

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title Associate Chief Medical Leadership, Workforce & Medical Affairs
Location Calgary
 Expenses submitted during the month of May 2014

| Travel (1) | | | | | | | | | | |
|--------------|-----------------|----------|----------|--------|---------------|--------------|--------------|------------------------------|--|-----------|
| Date | Source Document | Purpose | Airfare | Meals | Accommodation | Other Travel | Total Travel | Professional Development (2) | Working Sessions Hosting and Hospitality (3) | Other (4) |
| May-14 | P-Card | Meetings | 440 | | | | 440 | | | |
| May-14 | Expense | Meetings | 635 | 169 | 752 | 441 | 1,997 | 1,074 | | |
| Total | | | \$ 1,075 | \$ 169 | \$ 752 | \$ 441 | \$ 2,437 | \$ 1,074 | \$ - | \$ - |

Total for the Month \$ 3,511

Maximum daily single meal expense claimed in the month \$ 28
 Maximum daily base hotel rate claimed in the month \$ 200
 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

| | | | |
|---|-----------------------------|--------------------------------|------------|
| Instruction: | | | |
| <ul style="list-style-type: none"> • Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement • Cardholder AND Approver's signatures required where indicated below | | | |
| STIEBEN, CHRISTINE | EXECUTIVE ASSISTANT | Billing Reporting Period: | 20/05/2014 |
| Cardholder's Name | Cardholder's Position/Title | | |
| ██████████ | ██████████ | Total Statement Amount: | \$2,783.93 |
| Cardholder's Dept | Cardholder's Site/Location | | |
| CHRISTINE.STIEBEN@ALBERTAHEALTHSERVICES.CA | | Last 6 digits of the P-Card #: | ██████████ |
| Cardholder's e-mail address | | | |

Statement of Transactions

| Transaction Date | Trans ID | Merchant Name & Description | Trans Original Amount | Currency | Trans Amount | GST | Freight | Description |
|------------------|----------|-----------------------------------|-----------------------|----------|--------------|-----|---------|--------------------------------|
| [REDACTED] | | | | | | | | |
| 23/04/2014 | | AIR CAN 0142133679718, AIR CANADA | 440.21 | CAD | 440.21 | .00 | .00 | Nichol Cal-Edm (return) Apr 30 |
| [REDACTED] | | | | | | | | |

| | |
|--|--|
| Signatures | |
| <p>Cardholder Designate (if Applicable)</p> <p>By signing this statement</p> <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. | |
| <p>_____ Name of Cardholder Designate</p> | <p>_____ Cardholder Designate Position/Title</p> |
| <p>_____ Signature of Cardholder Designate</p> | <p>_____ Date of Signature</p> |
| <p>Cardholder</p> <p>By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. | |
| <p>STEPHEN, CHRISTINE Name of Cardholder</p> <p><i>[Signature]</i> Signature of Cardholder</p> | <p>EXECUTIVE ASSISTANT Cardholder Position/Title</p> <p><i>May 27 / 14</i> Date of Signature</p> |
| <p>Approver Designate (if Applicable)</p> <p>By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. | |
| <p>_____ Name of Approver Designate</p> | <p>_____ Approver Designate Position/Title</p> |
| <p>_____ Signature of Approver Designate</p> | <p>_____ Date of Signature</p> |
| <p>Approver</p> <p>By signing this statement</p> <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. | |
| <p>Dr. Verna Yu Name of Approver</p> <p><i>[Signature]</i> Signature of Approver</p> | <p>VP Quality + CMO Approver Position/Title</p> <p><i>June 2 / 14</i> Date of Signature</p> |
| Submit approved statement with attachments to Accounts Payable: | |
| <p>Attach:</p> <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. | <p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p> |
| Accounts Payable only: | |
| <p>Reference # _____</p> | <p>Reviewed by _____</p> |
| <p>Date _____</p> | |

3.

Your booking is confirmed. Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.



Attending Meetings
Apr 30 - ZMD workshop

Booking Information

Booking Reference: [REDACTED]

Customer Care
Electronic Ticketing confirmed. This is your official itinerary/receipt.
Air Canada
1-888-247-2262

Main Contact:
Mr Rowland Nichol
rollie.nichol@albertahealthservices.ca

Flight Arrivals and Departures
1-888-422-7533

Mobile: [REDACTED]

Home: [REDACTED]

Work: [REDACTED]

At destination: [REDACTED]

Flight Itinerary

| Flight | From | To | Stops | Duration | Aircraft | Fare Type | Meal |
|------------|---|---|-------|----------|------------|------------|------|
| [REDACTED] | Calgary (YYC) Wed 30-Apr 2014 07:00 | Edmonton, Edmonton Int'l (YEG) Wed 30-Apr 2014 07:51 | 0 | 0hr51 | [REDACTED] | Flex, W | |
| [REDACTED] | Edmonton, Edmonton Int'l (YEG) Wed 30-Apr 2014 18:30 | Calgary (YYC) Wed 30-Apr 2014 19:21 | 0 | 0hr51 | [REDACTED] | Flex, W | |

 Operated by:
 1 Air Canada Express - [REDACTED]

Passenger Information

1: Mr Rowland Nichol : Adult (16+), Ticket Number: [REDACTED]

