

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 2019

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-19	Expense Claim	Meetings		23		603	626			
Jan-19	Direct Billing	Meetings	377			211	588			
Total			\$ 377	\$ 23	\$ -	\$ 814	\$ 1,214	\$ -	\$ -	\$ -

Total for the Month \$ 1,214

Maximum daily single meal expense claimed in the month \$ 13
 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.

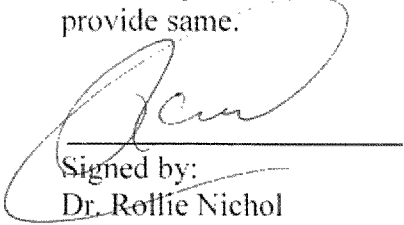
AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 353.66								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/21/2018	Mtg with legal counsel		Mileage-Other	\$ 318.66	Calgary	Edmonton return	Meeting with legal counsel re Dr VB Mileage Calgary to Edmonton 299 - Return Edmonton to Redwood 332	1			631
12/21/2018	Mtg with legal counsel SSP	AB - Other Zones	Parking - Lot or Parkade	\$ 35.00			Meeting with legal counsel regarding DrVB	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	23-Jan-19								

Date: 21 Dec 2018

Receipt Details: parking adjacent to Seventh St Plaza Edmonton

This expense was incurred and related to AHS business and has not been claimed previously.
The receipt in the amount of \$35.00 for parking in Edmonton was misplaced and I am unable to provide same.



Signed by:
Dr. Rolfie Nichol

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 272.19									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
1/11/2019	Provincial Hospitalist mtg and physician concern mtg	AB - Other Zones	Taxi	\$ 66.00	YEG	ATB Place	Provincial Hospitalist mtg and physician concern mtg	1				
1/11/2019	Provincial Hospitalist mtg and physician concern mtg	AB - Other Zones	Taxi	\$ 66.00	SSP	YYC	Provincial Hospitalist mtg and physician concern mtg	1				
1/11/2019	Provincial Hospitalist mtg and physician concern mtg	AB - Other Zones	Meals Per Diem	\$ 23.50			Provincial Hospitalist mtg and physician concern mtg	2				
1/11/2019	Provincial Hospitalist mtg and physician concern mtg		Mileage-Local-Home Zone	\$ 40.40	Residence (Redwood)	YYC return	Provincial Hospitalist mtg and physician concern mtg	1			80	
1/11/2019	Provincial Hospitalist mtg and physician concern mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Provincial Hospitalist mtg and physician concern mtg	1				
1/14/2019	Bylaws Town Hall Calgary West PCN		Mileage-Local-Home Zone	\$ 2.53	Southport	Calgary West PCN	Bylaws Town Hall Calgary West PCN	1			5	
1/14/2019	Bylaws Town Hall Calgary West PCN		Mileage-Local-Home Zone	\$ 2.53	Calgary West PCN	Southport	Bylaws Town Hall Calgary West PCN	1			5	
1/15/2019	Bylaws Town Hall FMC		Mileage-Local-Home Zone	\$ 7.58	FMC	Sptt	Bylaws Town Hall FMC	1			15	
1/15/2019	Bylaws Town Hall FMC		Mileage-Local-Home Zone	\$ 7.58	Southport Tower	FMC	Bylaws Town Hall FMC	1			15	
1/17/2019	Bylaws Town Hall PLC		Mileage-Local-Home Zone	\$ 11.11	Southport	PLC	Bylaws Town Hall PLC	1			22	
1/17/2019	Bylaws Town Hall PLC		Mileage-Local-Home Zone	\$ 11.11	PLC	Sptt	Bylaws Town Hall PLC	1			22	
1/17/2019	Bylaws Town Hall PLC	AB - Other Zones	Parking - Lot or Parkade	\$ 4.50			Bylaws Town Hall PLC	1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		15-Feb-19								

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE VISA
DATE 2019/01/11
TIME 8794 14:37:29
INVOICE # 873
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$66 parking x 2
(return) = \$132

\$132.00

VISA CREDIT
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: CSZ
IN: 01/11/19 06:18
OUT: 01/11/19 16:42
PAID: \$ 29.35
DURATION: 0 10: 24
(GST INCLUDED)

