

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 February 2016

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)
Feb-16	P-Card	Meetings				576	576			
Feb-16	Expense Claim	Meetings		74	323	176	573			
Feb-16	Expense Claim	Meetings		51	368	133	552			
Feb-16	Direct Billing	Meetings	888				888			
Total			\$ 888	\$ 125	\$ 691	\$ 885	\$ 2,589	\$ -	\$ -	\$ -

Total for the Month \$ 2,589

Maximum daily single meal expense claimed in the month \$ 21
Maximum daily base hotel rate claimed in the month \$ 164
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.

Instruction:

- 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

RAMSTEAD, DEBRA	EXECUTIVE ASSISTANT	Billing Reporting Period:	20/02/2016
Cardholder's Name	Cardholder's Position/Title	Total Statement Amount:	\$7,848.08 \$576.00
PROVINCIAL MEDICAL AFFAIRS	CALGARY SOUTHPORT		
Cardholder's Dept	Cardholder's Site/Location		
DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA		Last 6 digits of the P-Card: XXXXXXXXXX	
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]								
22/01/2016	416512373	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol NLRHC Review and negotiation mtg
[REDACTED]								
19/02/2016	419841153	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol Patient and Family Advisory Group mtg
19/02/2016	419841154	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol and W. Hondas mtg with AB Health and KPMG
19/02/2016	419841155	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol mtg with AB Health and KPMG
19/02/2016	419641156	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol Workforce Planning mtg with Edmonton Zone
19/02/2016	419641157	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol IHE Conference, mtgs AB Health and HQN mtg
19/02/2016	419641158	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol IHE Conference, mtgs AB Health and HQN mtg
[REDACTED]								
19/02/2016	419841161	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol Patient and Family Advisory Group mtg

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

Signatures		
<p>Cardholder Designate (if Applicable) 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 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>RAMSTEAD, DEBRA Name of Cardholder</p> <p>_____ Signature of Cardholder</p>	<p>EXECUTIVE ASSISTANT Cardholder Position/Title</p> <p>22 Feb 2016 Date of Signature</p>	
<p>Approver Designate (if Applicable) 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>Audrey Maione Name of Approver Designate</p> <p>_____ Signature of Approver Designate</p>	<p>Exec Asst Approver Designate Position/Title</p> <p>Mar 2/16 Date of Signature</p>	
<p>Approver 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. Francois Belanger Name of Approver</p> <p>_____ Signature of Approver</p>	<p>A/VP Quality + CMO Approver Position/Title</p> <p>11 March 9 2016 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) <p>And where applicable:</p> <ul style="list-style-type: none"> • 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)		
Reference #: _____	Reviewed by: _____	Date: _____

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, January 22, 2016 7:02 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

3

Bill Hondas
Jan.11/2016
ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Jan 22 2016 06:56AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:46 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

19

Dr.Nichol
Jan.29/2016
SSP>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:33AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -

Retain this copy for your records

Debra Ramstead

16

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:46 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

Bill Hondas & Dr.Nichol
Feb.01/2016
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:34AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:47 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

(17)

Dr.Nichol
Feb.01/2016
Westin>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:35AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:48 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

18

Dr.Nichol
Feb.04/2016
Ap>SSP

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:36AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:49 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

(19)

Dr.Nichol
Feb.07/2016
Ap>Westin

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:37AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:49 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

∅

Dr.Nichol
Feb.09/2016
Ritchie Mills>Ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:38AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

Debra Ramstead

From: tobias tobias <tobias.goldengoose@gmail.com>
Sent: Friday, February 19, 2016 4:52 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

23

Dr.Nichol
Jan.27/2016
Ap>Holiday Inn Express

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Feb 19 2016 04:41AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	----- \$72.00 -----

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

01 APPROVED - THANK YOU 027

- IMPORTANT -
Retain this copy for your records

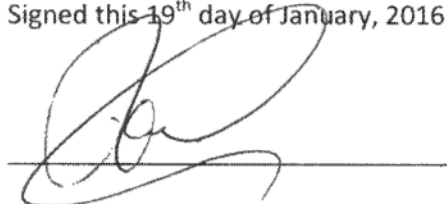
AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	572.62