 Air Canada - [REDACTED]
 Aeroplan : [REDACTED]

Meal Preference: [REDACTED]

Payment Card: [REDACTED]

Special Needs: [REDACTED]

Seat Selection: [REDACTED]

Purchase Summary

| Fare Summary | Adult |
|--|-----------------|
| Passenger Type | |
| Air Transportation Charges | |
| Departing Flight - Flex | 163.00 |
| Return Flight - Flex | 163.00 |
| Surcharges | 24.00 |
| Taxes, Fees and Charges | |
| Canada Airport Improvement Fee | 55.00 |
| Canada Goods and Services Tax (GST/HST #10009-2287 RT0001) | 20.96 |
| Air Travellers Security Charge (ATSC) | 14.25 |
| Total airfare and taxes before options (per passenger) | 440.21 |
| Number of passengers | 1 |
| Travel Insurance (declined) | 0.00 |
| Grand Total - Canadian dollars | \$440.21 |

Payment Information

 [REDACTED] - Amount paid: **\$440.21**

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$440.21 (Airfare - per ticket)

Ticket number(s): [REDACTED]

Fare Rules

**MEDICAL AFFAIRS
TRAVEL/MEETING EXPENSE CLAIM FORM**

| | | | |
|--|---|--|--------------------|
| SECTION 1: PAYEE INFORMATION (Check one only) | | | |
| <input type="checkbox"/> Sole Proprietor | | <input checked="" type="checkbox"/> Professional Corporation | |
| Invoice Date: | | Invoice #: | |
| Vendor Name: | Nichol-Pereles Professional Corporation | | Vendor# (if known) |
| Address: | | City: | |
| Province/State: | | Postal Code: | Country: |
| Reason for Expense &/or Business Case | Attending -Meetings in Edmonton/Attending CSPE/ CMA Conference in Toronto | | |

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required
 Cells that are locked (Complete calculations) are shaded Aqua Cells requiring selection from dropdown menu are shaded Orange

| SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION | | | | Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rational is Required" section below | | | |
|---|--|--|---|---|------------------------|------------------------|-------------------|
| (Departments must provide Complete Coding) | | | | | | | |
| Corp/BU/Org e.g. 101 | Location (If applicable) e.g. 9000 | Functional Centre/Primary e.g. 71135050440 | Expense/ Secondary Acct e.g. 69500001 | Cost Effective Method Used? | Expense Sub - Total | GST (If applicable) | TOTAL |
| 101 | 0000 | 71110000012 | 62312000 | Yes | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <input checked="" type="checkbox"/> Canadian \$ | <input type="checkbox"/> US \$ | <input type="checkbox"/> Other Currency | TOTAL PAYMENT | | | | \$3,071.30 |

| SECTION 3: AUTHORIZATION | | | |
|---|---|--------------------------|----------------------|
| Requisitioned by (Print Name) <i>Christine Stieben</i> | Position Title/Program Group <i>Executive Assistant /OFFICE OF VP, Q&CMO</i> | Date <i>May 14/14</i> | Phone# [REDACTED] |
| <input checked="" type="checkbox"/> | I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy(1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. | | |
| <input checked="" type="checkbox"/> | I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided. | | |
| <input checked="" type="checkbox"/> | I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. | | |
| <input checked="" type="checkbox"/> | I attest that the expenses in this claim are for valid business purposes for Alberta Health Services. | | |
| Claimant signature <i>[Signature]</i> | Position Title/Program Group ACMO | Date 14-May-14 | Phone# [REDACTED] |
| <input checked="" type="checkbox"/> | I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy. | | |
| <input checked="" type="checkbox"/> | I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided. | | |
| <input checked="" type="checkbox"/> | I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. | | |
| <input checked="" type="checkbox"/> | I attest that the expenses in this claim are for valid business purposes for Alberta Health Services. | | |

| | | | |
|---|---------------------------------|------|------------|
| Approved by (Print Name) Dr. Verna Yiu | Signature <i>[Signature]</i> | Date | [REDACTED] |
| Title/Program Group VP, Quality & CMO | DOFA Level [REDACTED] | | [REDACTED] |

GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1118 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122

- 1) All employee claims must be submitted on the Travel, Hospitality & Working Session Expense Claim form.
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment requisitions will be returned without processing.

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program. For more information, questions or concern about the collection, use or disclosure of your health personal information, please contact Mark Palka, Director Accounts Payable at 780-735-0506 or email. Mark.Palka@albertahealthservices.ca