VISA
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



RECEIPT

Alberta Health
Services

PLC Lot

RECEIPT

ENTRY TIME:

17.01.19 17:01

EXIT TIME:

17.01.19 17:54

PARK-DUR.: HRS:MIN

0:00:53

AMOUNT:

4.50

KIND OF PAYMENT:

VISA

Alberta Health
Services
Calgary Health Region

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 : Rollie Nichol	Reporting Period for the Month of : Jan-19
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
09-Feb-18	Direct Bill	Other Transportation	Rental vehicle to travel to YEG for PRPAC	Marlin Travel	91.20
26-Mar-18	Direct Bill	Other Transportation	Rental vehicle to travel to YEG for PCC	Marlin Travel	59.60
29-Jun-18	Direct Bill	Other Transportation	Rental vehicle to travel to YEG or PRPAC	Marlin Travel	60.17
11-Jan-19	Direct Bill	Airline Ticket	Provincial Hospitalist Program mtg with AB Health	Marlin Travel	377.02

Total Paid in the Month	\$ 587.99
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1036 - 9 AVENUE SW
 CALGARY, AB T2P1L9
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:

[Redacted]
 02/09/2018
 [Redacted]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	2 DAY	45.00	90.00
Subtotal			90.00
VEHICLE LICENSE FEE RECOVERY	2 DAY	0.60	1.20
Total Charges (CAD)			91.20

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out **Start Charges** **Date/Time In**
 02/05/2018 03:41 PM 02/05/2018 05:30 PM 02/07/2018 07:00 AM

Renter
 NICHOL, ROWLAND

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE	[Redacted]	FUSI	7PBMXW	16,251	16,724
VIN	[Redacted]				

PAYMENTS

Payment	Payment	-91.20
Total Payments (CAD)		-91.20

Amount Due (CAD) **0.00**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

CLAIM INFORMATION

Claim# / PO# / RO# **Insured**
 [Redacted]

Date of Loss **Type of Loss** **Type of Vehicle**
 [Redacted]

Repair Shop
 [Redacted]

For Billing Inquiries / Payment Terms :

Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101000071110000012

Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	0.00
Remit To : ENTERPRISE RENT A CAR CANADA COMPAN 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account # Rental Agreement	Amount	GPBR
[Redacted]	0.00	[Redacted]



1036 - 9 AVENUE SW
 CALGARY, AB T2P1L9
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:

[Redacted]
 03/26/2018
 [Redacted]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	59.00	59.00
Subtotal			59.00
VEHICLE LICENSE FEE RECOVERY	1 DAY	0.60	0.60
Total Charges (CAD)			59.60

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out **Start Charges** **Date/Time In**
 03/22/2018 04:22 PM 03/22/2018 05:00 PM 03/23/2018 04:49 PM

Renter
 NICHOL, ROWLAND

PAYMENTS

Payment	Payment	-59.60
Total Payments (CAD)		-59.60

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms	
BLACK	[Redacted]	EXEL	7NCQQJ	Out	In
VIN	[Redacted]			50,145	50,652

Amount Due (CAD) **0.00**
Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

CLAIM INFORMATION

Claim# / PO# / RO# **Insured**
 101000071110000012 101000071110000012

Date of Loss **Type of Loss** **Type of Vehicle**

Repair Shop

For Billing Inquiries / Payment Terms :

Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101000071110000012

Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	0.00
Remit To : ENTERPRISE RENT A CAR CANADA COMPAN 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account # [Redacted]	Rental Agreement [Redacted]	Amount 0.00
		GPBR [Redacted]



1036 - 9 AVENUE SW
 CALGARY, AB T2P1L9
 Federal GST# :889365821

Rental Agreement #:
 Bill Ref #:
 Invoice Date:
 Account #:

[Redacted]
 06/29/2018
 [Redacted]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	59.00	59.00

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

Subtotal 59.00

VEHICLE LICENSE FEE RECOVERY 1 DAY 1.17 1.17

Total Charges (CAD) 60.17

RENTAL INFORMATION

Date/Time Out 06/27/2018 05:20 PM
Date/Time In 06/28/2018 05:01 PM

PAYMENTS

Payment Payment -60.17

Total Payments (CAD) -60.17

Renter
 NICHOL, ROWLAND

Amount Due (CAD) 0.00

RENTAL VEHICLES

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Color	License	Model	Unit	Miles/Kms Out In
WHITE	[Redacted]	ESCA	7QX2LG	11,000 11,036
VIN: [Redacted]				

