

## 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 August 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)
Aug-18	Expense Claim	Meetings		58	201	207	466			
Aug-18	Direct Billing	Meetings	309				309			
<b>Total</b>			\$ 309	\$ 58	\$ 201	\$ 207	\$ 775	\$ -	\$ -	\$ -

**Total for the Month** \$ 775

Maximum daily single meal expense claimed in the month \$ 24  
 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	\$ 466.16									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
8/22/2018	Key Leaders Engagement mtg		Mileage-Local-Home Zone	\$ 14.65	Sptt	YYC	Key Leaders Engagement mtg	1			29	
8/23/2018	Key Leaders Engagement mtg		Mileage-Local-Home Zone	\$ 20.20	YEG	Residence (Redwood)	Key Leaders Engagement mtg	1			40	
8/23/2018	Key Leaders Engagement mtg	AB - Other Zones	Taxi	\$ 66.00	YEG	Westin	Key Leaders Engagement mtg	1				
8/23/2018	Key Leaders Engagement mtg	AB - Other Zones	Meals Per Diem	\$ 24.00			Key Leaders Engagement mtg Dinner \$24.00	1				
8/24/2018	Key Leaders Engagement mtg	AB - Other Zones	Meals Per Diem	\$ 34.50			Key Leaders Engagement mtg Bfast \$10.50 Dinner \$24.00	1				
8/24/2018	Key Leaders Engagement mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 39.85			Key Leaders Engagement mtg	1				
8/24/2018	Key Leaders Engagement mtg	AB - Other Zones	Accommodations	\$ 200.96			Key Leaders Engagement mtg	1				
8/24/2018	Key Leaders Engagement mtg	AB - Other Zones	Taxi	\$ 66.00	CPSA Office	YEG	Key Leaders Engagement mtg. Shared cab with Dr. Belanger	1				
<b>Approver(s) for the claim</b>		<b>Approval Status</b>		<b>Approval Date</b>								
BELANGER, FRANCOIS		Approve		28-Aug-18								

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

TKT NO: [REDACTED]  
POF: C50  
IN: 08/23/18 17:21  
OUT: 08/24/18 18:13  
PAID: \$ 39.85  
DURATION: 1 00: 52  
(GST INCLUDED)

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT



ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE VISA  
DATE 2018/08/24  
TIME 5372 15:48:06  
INVOICE # [REDACTED]  
RECEIPT NUMBER  
[REDACTED]

PURCHASE  
TOTAL

**\$132.00**

VISA CREDIT  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

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



Rowland Nichol  
 Alberta Health Services fi

Page Number : 1 Invoice Nbr : [REDACTED]  
 Guest Number : [REDACTED]  
 Folio ID : [REDACTED]  
 Arrive Date : 23-AUG-18 20:18  
 Depart Date : 24-AUG-18 07:41  
 No. Of Guest : 1  
 Room Number : [REDACTED]  
 Club Account : [REDACTED]

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton AUG-24-2018 07:42 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
23-AUG-18	[REDACTED]	Room Charge	179.00	
23-AUG-18	[REDACTED]	GST	9.22	
23-AUG-18	[REDACTED]	Destination Marketing Fee	5.37	
23-AUG-18	[REDACTED]	Tourism Levy	7.37	
24-AUG-18	[REDACTED]	Visa [REDACTED]		-200.96
** Total			200.96	-200.96
*** Balance			0.00	

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## 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> Aug-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-08-2018	Direct Bill	Airline Ticket	Presentation Key Leaders Engagement mtg	Marlin Travel	308.68

<b>Total Paid in the Month</b>	<b>\$ 308.68</b>
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A DIRECT TRAVEL<sup>®</sup> COMPANY

Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 09 Aug 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
AIR CANADA Ticket # [REDACTED]	233.72	0.00	\$0.00	74.96	0.00	308.68 CAD
<b>Total:</b>	<b>233.72</b>	<b>0.00</b>	<b>0.00</b>	<b>74.96</b>	<b>0.00</b>	<b>308.68 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/09/2018	[REDACTED]	[REDACTED]	308.68 CAD
Total Payment:					308.68 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL KEY LEADERS ENGAGEMENT

\*\*\*\*\* 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: 09 Aug 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: 09 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08164	CALGARY INTL 23 Aug 18 6:35PM		EDMONTON INTL 23 Aug 18 7:29PM	K/	



AIR

Passengers: ROWLAND NICHOL

Booking Date: 09 Aug 18  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08153	EDMONTON INTL 24 Aug 18 6:00PM		CALGARY INTL 24 Aug 18 6:53PM	K/	