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rational is required

SECTION 4: MEDICAL AFFAIRS - TRAVEL EXPENSE CLAIM PORTION

| Date | Purpose of Expense | GST | Conference | Hotel | Parking /Taxi/ Shuttle | Meal Type | Meals | Meal Receipt | Rental Car/Airfare/Fuel | Cost Effective method used? | Mileage km |
|-----------------|----------------------------|-----|------------|----------|------------------------|---------------|----------|--------------|-------------------------|-----------------------------|------------|
| 10-Apr-14 | Toronto-CSPE/CMA | | \$1,073.50 | \$600.00 | \$82.00 | dinner-Apr 10 | \$20.75 | | \$635.41 | Yes | |
| 12-Apr-14 | Toronto-CSPE/CMA | | | | | dinner-Apr 12 | \$18.88 | | | Yes | |
| 13-Apr-14 | Toronto-CSPE/CMA | | | | | lunch Apr 13 | \$12.42 | | | Yes | |
| 15-Apr-14 | Edm- Just Culture mtg & PA | | | \$151.90 | | dinner-Apr 15 | \$20.75 | | | Yes | 600.00 |
| 16-Apr-14 | Edm-Bylaws mtg & AH mtgs | | | | | lunch Apr 16 | \$11.60 | | | Yes | |
| 23-Apr-14 | Edm-CA-Edm Zone mtg | | | | \$22.05 | dinner Apr 23 | \$28.43 | | | Yes | |
| 30-Apr-14 | Edm-ZMD all day mtg | | | | \$22.05 | dinner-Apr 30 | \$56.56 | | | Yes | |
| 5-May-14 | Cal-PARA Assembly at UofC | | | | \$12.00 | | | | | Yes | |
| SUBTOTAL | | | \$1,073.50 | \$751.90 | \$138.10 | | \$169.39 | | \$635.41 | | 600.00 |

| | |
|---|-----------|
| Enter \$0.505, \$0.47 OR rate per Union Agreement | 0.505 |
| Mileage \$ | \$ 303.00 |

SECTION 5: MEDICAL AFFAIRS STAFF COMMITTEE MEETING EXPENSES

| BU/Unit | Location | Functional | Expense Account | Approved AHS Committee | Meeting Date | Cost | Stipend | Other |
|-----------------|----------|------------|-----------------|------------------------|--------------|------|---------|-------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SUBTOTAL | | | | | | | | |

Rational is Required for expenses that are not Cost Effective:
 (supporting analysis and documentation must be attached to this form)

| | |
|----------------------|--------------------|
| Section 4 Subtotal | |
| Section 4 GST Total | |
| Mileage Total | \$ 303.00 |
| Total Payment | \$ 3,071.30 |

MEAL PER DIEM RATES

MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle

Reference Links

- [Delegation of Authority for Financial Commitments Authorization Table](#)
- [Policy #1118 - Delegation of Authority for Financial Commitments](#)
- [Policy #1122 Travel, Hospitality & Working Session Expenses](#)
- [AHS Chart of Account Mapping Tool \(this page also has a link for BAS Representatives\)](#)

Created: March 15, 2013
 Implementation April 3, 2013
 Revision # 5

Rollie Nichol

From: "WestJet Airlines" <noreply@itinerary.westjet.com>
Date: December-02-13 10:53 AM
To: "Rowland Nichol" [REDACTED]
Subject: Reservation Confirmation



WestJet
 22 Aerial Place N.E.
 Calgary, Alberta,
 Canada
 Tel: 1-888-9378538

Thank you for choosing WestJet. Please read these important details carefully regarding your purchase and itinerary.

Please keep this information for your records as WestJet cannot provide this information to you later than seven days after the completion of your last flight.

This is an automated message system. Please do not respond. If you have any concerns about this message or if you have received this message in error, please contact WestJet at 1-888-9378538 (1-888-WESTJET).

Booking Confirmation

Your reservation code is: [REDACTED]

Main contact: Mr Rowland Nichol
 E-mail: [REDACTED]
 Phone Number: [REDACTED]

For more information on flying with WestJet, including baggage fees, please visit [Travel Info](#)

Guest

| | | | |
|--------------------|---------------|--|----------|
| Mr. Rowland Nichol | Flight | Calgary (YYC)-Toronto (YYZ), Toronto (YYZ)-Calgary (YYC) | \$635.41 |
| | WestJet FF | [REDACTED] | |
| | Ticket Number | [REDACTED] | |
| | Seat | YYC-YYZ: *; YYZ-YYC: * | |
| [REDACTED] | Flight | Calgary (YYC)-Toronto (YYZ), Toronto (YYZ)-Calgary (YYC) | |
| | Ticket Number | [REDACTED] | |
| | Seat | YYC-YYZ: *; YYZ-YYC: * | |

Air Itinerary Details

| | | | |
|-----------------------|--|--|------------------------------|
| [REDACTED] WestJet | Calgary, CA Thu 10 Apr, 2014 08:30 AM | Toronto, CA Thu 10 Apr, 2014 02:14 PM | Fare type: Econo Non-stop |
| [REDACTED] WestJet | Toronto, CA Sun 13 Apr, 2014 03:35 PM | Calgary, CA Sun 13 Apr, 2014 05:46 PM | Fare type: Econo Non-stop |

Fare breakdown

| Guest type | Base fare per guest | Air transportation charges per guest | Taxes, fees and charges per guest | Total fare per guest | Number of guests | Total fare |
|------------|---------------------|--------------------------------------|-----------------------------------|----------------------|------------------|-----------------------------|
| adult | CAD 488.00 | CAD 46.00 | CAD 101.41 | CAD 635.41 | x 2 | CAD 1,270.82 |
| | | | | | | Total airfare: CAD 1,270.82 |

