

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 January 2018

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)
Jan-18	Expense Claim	Meetings			201	229	430			
Jan-18	Direct Billing	Meetings	567				567			
Total			\$ 567	\$ -	\$ 201	\$ 229	\$ 997	\$ -	\$ -	\$ -

Total for the Month \$ 997

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 179
 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	\$ 429.76								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/18/2018	Patient and Family Advisory Group Mtg	AB - Other Zones	Accommodations	\$ 200.96			Patient and Family Advisory Group Mtg	1			
1/18/2018	Patient and Family Advisory Group Mtg	AB - Other Zones	Taxi	\$ 66.00	YEG	Westin	Patient and Family Advisory Group Mtg	1			
1/18/2018	Patient and Family Advisory Group Mtg	AB - Other Zones	Bus	\$ 3.25			Patient and Family Advisory Group Mtg	1			
1/18/2018	Patient and Family Advisory Group Mtg		Mileage-Local-Home Zone	\$ 14.65	Sptt	YYC	Patient and Family Advisory Group Mtg	1			29
1/19/2018	Patient and Family Advisory Group Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Patient and Family Advisory Group Mtg	1			
1/19/2018	Patient and Family Advisory Group Mtg		Mileage-Local-Home Zone	\$ 20.20	YYC	Residence	Patient and Family Advisory Group Mtg	1			40
1/19/2018	Patient and Family Advisory Group Mtg	AB - Other Zones	Taxi	\$ 66.00	SSP	YEG	Patient and Family Advisory Group Mtg	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		22-Jan-18							

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

Rowland Nichol
Alberta Health Services Ii

Page Number : 1
Guest Number :
Folio ID :
No. Of Guest: 1
Room Number : 1510
Room Rate : 179.00
Club Account:

Invoice Nbr:
Arrive Date: 18-JAN-18 22:03
Depart Date: 19-JAN-18 07:38

Email:

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 19-JAN-18 07:38

Date	Reference	Description	Charges	Credits
18-JAN-18		Room Charge	179.00	
18-JAN-18		GST	9.22	
18-JAN-18		Destination Marketing Fee	5.37	
18-JAN-18		Tourism Levy	7.37	
19-JAN-18		Mastercard		-200.96

Approve EMV Receipt for MC - PIN Verified

Application Label:MASTERCARD

** Total 200.96 -200.96
*** Balance 0.00

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R. Nichol Patient and Family Advisory Group Mtg
Edmonton January 18 and 19, 2018

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2018/01/19
TIME 5327 15:56:05
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$132.00

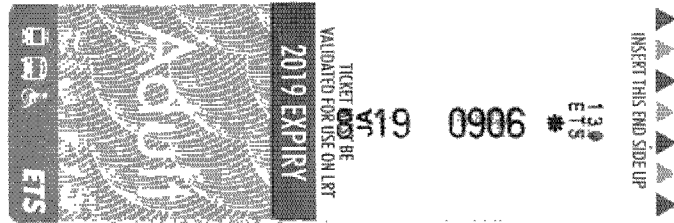
MASTERCARD
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS



RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: C50
IN: 01/18/18 12:41
OUT: 01/19/18 17:43
PAID: \$ 58.70
DURATION: 1 05: 02
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT

flyYYC

YYC CALGARY INTERNATIONAL AIRPORT

R. Nichol Patient and Family Advisory Group Mtg
Edmonton January 18 and 19, 2018
Inbound and outbound taxi trips - one receipt
66.00 each way

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 : Dec-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
18-Jan-18	Direct Bill	Airline Ticket	Patient and Family Advisory Group meeting	Marlin Travel	213.83
19-Jan-18	Direct Bill	Airline Ticket	Patient and Family Advisory Group meeting	Marlin Travel	218.48
03-Jan-18	Direct Bill	Airline Ticket	Patient and Family Advisory Group meeting	Marlin Travel	134.84

Total Paid in the Month	\$ 567.15
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Invoice

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES
 ROWLAND NICHOL
 10030 107TH STREET
 EDMONTON AB
 CA
 T5J3E4

Trip #: [REDACTED]
 Booking Date: 22 Jan 18
 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]	181.00	0.00	\$0.00	37.48	0.00	218.48 CAD
Total:	181.00	0.00	0.00	37.48	0.00	218.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/13/2018	[REDACTED]	[REDACTED]	218.48 CAD
Total Payment:					218.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL PATIENT AND FAMILY ADVISOR

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 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
ROWLAND NICHOL
10030 107TH STREET
EDMONTON AB
CA
T5J3E4

Trip #: [REDACTED]
Booking Date: 22 Jan 18
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers ROWLAND NICHOL **Citizenship** Not Specified **Required Travel Documents** 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:** 13 Jan 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08153	EDMONTON INTL 19 Jan 18 4:45PM		CALGARY INTL 19 Jan 18 5:39PM	S/	



Invoice

ALBERTA HEALTH SERVICES
 ROWLAND NICHOL
 10030 107 STREET
 EDMONTON AB
 CA
 T5J3E4

Trip #: [REDACTED]
 Booking Date: 18 Jan 18
 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]	176.35	0.00	\$0.00	37.48	0.00	213.83 CAD
Total:	176.35	0.00	0.00	37.48	0.00	213.83 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/18/2018	[REDACTED]	[REDACTED]	213.83 CAD
Total Payment:					213.83 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL PATIENT AND FAMILY 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. ----- ****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR 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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GOVERNMENT CENTRE
 MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
 TEL : 780 425 8611

ALBERTA HEALTH SERVICES
ROWLAND NICHOL
10030 107 STREET
EDMONTON AB
CA
T5J3E4

Trip #: [REDACTED]
Booking Date: 18 Jan 18
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 18
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08144	CALGARY INTL 18 Jan 18 1:55PM		EDMONTON INTL 18 Jan 18 2:47PM	V/	

Vision

A DIRECT TRAVEL[®] COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 03 Jan 18 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]	85.36	0.00	\$0.00	49.48	0.00	134.84 CAD
Total:	85.36	0.00	0.00	49.48	0.00	134.84 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/03/2018	[REDACTED]	[REDACTED]	134.84 CAD
Total Payment:					134.84 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 AND FAMILY 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
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ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 03 Jan 18
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 Jan 18					
	File Locator/Ticket #: [REDACTED]					
Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00213	CALGARY INTL 18 Jan 18 1:30PM		EDMONTON INTL 18 Jan 18 2:22PM	G/	