CLAIM INFORMATION

Claim# / PO# / RO# 101 0000 71110000012
Insured 101 0000 71110000012

Date of Loss **Type of Loss** **Type of Vehicle**

Repair Shop

For Billing Inquiries / Payment Terms :

Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

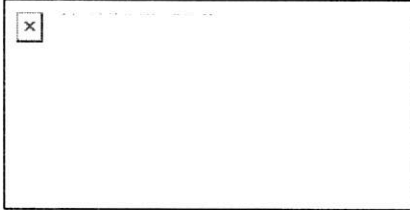
ADDITIONAL INFORMATION

COST CENTER# 101 0000 71110000012

Thank You For Choosing Enterprise

<p>Please Return This Portion With Remittance</p> <p>Remit To : ENTERPRISE RENT A CAR CANADA COMPAN 709 MILNER AVE SCARBOROUGH, ON M1B6B6</p>	<p>Amount Due (CAD) 0.00</p> <p>Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9</p>
<p>Account # [Redacted]</p>	<p>Rental Agreement [Redacted]</p>
<p>Amount 0.00</p>	<p>GPRR [Redacted]</p>

From: tripinfo@visiontravel.ca
Sent: Tuesday, January 08, 2019 8:14 AM
To: [REDACTED]@VISIONTRAVEL.CA
Subject: Invoice and Itinerary for NICHOL/ROWLAND DR - 11January19 - Vision Travel Locator: [REDACTED]



Vision Travel DT Ontario-West Inc
[REDACTED], , Canada,
www.visiontravel.ca
GST Reg : 723782728 RT 0001

Invoice/Itinerary

Invoice [REDACTED]
Issued: 05 January 2019

Agency Ref [REDACTED]
Sales Person:

Customer Number [REDACTED]
Customer Ref.:

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

Passenger(s): NICHOL/ROWLAND DR

Disclaimer: It is your responsibility to carefully review this itinerary immediately upon receipt and notify us if there are any discrepancies.

AIR - Friday, January 11 2019

[Add To Calendar](#)

Air Canada Flight AC8130 Economy Class

Depart	Weather	Arrive	Weather
Calgary, Alberta Calgary International Airport 07:00 AM Friday, January 11 2019		Edmonton, Alberta Edmonton International Airport 07:53 AM Friday, January 11 2019	

Duration: 0 hour(s) and 53 minute(s) Non-stop
Status: Confirmed - Air Canada Booking Reference: [REDACTED]
Operated By: AIR CANADA EXPRESS - JAZZ
FF Number: [REDACTED] NICHOL/ROWLAND DR - please reconfirm at check-in
Online Check In: Available 24 hours prior - [click here](#)

Remarks: SEAT 2C - NICHOL/ROWLAND DR
PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

AIR - Friday, January 11 2019

[Add To Calendar](#)

Air Canada Flight AC8153 Economy Class

Depart	Edmonton, Alberta Weather	Arrive	Calgary, Alberta Weather
	Edmonton International Airport		Calgary International Airport
	03:40 PM Friday, January 11 2019		04:35 PM Friday, January 11 2019

Duration: 0 hour(s) and 55 minute(s) Non-stop
 Status: Confirmed - Air Canada Booking Reference: [REDACTED]
 Operated By: AIR CANADA EXPRESS - JAZZ
 FF Number: [REDACTED] - NICHOL/ROWLAND DR - please reconfirm at check-in
 Online Check In: Available 24 hours prior - [click here](#)

Remarks: SEAT 17D - NICHOL/ROWLAND DR
 PLEASE CHECK IN WITH AIR CANADA EXPRESS - JAZZ

Invoice Details

Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number	[REDACTED]					
Vendor AC Dom Air		302.06	74.96	0.00	0.00	377.02
				Billed to: [REDACTED]		
	Totals:	302.06	74.96	0.00	0.00	377.02
				Total Credit Card Billing:		377.02
				Balance Due:		0.00