Tax details

\$635.41

| Rate code | Description | Amount |
|---------------------|---------------------------------------|-------------------|
| XG | Goods and Services Tax (GST) | CAD 57.82 |
| RC | Harmonized Sales Tax (HST) | CAD 6.50 |
| CA | Air Travellers Security Charge (ATSC) | CAD 28.50 |
| SQ | Airport Improvement Fee (AIF) | CAD 110.00 |
| Total taxes: | | CAD 202.82 |

Fare family benefits

YYC-YYZ: Econo Seat Sale Benefits

- One complimentary checked bag *
- Fully refundable if cancelled within 24 hours of booking **
- Advanced seat selection - \$5-34.50 *
- \$75-86.25 itinerary change fee + applicable fare difference
- \$75-86.25 name change fee
- \$75-86.25 cancellation fee, balance credited toward future WestJet flight purchases -
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

Fare family benefits

YYZ-YYC: Econo Seat Sale Benefits

- One complimentary checked bag *
- Fully refundable if cancelled within 24 hours of booking **
- Advanced seat selection - \$5-34.50 *
- \$75-86.25 itinerary change fee + applicable fare difference
- \$75-86.25 name change fee
- \$75-86.25 cancellation fee, balance credited toward future WestJet flight purchases -
- * Not applicable on flights operated by our airline partners
- ** Excluding flights departing within 24 hours of booking
- - Non-refundable to original form of payment

Total

Charged to XXXXXXXXXX

~~CAD 1,270.82~~

\$635.41

WestJet offers

Rent a car

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Book a hotel

Whether it's a weekend getaway or a last minute business trip, WestJet has a hotel for you. Choose from over 155,000 hotels worldwide and earn WestJet dollars® when you book your hotel with WestJet. [Book now](#)



Contact us Help

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Itinerary confirmation

Thank you for choosing WestJet. You can find details about your booking below.

Your reservation code is: XXXXXXXXXX

Guest details

Mr Rowland Nichol Flight Calgary (YYC)-Toronto (YYZ), Toronto (YYZ)-Calgary (YYC)
 WestJet FF Ticket number XXXXXXXXXX **\$635.41**
 Seat YYC-YYZ YYZ-YYC

~~XXXXXXXXXX Flight Calgary (YYC)-Toronto (YYZ), Toronto (YYZ)-Calgary (YYC)
 Ticket number XXXXXXXXXXXX
 Seat YYC-YYZ YYZ-YYC~~

* You may not select a seat at this time. Seat selection will be available in the 'Manage bookings' section of your WestJet profile, during online check in, or at the airport.

Air itinerary details

| | | | |
|---|---|---|------------------------------|
| Calgary (YYC) Thu Apr 10 2014, 8:30 AM Boeing 737-700 | Toronto (YYZ) Thu Apr 10 2014, 2:14 PM | XXXXXXXXXX WestJet | Fare type: Econo Non-stop |
| Toronto (YYZ) Sun Apr 13 2014, 3:35 PM Boeing 737-700 | Calgary (YYC) Sun Apr 13 2014, 5:46 PM | XXXXXXXXXX WestJet | Fare type: Econo Non-stop |

Pricing breakdown

| Guest type | Base fare per guest | Air transportation charges per guest | Taxes, fees and charges per guest | Total fare per guest | Number of guests | Total fare |
|------------|---------------------|--------------------------------------|-----------------------------------|----------------------|------------------|----------------|
| Adult | \$488.00 | \$46.00 | \$101.41 | \$635.41 | x 2 | \$1,270.82 CAD |

YYC-YYZ: Econo fare type benefits
 One complimentary checked bag *
 Fully refundable if cancelled within 24 hours of booking **
 Advanced seat selection - \$5-34.50 *
 \$75-86.25 itinerary change fee + applicable fare difference
 \$75-86.25 name change fee
 \$75-86.25 cancellation fee, balance credited toward future WestJet flight purchases

* Not applicable on flights operated by our airline partners
 ** Excluding flights departing within 24 hours of booking
 - Non-refundable to original form of payment

YYZ-YYC: Econo fare type benefits
 One complimentary checked bag *
 Fully refundable if cancelled within 24 hours of booking **
 Advanced seat selection - \$5-34.50 *
 \$75-86.25 itinerary change fee + applicable fare difference
 \$75-86.25 name change fee

\$ 635.41

WESTJET

13 APR 14

WS

[REDACTED]

GATE:
PORTE:

[REDACTED]

PNR:

[REDACTED]

NICHOL/ROWLAND
13 APR 14

FLT:
VOL:

[REDACTED]

SEQ:

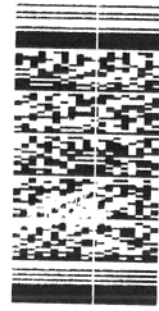
[REDACTED]

DEP: YYZ

ARR: YYC

SEAT/PLACE

[REDACTED]



NICHOL/ROWLAND

TO TORONTO, ON

3:35 PM

FROM CALGARY, AB

5:46 PM

KS YYZ3KD09

BOARDING TIME
HEURE D'EMBARQUEMENT

3:00 PM

SEAT/PLACE

[REDACTED]

FARE TYPE PASS

TYPE DE L'EMBARQUEMENT

ELECTRONIC/ELECTRONIQUE

[REDACTED]

WESTJET REWARDS

[REDACTED]

| | | | | | |
|-------------------------------------|---|-------------------------------------|--|---|--|
| ROWLAND NICHOL | | WESTJET REWARDS [REDACTED] | |  | |
| PNR [REDACTED] | SEQ [REDACTED] | Electronic/Électronique [REDACTED] | | | |
| Dep 8:30 AM CALGARY (YYC) |  | Arr 2:14 PM TORONTO (YYZ) | Departure date Date de départ 10 APR 14 | Boarding time Heure d'embarquement 7:55 AM | |
| Flight/Vol [REDACTED] | Gate/Porte [REDACTED] | Seat/Siège [REDACTED] | | | |

Departure information:

- If you have baggage to check at the airport, please proceed to a kiosk to print your bag tags before continuing to Bag drop.

