00	YEG	Matrix	Working Grp and PCC Mtg	1				
11/16/2017	Working Grp and PCC Mtg	AB - Other Zones	Meals Per Diem	\$ 37.00			Working Grp and PCC Mtg Lunch \$13.00 Dinner \$24.00	1				
11/17/2017	Working Grp and PCC Mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Working Grp and PCC Mtg Dinner \$24.00	1				
11/17/2017	Working Grp and PCC Mtg	AB - Other Zones	Accommodations	\$ 159.61			Working Grp and PCC Mtg	1				
11/17/2017	Working Grp and PCC Mtg		Mileage-Local-Home Zone	\$ 20.20	YYC	Residence	Working Grp and PCC Mtg	1			40	
11/17/2017	Working Grp and PCC Mtg	AB - Other Zones	Taxi	\$ 12.40	ATB	Hotel	Working Grp and PCC Mtg	1				
11/17/2017	PRPAC Working Grp and PCC Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Working Grp and PCC Mtg	1				
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>								
BELANGER, FRANCOIS		Approve		21-Nov-17								

Mr Rowland Nichol

Room Number: [REDACTED]  
 Arrival Date: 11-16-17  
 Departure Date: 11-17-17  
 Page No: 1 of 1

Guest Name:

**INFORMATION INVOICE**

Folio No:

Date	Description	Charges	Credits
11-16-17	Room Revenue	149.00	
11-16-17	Destination Marketing Fee - 3%	4.47	
11-16-17	Tourism Levy - 4%	6.14	
11-17-17	F&B Mastercard		159.61
<b>Total</b>		<b>159.61</b>	<b>159.61</b>
<b>Balance</b>		<b>0.00</b>	

EDMONTON MATRIX HOTEL  
 10640 100 AVENUE  
 EDMONTON, AB. T5J 1J1  
 780-429-2861

**FORCE SALE**

**Warranty:**  
 My liability for all charges is not waived and agree to be held personally liable in the event  
 dated person, company or association fails to pay for any part or the full amount of these  
 charges - G.S.E. #105631154 RT 0008

Batch # [REDACTED] REF#: [REDACTED]  
 11/17/17 08:54:28  
 APPR CODE: [REDACTED]  
 Trace: [REDACTED]  
 MASTERCARD Chip  
 [REDACTED] [REDACTED]  
**AMOUNT \$159.61**

APPROVED

MASTERCARD

Edmonton, AB Canada T5J 398 Tel: (866) 465-8150 www.matrixedmonton.com

THANK YOU / MERCI

CUSTOMER COPY

**RECEIPT**  
**GST NO. R122556194**

TKT NO: [REDACTED]  
EXIT No. A1  
IN: 11/16/17 08:18  
OUT: 11/17/17 19:30  
DURATION: 1 11: 12  
PAID: \$ 58.70  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT

R. Nichol Working Grp and PCC Mtg  
November 16 and 17, 2017

00 FlyYYC

**YYC** CALGARY INTERNATIONAL AIRPORT

co-optaxi.com

Terminal [REDACTED]  
Driver [REDACTED]  
17/11/17 09:07:15

MASTERCARD  
Card : [REDACTED]  
MASTERCARD  
CHIP CARD  
[REDACTED]

Ref \$ [REDACTED]  
Auth \$ [REDACTED]

		PURCHASE
FARE	: \$	10.40
TIP	: \$	2.00
TOTAL	: \$	12.40

APPROVED - THANK YOU  
(01-027)

IMPORTANT: Retain this  
copy for your records

Customer Copy

Thank you for choosing  
Co-op taxi

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/11/16  
TIME 9212 10:46:49  
INVOICE # [REDACTED]  
RECEIPT NUMBER  
[REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$6.00  
TOTAL

**\$61.00**

MASTERCARD  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

## 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> Nov-17
--------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Nov-17	Direct Bill	Airline Ticket	PRPAC WG and Physician Compensation Committee	Marlin Travel	363.69
19-Jun-17	Direct Bill	Airline Ticket	Travel to Senior Leaders mtg. Trip cancelled credit to be used by 28 April 2018	Marlin Travel	325.06

<b>Total Paid in the Month</b>	<b>\$ 688.75</b>
--------------------------------	------------------



**Invoice**

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

Trip #: [REDACTED]  
 Booking Date: 07 Nov 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]	105.73	0.00	\$0.00	49.48	0.00	155.21 CAD
AIR CANADA Ticket # [REDACTED]	171.00	0.00	\$0.00	37.48	0.00	208.48 CAD
<b>Total:</b>	<b>276.73</b>	<b>0.00</b>	<b>0.00</b>	<b>86.96</b>	<b>0.00</b>	<b>363.69 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/06/2017		[REDACTED]	155.21 CAD
	[REDACTED]	11/06/2017		[REDACTED]	208.48 CAD
				Total Payment:	363.69 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING MEETING

-----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. -----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: 07 Nov 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: 06 Nov 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 17 Nov 17 6:00PM		CALGARY INTL 17 Nov 17 6:58PM	P/	

Passengers: ROWLAND NICHOL

Booking Date: 06 Nov 17  
File Locator/Ticket #: [REDACTED]



**Invoice**

ALBERTA HEALTH SERVICES ROWLAND NICHOL 10030 107 STREET EDMONTON AB CA T5K1G8	Trip #: [REDACTED] Booking Date: 01 May 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]	250.10	0.00	\$0.00	74.96	0.00	325.06 CAD
<b>Total:</b>	<b>250.10</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>325.06 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	04/28/2017		[REDACTED]	0.00 CAD
					325.06 CAD
				Total Payment:	325.06 CAD
<b>Balance Due CAD Currency</b>					<b>0.00 CAD</b>

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL SENIOR LEADERS 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



ALBERTA HEALTH SERVICES  
ROWLAND NICHOL  
10030 107 STREET  
EDMONTON AB  
CA  
T5K1G8

Trip #: [REDACTED]  
Booking Date: 01 May 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:	28 Apr 17			
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 19 Jun 17 7:35PM		EDMONTON INTL 19 Jun 17 8:25PM	G/	



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	28 Apr 17			
File Locator/Ticket #:	[REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08153	EDMONTON INTL 20 Jun 17 6:05PM		CALGARY INTL 20 Jun 17 6:57PM	G/	