

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 2018

					Travel (1)					
ммм-үү	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-18 Sep-18	Expense Claim Direct Billing	Meetings Meetings	501	106	402	443	951 501			
Total			\$ 501	\$ 106	\$ 402	\$ 443	\$ 1,452	\$ -	\$ -	\$ -

Total for

the Month \$ 1,452

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	\$ 950.52										
Expense Date	Business reason		Expense Location	Expense Type	Am	ount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/12/2018	Patient and Family Advisory Gro	oup Mtg		Mileage-Local- Home Zone	\$	20.20	Home (Redwood Meadows)	YYC	Patient and Family Advisory Group Mtg	1			40
9/12/2018	Patient Family Advisory Group N	∕Itg	AB - Other Zones	Meals Per Diem	\$	24.00			Patient Family Advisory Group Mtg Dinner \$24.00	1			
9/12/2018	Patient and Family Advisory Gro	oup Mtg	AB - Other Zones	Taxi	\$	66.00	YEG	Westin	Patient and Family Advisory Group Mtg	1			
9/12/2018	Patient and Family Advisory Gro	oup Mtg	AB - Other Zones	Accommodations	\$	401.92			Patient and Family Advisory Group Mtg	2			
9/13/2018	Patient Family Advisory Group N	∕Itg	AB - Other Zones	Meals Per Diem	\$	24.00			Patient Family Advisory Group Mtg Dinner \$24.00	1			
9/13/2018	Patient and Family Advisory Gro	oup Mtg	AB - Other Zones	Bus	\$	3.25			Patient and Family Advisory Group Mtg SSP to Westin	1			
9/13/2018	Patient and Family Advisory Gro	oup Mtg	AB - Other Zones	Bus	\$	3.25			Patient and Family Advisory Group Mtg Westin to SSP	1			
9/14/2018	Patient Family Advisory Group N	∕Itg	AB - Other Zones	Meals Per Diem	\$	10.50			Patient Family Advisory Group Mtg Bfast \$10.50	1			
9/14/2018	Patient and Family Advisory Gro	oup Mtg	AB - Other Zones	Bus	\$	3.25			Patient and Family Advisory Group Mtg Westin to SSP	1			
9/14/2018	Patient and Family Advisory Con Mtg	nmittee	AB - Other Zones	Parking - Lot or Parkade	\$	58.70			Patient and Family Advisory Committee Mtg	1			
9/14/2018	Patient and Family Advisory Gro	oup Mtg		Mileage-Local- Home Zone	\$	20.20	YYC	Home (Redwood Meadows)	Patient and Family Advisory Group Mtg	1			40

AHS Public Disclosure Expense Claims

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NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 950.52										
Expense Date	Business reason		Expense Location	Expense Type	Amo		From Location	To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
9/14/2018	Patient and Family Advisory Gro	up Mtg	AB - Other Zones	Taxi	\$	66.00	Westin	YEG	Patient and Family Advisory Group Mtg Westin to YEG	1			
9/24/2018	People Executive Committee Mt	g	AB - Other Zones	Meals Per Diem	\$	47.50			People Executive Committee Mtg Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	2			
9/24/2018	People Executive Committee Mt	tg		Mileage-Local- Home Zone	\$	40.40	Home (Redwood Meadows)	YYC return	People Executive Committee Mtg	1			80
9/24/2018	People Executive Committee Kid	k-off Mtg	AB - Other Zones	Taxi	\$	66.00	YEG	SSP	People Executive Committee Kick-off Mtg	1			
9/24/2018	People Executive Committee Kid	k-off Mtg	AB - Other Zones	Parking - Lot or Parkade	\$	29.35			People Executive Committee Kick-off Mtg	1			
9/24/2018	People Executive Committee Kid	ck-off Mtg	AB - Other Zones	Taxi	\$	66.00	SSP	YEG	People Executive Committee Kick-off Mtg	1			
Approver(s) fo	r the claim	Approval	Status	Approval Date					•				
BELANGER, FR	ANCOIS	Approve		26-Sep-18									

RECEIPT GST NO. R122556194



YOUR VISIT

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ATS GROUP 4608 101 ST NW 7809897099 EDMONTON AB