Help us help you get there on time.

At WestJet, we're proud of our on-time performance and need your help to make sure we meet your schedule.

You can help by following a few easy steps:

- Make sure you bring this boarding pass with you to the airport along with government-issued identification for guests 18 years and older.
- Please have your photo ID available for presentation at the boarding gate.
- Arrive at the airport a minimum of 90 minutes prior to scheduled departure for domestic flights and a minimum of 120 minutes prior to departure for international and U.S. flights.
- Proceed directly to security or customs if you are travelling without checked baggage.
- Arrive at your departure gate no less than 10 minutes prior to departure. There is a risk of losing your seat if you arrive at the gate less than 10 minutes prior to your flight's departure.

Arrival information:

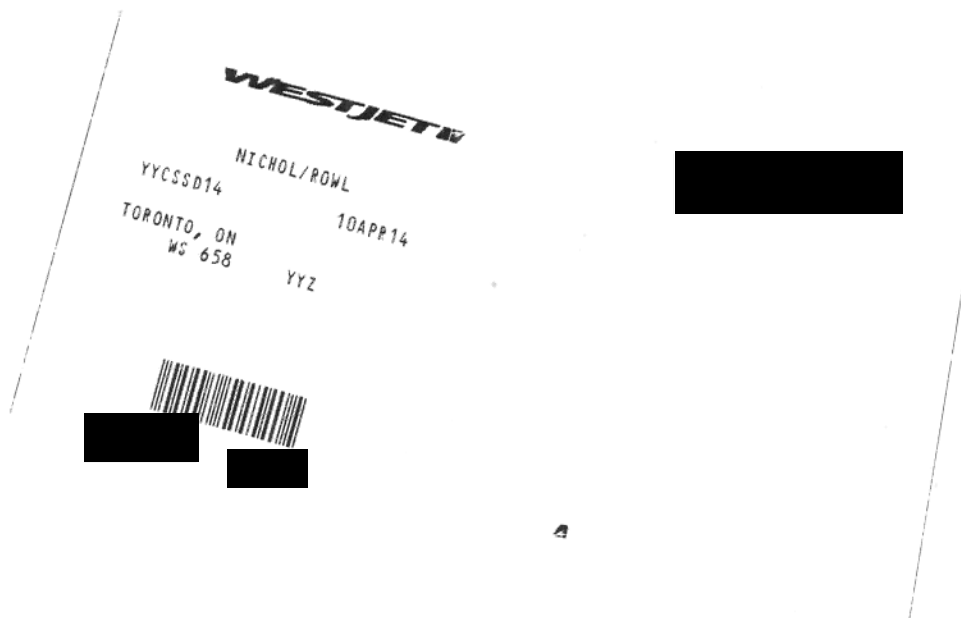
You are arriving into terminal 3.

Thank you for flying with WestJet.

- If this is your final destination, please proceed to the arrivals area and collect your checked bags.
- If you are connecting to a domestic or international flight, please proceed to your next departure gate.
- If you are connecting in Canada to a U.S. flight, please proceed to customs and immigration.
- If you are connecting to a U.S. flight and have already cleared customs and immigration, please proceed to your next departure gate.

Contact information:

If you require assistance at your departure city please contact us at 1 888-937-8538. You can also visit westjet.com or speak to one of our airport agents for help.



Rollie Nichol

From: CCPL Registration [CCPLregistrations@cma.ca]
Sent: December 02, 2013 10:19 AM
To: Rollie Nichol
Subject: CCPL Registration Confirmation



Canadian Conference on Physician Leadership



Canadian Society
of Physician Executives

Société canadienne
des médecins gestionnaires



Canadian Conference on Physician Leadership

April 9 - 12, 2014
Fairmont Royal York Hotel
Toronto, Ontario

Registration Confirmation

Thank you for your participation, we look forward to seeing you at the Canadian Conference on Physician Leadership.

Order date : 2013/12/02

Order reference : [REDACTED]

Dr. Rowland Nichol
Associate CMO

Office telephone: [REDACTED]
Office fax:
Home telephone:
rollie.nichol@albertahealthservices.ca

N/A

Spouse or Companion



Conference Workshop Preferences

Session 1 : C. Medicine: resiliency in the midst of change - finding the simple side of complexity and the courage to lead

Session 2 : B. The courage to lead in uncertain times

Session 3 : E. Physician leadership: everyone in the water!