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/12/2016	Attend NLRHC Review and Negotiation Mtg AB Health	AB - Other Zones	Parking - Lot or Parkade	29.35				1			
1/12/2016	Attend NLRHC Review and Negotiation Mtg AB Health		Meals Per Diem	41.55			Breakfast/ Lunch & Dinner	2			
1/12/2016	Attend NLRHC Review and Negotiation Mtg AB Health		Mileage	15.15	Residence	YYC return		1			30
1/13/2016	Presentation to ZMAC at Fort Calgary		Mileage	12.63	Southport Tower	Fort Calgary	Attend ZMAC at Fort Calgary	1			25
1/28/2016	Patient and Family Advisory Group Edmonton Jan 28-29		Mileage	15.15	Residence	YYC return		1			30
1/29/2016	Patient and Family Advisory Group Edmonton Jan 28-29	AB - Other Zones	Accommodations	323.24				2			
1/29/2016	Patient and Family Advisory Group Edmonton Jan 28-29	AB - Other Zones	Parking - Lot or Parkade	58.70				1			
2/1/2016	Mtg AB Health Physician Report	AB - Other Zones	Parking - Lot or	29.35				1			
2/1/2016	Mtg AB Health re Physician Report Edmonton Feb 1		Meals Per Diem	32.35			Lunch & Dinner	2			
2/1/2016	Mtg AB Health re Physician Report Edmonton Feb 1		Mileage	15.15	Residence	YYC return		1			30
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		10-Feb-16							

I, Rollie Nichol, attest that I am unable to produce the receipt for parking charges (\$29.35) incurred on Tuesday, January 12 as the receipt has been lost. This expense was incurred and was related to AHS business and has not been claimed previously.

Signed this 19th day of January, 2016.

A handwritten signature in black ink, appearing to read 'Rollie Nichol', is written over a solid horizontal line. The signature is stylized and cursive.

Rollie Nichol

RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 01/27/16 19:57
OUT: 01/29/16 19:00
DURATION: 1 23: 03
PAID: \$ 58.70
(GST INCLUDED)
VISA
[REDACTED]

REF. 15
THANK YOU FOR
YOUR VISIT



RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 02/01/16 09:32
OUT: 02/01/16 18:35
DURATION: 0 09: 03
PAID: \$ 29.35
(GST INCLUDED)
VISA
[REDACTED]

REF. 45
THANK YOU FOR
YOUR VISIT





125

01-29-16

Rowland Nichol	Folio No. :	[REDACTED]	Room No. :	[REDACTED]
[REDACTED]	A/R Number :	[REDACTED]	Arrival :	01-27-16
	Group Code :		Departure :	01-29-16
	Company :	Alberta Health Services	Conf. No. :	[REDACTED]
	Membership No. :	[REDACTED]	Rate Code :	[REDACTED]
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
01-27-16	*Room	144.00	
01-27-16	GST Tax	7.20	
01-27-16	Trsm Levy Tax	5.76	
01-27-16	Municipal DMF	4.32	
01-27-16	Municipal DMF GST	0.22	
01-27-16	Municipal DMF Tourism Levy	0.17	
01-28-16	*Room	144.00	
01-28-16	GST Tax	7.20	
01-28-16	Trsm Levy Tax	5.76	
01-28-16	Municipal DMF	4.32	
01-28-16	Municipal DMF GST	0.22	
01-28-16	Municipal DMF Tourism Levy	0.17	
01-29-16	Visa [REDACTED]		323.34
Total		323.34	323.34
Balance		0.00	

Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express Downtown
 Edmonton 10010 - 104 Street
 Canada T5J 0Z1 Edmonton, AB
 Telephone: (780) 423-2450 Fax: (780) 426-6090
 0GST #896724515
www.hiexdowntown.com

