

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 July 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)
Jul-18	Expense Claim	Meetings		85	101	166	352			
Jul-18	Direct Billing	Meetings	226				226			
Total			\$ 226	\$ 85	\$ 101	\$ 166	\$ 579	\$ -	\$ -	\$ -

Total for the Month \$ 579

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ -
 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	\$ 352.45								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/25/2018	Sr. Leaders and Physician Concern Mtg		Mileage-Local-Home Zone	\$ 20.20	Residence	YYC	Sr. Leaders and Physician Concern Mtg	1			40
6/25/2018	Transport from charter drop off to hotel Red Deer	AB - Other Zones	Taxi	\$ 17.00	Ramada	Super 8	Sr. Leaders and Physician Concern Mtg	1			
6/25/2018	Sr. Leaders and Physician Concern Mtg	AB - Other Zones	Accommodations	\$ 101.05			Sr. Leaders and Physician Concern Mtg	1			
6/25/2018	Sr. Leaders and Physician Concern Mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Sr. Leaders and Physician Concern Mtg Dinner- \$24.00	1			
6/26/2018	Sr. Leaders and Physician Concern Mtg	AB - Other Zones	Meals Per Diem	\$ 13.00			Sr. Leaders and Physician Concern Mtg Lunch- \$13.00	1			
6/26/2018	Sr. Leaders and Physician Concern Mtg		Mileage-Local-Home Zone	\$ 7.58	YYC	Residence	Sr. Leaders and Physician Concern Mtg	1			15
6/26/2018	Physician Concern Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Sr. Leaders and Physician Concern Mtg. Charter to Red Deer June 25 and dropped off at airport for vehicle on June 26	1			
6/28/2018	Physician Concern Meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			Physician Concern Meetings Lethbridge and Cardston Dinner - \$24.00	1			
6/28/2018	Physician Concern	AB - Other Zones	Fuel-Travel and Car Rental	\$ 57.92			Travel YYC to Lethbridge to Cardston return to YYC	1			
6/28/2018	Physician Concern Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 5.00			Parking Lethbridge Hospital Physician Concern Mtg	1			
6/29/2018	Physician Concern Meeting	AB - Other Zones	Meals Per Diem	\$ 24.00			Physician Concern Meetings Lethbridge and Cardston Dinner - \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		25-Jul-18							

Date: 25 Jun 18
Amount: \$17.00

Car # 17
Driver

TAXIS &
VANS



CHARTERS &
LIMOUSINES



Cab



343-3300

346-2222

GST # _____

RECEIPT
GST NO. R122556194

TKT NO. [REDACTED]
EXIT No. 44
IN: 06/25/18 08:44
OUT: 06/26/18 14:27
DURATION: 1 05: 43
PAID: \$ 58.70
(GST INCLUDED)
VISA



THANK YOU FOR
YOUR VISIT





SUPER 8 RED DEER CITY CENTRE

4217 GAETZ
50TH AVE
RED DEER AB T4N 3Z4 CA
Phone: (403) 358-7722
Fax: (403) 358-7778
Email: info@super8reddeer.ca
Printed: 2018-06-26 8:49:46 AM

Folio (Detailed)

Name: DR NICHOL, ROWLAND Confirmation Number: [REDACTED]
 Account Number: [REDACTED]
 Address: [REDACTED]
 Room: [REDACTED] Room Type: NK1, 1 KING/NS/FRIDGE Nights: 1 Guests: 1/0
 Rate Plan: [REDACTED] Daily Rate: \$92.70 + \$8.35 Tax GTD: [REDACTED]
 Arrival: 2018-06-25 (Mon) Departure: 2018-06-26 (Tue)

Room Rate:

2018-06-25 (Mon) - 2018-06-25 (Mon) \$92.70 + \$8.35 Tax per night.

Date	Code	Description	Amount	Balance
2018-06-25	[REDACTED]	ROOM CHARGE	\$92.70	\$92.70
2018-06-25	[REDACTED]	GST	\$4.64	\$97.34
2018-06-25	[REDACTED]	ROOM TAX	\$3.71	\$101.05
2018-06-26	[REDACTED]	VISA - CREDIT CARD TERMINAL	-\$101.05	\$0.00

Summary

Room	Tax	F&B	Other	CC
\$92.70	\$8.35	\$0.00	\$0.00	-\$101.05

Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the free nights, gift cards, merchandise and more. If you're not already a member, join at the front desk, you or call 1-866-WYN-RWDS.

Guest Signature:

(1) Regardless of charge instructions, the undersigned acknowledges the above as personal indebtedness. (2) management reserves the right to refuse services to any one, and will not be responsible for injury or accidents any personal valuables of any kind. *We or our affiliates may contact you about goods and services unless you Privacy, Wyndham Hotel Group, LLC, 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our website about

SUPER 8 CITY CENTRE
4217 50 AVE
RED DEER, AB T4N 3Z4

Batch# 0115623
82413470014

PreAuth Complete

VISA CREDIT

[REDACTED]

Batch#

06/26/18

08:50:38

[REDACTED]

Total: \$ 101.05

ALBERTA HEALTH SERVICES
CHINOOK REGIONAL HOSPITAL
PARKING SERVICES
960 19 STREET S
LETHBRIDGE AB

Rcpt# [REDACTED]
06/28/18 09:45 L# 1 A# 1 Txn# 4586
06/28/18 08:12 In 06/28/18 09:45 Out

Gas \$5.00
Total Fee \$5.00
CASH PAID \$5.00-
Cash Tender \$10.00
Change Due \$5.00

DRIVE SAFELY
COMMENTS OR CONCERNS?
403-388-6754
parkingsouth@ahs.ca
P4 POF 3303

Calgary Co-op
Macleod Tr Gas Bar
8818 Macleod Trail S
Calgary Alberta
(403) 299-4293
GST#R100730894

[REDACTED]

Pump Litres Price/L
16 46.080 \$1.257
Product Amount
Regular \$57.92

Total \$57.92

GST (Inc Pumps) \$2.76

Purchase
VISA

[REDACTED]
DATE: 06/28/2018

C
[REDACTED]
ISO:01

VISA CREDIT
[REDACTED]

VERIFIED BY PIN

Approved - Thank you

IMPORTANT:
retain this copy
for your records

CUSTOMER COPY

Store # [REDACTED]
Receipt # [REDACTED]

Your opinion matters!
Share your feedback at
www.calgarycoop.com/fb

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 : Jul-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
25-06-2018	Direct Bill	Airline Ticket	Senior Leaders' Meeting	Marlin Travel	226.18

Total Paid in the Month	\$ 226.18
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A DIRECT TRAVEL[®] COMPANY

Invoice

ALBERTA HEALTH SERVICES ROWLAND NICHOL 10030 107 STREET EDMONTON AB CA T5J3E4	Trip #: [REDACTED] Booking Date: 15 Jun 18 Client: [REDACTED] Agent: [REDACTED] Agents email: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	188.70	0.00	\$0.00	37.48	0.00	226.18 CAD
Total:	188.70	0.00	0.00	37.48	0.00	226.18 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	06/12/2018	[REDACTED]	[REDACTED]	226.18 CAD
Total Payment:					226.18 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL SENIOR LEADERS MEETING

***** 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
ROWLAND NICHOL
10030 107 STREET
EDMONTON AB
CA
T5J3E4

Trip #: [REDACTED]
Booking Date: 15 Jun 18
Client: [REDACTED]
Agent: [REDACTED]
Agents email: [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: 12 Jun 18
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08591	CALGARY INTL 25 Jun 18 12:05PM		EDMONTON INTL 25 Jun 18 12:55PM	W/	