Session 4 : F. Physician health, quality improvement and patient care

Official Receipt

Please keep this copy for your records

Item

HST 13%
950.00
123.50

\$ 1073.50

Total

*Meals included
Apr 11-12*

| | | | |
|---|---|----------|----------|
| 2-day CCPL Conference (April 11-12) | 1 | \$950.00 | \$950.00 |
| Spouse or companion: 11-12 April 2-day CCPL conference (Only includes breakfast both mornings, opening speakers and welcome reception) | 1 | \$150.00 | \$150.00 |

Subtotal

\$1,100.00

(CMA no.: [redacted]) HST (13.0%)

\$143.00

Grand total

\$1,243.00

950.00
123.50

\$1073.50

For further information or questions please contact [redacted] (or call 1 800 663-7336 x2254).

Conference Cancellation Policy

Registration fees, less a \$150 administrative charge (or \$250 if it includes a preconference workshop) will be refunded for cancellations received in writing before March 25. No refund will be offered for cancellations received after that time - no exceptions. Participants who request a cancellation may opt to send a substitute.

Accommodation

The Canadian Conference on Physician Leadership has negotiated special rates for the participants.

Note: Hotel reservations are booked on a first-come, first-served basis. Book early to obtain the conference rate.

You may book your accommodation online at www.2014leadership.ca.

THE *Fairmont*
ROYAL YORK

100 Front Street W
Toronto, ON, Canada M5J 1E3
T (416) 368-2511 F (416) 368-2884
G.S.T. Registration # 832522213

Canadian Medical Association
Dr Rowland Nichol



Room : [REDACTED]
Folio # : [REDACTED]
Cashier # : [REDACTED]
Page # : 1 of 2

Group Name [REDACTED]

Invoice No.
Arrival : 04-10-14
Departure : 04-13-14
Fairmont President's Club
[REDACTED]

| Date | Description | Additional Information | Charges | Credits |
|--------------------|--------------|------------------------|---------------|---------------|
| 04-10-14 | Room Charge | | 249.00 | |
| 04-10-14 | HST - Rooms | | 32.37 | |
| 04-10-14 | DMP Fee* | | 6.62 | |
| 04-10-14 | HST-DMP Fee* | | 0.86 | |
| 04-11-14 | Room Charge | | 249.00 | |
| 04-11-14 | HST - Rooms | | 32.37 | |
| 04-11-14 | DMP Fee* | | 6.62 | |
| 04-11-14 | HST-DMP Fee* | | 0.86 | |
| 04-12-14 | Room Charge | | 249.00 | |
| 04-12-14 | HST - Rooms | | 32.37 | |
| 04-12-14 | DMP Fee* | | 6.62 | |
| 04-12-14 | HST-DMP Fee* | | 0.86 | |
| 04-12-14 | [REDACTED] | | | 866.55 |
| Total | | | 866.55 | 866.55 |
| Balance Due | | | 0.00 | |

GST Summary

Room : 0.00
F&B : 0.00
Other : 0.00
Total : 0.00

HST Summary

Room : 97.11
F&B : 0.00
Other : 2.58
Total : 99.69

*Claiming \$200.00 / night
3 nights stay = \$600.00 TOTAL
Amount*

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.)
I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts



100 Front Street W
 Toronto, ON, Canada M5J 1E3
 T (416) 368-2511 F (416) 368-2884
 G.S.T. Registration # 832522213

Canadian Medical Association
 Dr Rowland Nichol



Room :
 Folio # :
 Cashier # :
 Page # : 2 of 2

Group Name

Invoice No.
 Arrival : 04-10-14
 Departure : 04-13-14

Fairmont President's Club



| Date | Description | Additional Information | Charges | Credits |
|------|-------------|------------------------|---------|---------|
|------|-------------|------------------------|---------|---------|

Thank you for choosing Fairmont Hotels & Resorts.
 To provide feedback about your stay please contact Tim Morrison Hotel Manager, at TimMorrisonHM@Fairmont.com.
 We also invite you to share memories of your experience on our community forum - visit www.everyonesanoriginal.com.

For information or reservations, visit us at
www.fairmont.com or call Fairmont Hotels & Resorts from :
 United States or Canada 1 800 441 1414

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of or the full amount of these charges. Overdue balance subject to a surcharge at the rate of 1.5% per month after one month. (18.00% per annum.) I have accepted delivery of The Globe and Mail. Had I refused, I would have been eligible for a \$1.00 (Mon-Fri) and \$2.00 (Sat.) credit to my account. (At participating hotels.)

* Destination Marketing Program Fee

Thank you for choosing to stay with Fairmont Hotels & Resorts

 * PACIFIC WESTERN TRANSPORT *
 * Airport/Hotel Shuttle Pass *
 * Apr 10/2014 - 02:48 pm *

 * T3K to ROYAL YORK *
 * ADULT / ADULTE *

 * Ticket QTY : 4 *
 * LOCATION : 4 *
 * TRANS# : [REDACTED] *
 * AMOUNT : \$84.00 *
 * SOLD BY : CLERK # [REDACTED] *



Apr 10/2014 14:48:44

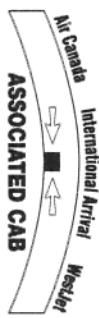
Card Type : [REDACTED]
 Card Number : [REDACTED]
 Expiry Date : [REDACTED]
 Card Entry : [REDACTED]
 Trans Type : PURCHASE
 Amount : 84.00
 Authorization# : [REDACTED]
 Clerk : [REDACTED]