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	552.36

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distanc
2/4/2016	Mtg Edmonton Zone Workforce Planning and Clinical Privileging		Meals Per Diem	11.60			Lunch- Mtg Edmonton Zone Workforce Planning and Clinical Privileging	1			
2/4/2016	Mtg Edmonton Zone Workforce Planning and Clinical Privileging	AB - Other Zones	Parking - Lot or Parkade	29.35			Mtg Edmonton Zone Workforce Planning and Clinical Privileging	1			
2/4/2016	Mtg Edmonton Zone Workforce Planning and Clinical Privileging		Mileage	15.15	Residence	YYC return	Mtg Edmonton Zone Workforce Planning and Clinical Privileging	1			30
2/8/2016	IHE Conference and mtgs with AB Health Edmonton Feb 8-		Meals Per Diem	39.15			Claiming B/F for Feb 8 th & 9 th and Dinner on 9 th 2016 IHE Conference and mtgs with AB Health Edmonton Feb 8-	2			
2/9/2016	IHE Conference and mtgs with AB Health Edmonton Feb 8-		Mileage	15.15	Residence	YYC return	IHE Conference and mtgs with AB Health Edmonton Feb 8-	1			30
2/9/2016	IHE Conference and mtgs with AB Health Edmonton Feb 8-9	AB - Other Zones	Parking - Lot or Parkade	58.70			IHE Conference and mtgs with AB Health Edmonton Feb 8-9	1			
2/9/2016	IHE Conference and mtgs with AB Health Edmonton Feb 8-	AB - Other Zones	Taxi	15.00			IHE Conference and mtgs with AB Health Edmonton Feb 8-	1			
2/9/2016	IHE Conference and mtgs with AB Health Edmonton Feb 8-9	AB - Other Zones	Accommodations	368.26			IHE Conference and mtgs with AB Health Edmonton Feb 8-9	2			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		18-Feb-16							

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

Rowland Nichol
 Alberta Health Services

Page Number : [REDACTED] Invoice Nbr: [REDACTED]
 Guest Number: [REDACTED] Arrive Date: 07-FEB-16 22:45
 Folio ID : [REDACTED] Depart Date: 09-FEB-16 08:00
 No. Of Guest: 1
 Room Number : [REDACTED]
 Room Rate : 164.00
 Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001
 The Westin Edmonton 09-FEB-16 08:00 [REDACTED]

Date	Reference	Description	Charges	Credits
07-FEB-16	[REDACTED]	Room Charge	164.00	
07-FEB-16	[REDACTED]	GST	8.45	
07-FEB-16	[REDACTED]	Destination Marketing Fee	4.92	
07-FEB-16	[REDACTED]	Tourism Levy	6.76	
08-FEB-16	[REDACTED]	Share Lounge	35.65	
08-FEB-16	[REDACTED]	Room Charge	164.00	
08-FEB-16	[REDACTED]	GST	8.45	
08-FEB-16	[REDACTED]	Destination Marketing Fee	4.92	
08-FEB-16	[REDACTED]	Tourism Levy	6.76	
09-FEB-16	[REDACTED]	Visa		-403.91
		** Total	403.91	-403.91
		*** Balance	-0.00	\$368.96

 Continued on the next page

Tell us about your stay. www.westin.com/reviews ce

R. Nichol Accommodations Attend IHE Conference
 and mtgs with AB Health Edmonton Feb 8-9
 \$367.26 (\$403.91 less charges for Share
 Restaurant)

RECEIPT
GST NO. R122556194

EXIT No. A103
IN: 02/04/16 06:09
OUT: 02/04/16 18:15
DURATION: 0 12: 06
PAID: \$ 29.35
(GST INCLUDED)
VISA

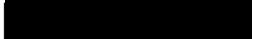


REF. 1
THANK YOU FOR
YOUR VISIT



RECEIPT
GST NO. R122556194

EXIT No. A4
IN: 02/07/16 19:43
OUT: 02/09/16 19:45
DURATION: 2 00: 02
PAID: \$ 58.70
(GST INCLUDED)
VISA



REF. 78
THANK YOU FOR
YOUR VISIT



PRESTIGE GROUP
CABS

780.462.4444

GST# _____
Date: 9 FEB. Amount: 15.00
Driver: _____ Car#: _____
From: WESTN.
To: RITCHIE MILLS