CARD
CARD TYPE

CARD TYPE

DATE

2018/09/14

TIME

4897 15:40:42

INVOICE #

RECEIPT NUMBER

PURCHASE

TOTAL

\$132.00

VISA CREDIT

APPROVED

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

The Westin Edmonton 10135 100 St Edmonton, AB T5J 0N7 Canada

Tel: 780-426-3636 Fax: 780-428-1454

Rowland Nichol

Alberta Health Services li



WESTIN

HOTELS & RESORTS

Page Number
Guest Number
Folio ID
Arrive Date
Depart Date
No. Of Guest
Room Number
Club Account

: 1 Invoice Nbr : 12-SEP-18 21:18 : 14-SEP-18 07:36 : 1

Tax Invoice

Tax ID: 815461330RT0001 The Westin Edmonton SEP-14-2018 07:36

Date	Reference	Description
12-SEP-18		Room Charge
12-SEP-18		GST
12-SEP-18		Destination Marketing Fee
12-SEP-18		Tourism Levy
13-SEP-18		Room Charge
13-SEP-18		GST
13-SEP-18		Destination Marketing Fee
13-SEP-18		Tourism Levy
14-SEP-18		Visa

** Total

*** Balance

1 X X X X X X X X X X X X X X X X X X X	Charges (CAD)	Credits (CAD)
	179.00	
	9.22	
	5.37	
	7.37	
	179.00	
	9.22	
	5.37	
	7.37	
		-401.92
	401.92	-401.92

0.00

KIDS EAT WELL AT WESTIN - Discover kids' meals that are as delicious as they are nutritious with the Westin Eat Well Menu for Kids, developed with Superchefs(TM) to make kids and parents happy. Learn more at westin.com/eatwell

Continued on the next page

RECEIPT GST NO. R122556194

TKT NO: EXIT No. IN: 09/24/18 06:05 OUT: 09/24/18 19:06 DURATION: 0 13: 01 \$ 29,35 PAID: (GST INCLUDED) VISA AUTH, CODE REF. THANK YOU FOR YOUR VISIT





ATS GROUP 4608 101 ST NW 7809897099 **EDMONTON** AB

CARD CARD TYPE VISA DATE 2018/09/24 TIME 4373 16:46:42 INVOICE #

RECEIPT NUMBER

PURCHASE TOTAL

VISA CREDIT



APPROVED

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 73871 2892 RT0001



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 when	ether you have expenses to report in this s	ection for this reporting period:	
Name :	Dr Rollie Nichol	Reporting Period for the Month of :	get-18 Sept

Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
Direct Bill	Airline Ticket	Patient and Family Advisory Group meeting	Marlin Travel	501.26

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Total Paid in the Month	\$ 501.2	26



Invoice

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

Trip #: **Booking Date:** 31 Aug 18 Client: Agent: File Locator:

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPT	ION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	_
AIR CANADA Ticket #				426.30	0.00	\$0.00	74.96	0.00	501.26	CAE
			Total:	426.30	0.00	0.00	74.96	0.00	501.26	CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount	
		08/30/2018							501.26	CAD
							Total Pa	ayment:	501.26	CAD
		***************************************			В	alance Due	e CAD Cui	rency	0.00	CAD
CORPORATE UNIT 101				Total G	ST	0.00	Tota	al HST	\$0.00	

REASON FOR TRAVEL MEETINGS

************ 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 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 ------------ 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. ------HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A VALID CANADIAN PASSPORT OR TRAVEL VISA AS DIRECTED BY EMBASSIES AND CONSULATES. PLEASE VISIT HTTP://WWW.TRAVEL.GC.CA AND SELECT YOUR DESTINATION FOR COUNTER WILL CLOSE 45 MINUTES PRIOR TRANSBORDER FLIGHTS-CHECKIN 120 MINUTES PRIOR TRANSBORDER COUNTER WILL CLOSE 60 MINUTES PRIOR INTERNATIONAL FLIGHTS-120 MINUTES PRIOR INTERNATIONAL COUNTER WILL CLOSE 60 MINUTES PRIOR ******************* AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ... 1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT... 303 801 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 #:
Booking Date: 31 Aug 18
Client:
Agent:
File Locator:

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: File Locator/Ticket #:	30 Aug 18	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08225	CALGARY INTL 12 Sep 18 7:30PM		EDMONTON INTL 12 Sep 18 8:20PM	U/	



30 Aug 18 **Booking Date:** File Locator/Ticket #: **ROWLAND NICHOL** Passengers: Airline Flight Class/Seat Stops From **Terminal EDMONTON INTL** CALGARY INTL G/ AIR CANADA 08169 14 Sep 18 5:05PM 14 Sep 18 6:03PM