I agree to pay above total amount according to the card issuer agreement

April 10/14
 Toronto - Airport Shuttle
 \$84.00 ÷ 2 = \$42.00

April 9/14
 Taxi to Calgary
 Airport \$40.00

for all your transportation needs.
 Visit our counter at the
 Calgary International Airport
 International arrival door.
 Driver [REDACTED]
 Car # [REDACTED]
 Date 09 April 14
 Amount 40.00
 GST Included # [REDACTED]



ASSOCIATED CAB

Thank you for choosing

EVERGREEN THAI
 RESTAURANT
 175 DUNDAS STREET WEST
 TORONTO ON

CARD [REDACTED]
 CARD TYPE [REDACTED]
 DATE 2014/04/12
 TIME 8886 18:07:55
 RECEIPT NUMBER [REDACTED]

PURCHASE AMOUNT \$32.76
 TIP \$5.00
 TOTAL \$37.76

APPROVED

AUTH# [REDACTED]
 THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

TOAST QUEEN ST
 HMSSHOT TORONTO PEARSON INT'L

1125 [REDACTED]
 [REDACTED] APR13'14 2:17PM

1 CHEF SANDWICH 10.99
 TAX 1.43
 AMOUNT 12.42
 Cash 13.00
 CHANGE 0.58

Thank you, Questions & Comments
 toronto.comments@hmshost.com
 GST # 137512901

YOUR ORDER NUMBER IS: 4937

April 12/14 Dinner
 37.76 ÷ 2 = \$18.88
 April 13/14 (Lunch)
 \$12.42



Mr. Rowland Nichol
[Redacted]

Room Number: [Redacted]
Arrival Date: 04-15-14
Departure Date: 04-16-14
Page No: 1 of 1
Confirmation No [Redacted]

INFORMATION INVOICE

Folio No:

04-16-14

| Date | Description | Charges | Credits |
|----------------|--------------------------------|---------------|---------------|
| 04-15-14 | Room Revenue | 139.00 | |
| 04-15-14 | Destination Marketing Fee - 3% | 4.17 | |
| 04-15-14 | Tourism Levy - 4% | 5.73 | |
| 04-16-14 | [Redacted] | | 151.90 |
| Total | | 148.90 | 151.90 |
| Balance | | -3.00 | |

Signature: _____

I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T. #86634 4302 RT 0001

AIRPORT
AUTHORITY

DR. K. Nichol

April 23/14

STATION [REDACTED]
IN: 04/23/14 11:34
OUT: 04/23/14 22:13
PAID: \$ 22.05
(GST INCLUDED)
GST No. 122556194

April 23/14
Parking - Calgary
Airport
\$ 22.05

HOUSTONS,
3688L-1000 AIRPORT ROAD
EDMONTON ,AB T9E0V3
7808904451

MERCHANT ID: [REDACTED] TERM ID: [REDACTED]
SERVER: [REDACTED]

REF. [REDACTED]
YOU HAVE 15 Min.
TO EXIT
THANK YOU FOR
YOUR PATRONAGE

SALE

[REDACTED]
[REDACTED] ENTRY METHOD: CHIP
04/23/14 20:23:01
INV #: [REDACTED] APPR CODE: [REDACTED]
BATCH #: [REDACTED]
REF #: [REDACTED]

AMOUNT \$32.54
TIP \$4.88
=====

TOTAL \$37.42

HMSHOST
HOUSTON'S
EDMONTON INTERNATIONAL AIRPORT

PIN VERIFIED BY CARD ISSUER
CARDHOLDER AGREES TO PAY ABOVE
TOTAL AMOUNT IN ACCORDANCE WITH
CARD ISSUER'S AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

[REDACTED]

[REDACTED] GST 1
[REDACTED]
APR23'14 7:46PM

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: [REDACTED]
AID: [REDACTED]
TUR: [REDACTED]

DINE IN

**** SEAT 1 ****
1 DFT20 RCKRDS RED 8.99
1 STEAK FRITES 22.00
MEDIUM
TAX 1.55 AMOUNT D 32.54

SUBTOTAL 30.99
TAX 1.55
AMOUNT DUE \$32.54

THANK YOU FOR YOUR BUSINESS!
TELL US ABOUT YOUR EXPERIENCE

[REDACTED]
780-890-4447
TAMARA.LAWLOR@HMSSHOT.COM

GST #137512901

Dinner Apr 23/14
\$28.43

37.42
- 8.99
\$28.43

DR. Rowland Nichol

HMSHOST
HOUSTON'S
EDMONTON INTERNATIONAL AIRPORT

[REDACTED]

[REDACTED] GST 1
[REDACTED]
APR30'14 4:58PM

DINE IN

**** SEAT 1 ****

| | |
|---|----------------|
| 1 MERLO INNISKLN 6 | 10.99 ✓ |
| Inniskillin Okanagan Estate Black Label Merlot | |
| 1 SODA BAR M | 3.39 |
| FIRST RND SFTBEV DIET COKE | |
| 1 DFT20 RCKRDS RED | 8.99 ✓ |
| 1 APP NACHO REG | 12.00 |
| 1 MINI BURGERS | 12.00 |
| 1 BURG HOUSTON | 16.00 |
| FRIES | |
| 1 SODA BAR M | 0.00 |
| REFILL SFTBEV DIET COKE | |
| TAX 3.17 | AMOUNT D 66.54 |
| ***** | |
| SUBTOTAL 63.37 | |
| TAX 3.17 | |
| AMOUNT DUE \$66.54 | |