10135-31 Avenue, Edmonton, AB T6N 1C2



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 : Feb-16
-----------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
1-Feb-2016	Direct Billing	Airline Ticket	Alberta clinicians council meeting Leduc Feb1, 2016 YYC to Yeg Inv [REDACTED]	Marlin Travel	102.83
1-Feb-2016	Direct Billing	Airline Ticket	Alberta clinicians council meeting Leduc Feb1, 2016 YYC to Yeg Inv [REDACTED]	Marlin Travel	184.48
4-Feb-2016	Direct Billing	Airline Ticket	Workforce planning meeting edmonton Feb 4 YYC to YEG In [REDACTED]	Marlin Travel	170.92
4-Feb-2016	Direct Billing	Airline Ticket	Workforce planning meeting edmonton Feb 4 YYC to YEG [REDACTED]	Marlin Travel	170.92
11-Feb-2016	Direct Billing	Airline Ticket	Attend meetings Edmonton (cancelled [REDACTED])	Marlin Travel	258.62
Total Paid in the Month					\$ 887.77

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: January 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR ROWLAND NICHOL

AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]

Monday, February 1, 2016

 Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 01Feb16

WESTJET ENCO

Flight: 3394 D CLASS

07:00 AM Equipment: DH4

08:00 AM

Mile(s) Flown: 163

Cost:

TK [REDACTED] E-TKT [REDACTED]	53.35
	Tax: 49.48
	Ticket Total: 102.83

Total:

Grand Total:	102.83
Less Credit Card Payments:	102.83
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: January 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR ROWLAND NICHOL
AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]
Monday, February 1, 2016

 **Air**

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 01Feb16
Seat(s): 03C
AIR CANADA E

Flight: 8169 **G CLASS**
05:00 PM **Equipment:** DH4
05:54 PM **Mile(s) Flown:** 163

Cost:
TH [REDACTED] E-TKT [REDACTED] 147.00
Tax: 37.48
Ticket Total: 184.48

Total:

Grand Total:	184.48
Less Credit Card Payments:	184.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: January 6, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR ROWLAND NICHOL

AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]

Thursday, February 4, 2016

 Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 04Feb16
WESTJET ENCO

Flight: 3394 L CLASS
07:00 AM Equipment: DH4
08:00 AM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT	[REDACTED]	121.44
	Tax:	49.48
	Ticket Total:	170.92

Total:

Grand Total:	170.92
Less Credit Card Payments:	170.92
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: January 6, 2016
Page: 1/2
Our Reference: [REDACTED]


INVOICE

For

DR ROWLAND NICHOL

AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]

Thursday, February 4, 2016

 Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 04Feb16
WESTJET ENCO

Flight: 3142 L CLASS
05:15 PM Equipment: DH4
06:15 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT [REDACTED]	121.44
Tax:	49.48
Ticket Total:	170.92

Total:

Grand Total:	170.92
Less Credit Card Payments:	170.92
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 11, 2016
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For

DR ROWLAND NICHOL

AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]

Tuesday, March 8, 2016

✈ Air

WESTJET AIRLINES
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 08Mar16
WESTJET ENCO

Flight: 3394 D CLASS
07:00 AM Equipment: DH4
08:01 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 08Mar16
AIR CANADA E
SEAT 7C - NICHOL/ROWLAND DR
TICKET NUMBER [REDACTED]

Flight: 8151 G CLASS
03:30 PM Equipment: DH4
04:24 PM

Mile(s) Flown: 163

Cost:

AIR CANADA [REDACTED]	[REDACTED]	113.46
	Tax:	37.48
	Ticket Total:	150.94
TKT [REDACTED]-TKT	[REDACTED]	58.20
	Tax:	49.48
	Ticket Total:	107.68

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: February 11, 2016
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	258.62
Less Credit Card Payments:	258.62
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED:VALID PASSPORT..VISA..TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.