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

[REDACTED]
780-890-4447
TAMARA.LAWLOR@HMSHOST.COM

GST #137512901

HMSHOST
HOUSTON'S
EDMONTON INTERNATIONAL AIRPORT
CHECK: [REDACTED]
TABLE: [REDACTED]
SERVER: [REDACTED]
DATE: APR30'14 5:47PM
CARD TYPE: [REDACTED]
ACCT #: [REDACTED] *
AUTH CODE: [REDACTED]
ROWLAND NICHOL

TOTAL: 66.54

TIP: -----

TOTAL: 76.54

X
I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.

Apr 30/14
Parking -
Calgary
Airport
\$22.05

CALGARY AIRPORT
AUTHORITY

STATION C64
IN: 04/30/14 06:09
OUT: 04/30/14 19:37
PAID: \$ 22.05
(GST INCLUDED)
GST No. 122556194

[REDACTED]
REF. [REDACTED]
YOU HAVE 15 Min.
TO EXIT
THANK YOU FOR
YOUR VISIT

Apr 30/14 Dinner for three: Catherine Keenan, Exec. Director Calgary Zone
\$76.54
- 10.99
- 8.99
\$56.56
\$56.56
Bill Hondas, SR Program officer MA
Rowland Nichol, AcMO

Dr. R. Nichol

PLACE ON DASH FACE UP



PLACE ON DASH FACE UP



PLACE ON DASH FACE UP



PLACE ON DASH FACE UP



University Of Calgary

MacEwan B

Expires

05 May 14

13:54 Paid \$ 12.00C

Entry time 05 May 14 11:54



Expires

05 May 14
13:54

Paid
\$ 12.00C

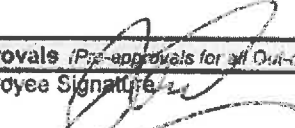

RECEIPT



Out of Province Travel Approval

- All travel expenses must be approved in accordance to "Appendix A" of the Alberta Health Services
- Pre-Approval form MUST be attached to the actual expense claim

Travel Policy

| Employee Information | | | | | |
|--|---|---|--|--------------------------------|-------------------|
| First Name | Last Name | Employee Number | | | |
| Rowland | Nichol | | | | |
| Phone Number | Reports To | | Dr. Verna Yiu, VP, Quality & Chief Medical Officer | | |
| | | | | | |
| Department | Office Location | | | | |
| | | | | | |
| Travel Details | | | | | |
| Purpose of Trip | | | | | |
| Attending the Canadian Conference on Physician Leadership AMA in Toronto, Ontario | | | | | |
| Destination | | From | To | | |
| Toronto, Ontario | | 10-Apr-2014 | 12-Apr-2014 | | |
| Finance Coding / Accounting Distribution | | | | | |
| Corp/BU/Org | Location / Site | Functional Centre / Primary | | | |
| 101 | 0000 | 71110000012 | | | |
| Project Coding | | | | | |
| Project | Task | Expense Type | Expense Org | | |
| | | | | | |
| Estimate of Expenses | | | | | |
| Category | Description | Amount | | | |
| Accommodation Charge | 3 nights -will claim \$200.00 per night | \$600.00 | | | |
| Meals | | \$60.00 | | | |
| Registration | | \$1,073.50 | | | |
| Airfare | \$635.41 (return) | \$635.41 | | | |
| Taxi/Rental Car/Fuel/Parking/Bus/LRT | shuttle \$42.00/taxi \$40.00 | \$82.00 | | | |
| Other Expenses (please specify) | | | | | |
| | | | | | |
| | | | | | |
| | Currency | <input checked="" type="checkbox"/> Cdn | <input type="checkbox"/> USD | <input type="checkbox"/> OTHER | \$2,450.91 |
| Total Estimated Travel Costs | *Bank of Canada Currency Converter | Exchange Rate | \$0.00 | Cdn\$ | \$2,450.91 |
| *Select foreign country in 'From cell', and Canadian Dollar in 'To cell'. Enter date of expense in both date cells then select convert which will give the exchange rate | | | | | |
| Approvals (Pre-approvals for all Out-of-Province Travel must be per DOFA table) | | | | | |
| Employee Signature | | Date (dd-Mon-yyyy) | | Phone Number | |
|  | | 01/04/2014 | | [Redacted] | |
| Approved by (Print Name) | Signature | Date (dd-Mon-yyyy) | Phone Number | | |
| Dr. Verna Yiu |  | 02/04/2014 | [Redacted] | | |
| Title | Position Number | DOFA Level | | | |
| VP, Quality & Chief Medical Officer | [Redacted] | [Redacted] | | | |
| Approved by (Print Name) | Signature | Date (dd-Mon-yyyy) | Phone Number | | |
| | | | | | |
| Title | Position Number | DOFA Level | | | |
| | | | | | |

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.