

## 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 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)
Sep-16	P-Card	Meetings					-	650		
<b>Total</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 650	\$ -	\$ -

**Total for the Month**      \$            650

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

**Instruction:**



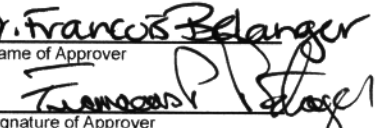
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>RAMSTEAD, DEBRA</u> Cardholder's Name	<u>EXECUTIVE ASSISTANT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/09/2016</u>
<u>PROVINCIAL MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CALGARY SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount: <span style="background-color: black; color: black;">[REDACTED]</span> <span style="color: red;">\$650.00</span>
<u>DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card #: <span style="background-color: black; color: black;">[REDACTED]</span>	

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
07/09/2016		ALBERTA MEDICAL ASSOCI, ORGANIZATIONS, MEMBERSHIP	1,300.00	CAD	<del>1,300.00</del> \$650.00	61.90		R. Nichol and W. Hondas registration APCC Nov 2016

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Signatures		
<b>Cardholder Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> </ul>		
_____ Name of Cardholder Designate	_____ Cardholder Designate Position/Title	
_____ Signature of Cardholder Designate	_____ Date of Signature	
<b>Cardholder</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
RAMSTEAD, DEBRA Name of Cardholder  _____ Signature of Cardholder	EXECUTIVE ASSISTANT Cardholder Position/Title 21 Sept 2016 _____ Date of Signature	
<b>Approver Designate (if Applicable)</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Francois Belonger Name of Approver Designate  _____ Signature of Approver Designate	Interim VP Quality & CMO Approver Designate Position/Title Sept 27, 2016 _____ Date of Signature	
<b>Approver</b> By signing this statement <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>		
Dr. Francois Belanger Name of Approver  _____ Signature of Approver	Interim VP Quality & CMO Approver Position/Title Sept 26, 2016 _____ Date of Signature	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:               <ul style="list-style-type: none"> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Disputes letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul> </li> </ul>	<b>Address:</b>  Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

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**2016 Accelerating Primary Care Conference**  
 Monday, November 28, 2016 7:00 AM - Tuesday, November 29, 2016 4:00 PM (Mountain Time)

**DoubleTree by Hilton West Edmonton**

16615 109 Avenue NW  
 Edmonton, Alberta T5P 4K8  
 Canada  
 780-484-0821  
 Phone: 780-970-6212 [Email Us](#)

**Personal Info**

**Registration ID:** [REDACTED]

**Registrant:** Dr. Rollie Nichol  
 ACMO  
 Alberta Health Services  
 10301 Southport Lane SW  
 Calgary, AB T2W 1S7  
 Canada

**Registration Date:** 9/7/2016 2:28 PM

**Registrant Type:** Early Bird Full Registration: November 28 - 29

**Status:** Confirmed

**Day-time Phone:** 403-943-1180

**Email:** [REDACTED]

**Contact Name:** Debbie Ramstead

**Contact Phone:** [REDACTED]

**Contact Email:** [REDACTED]

**Organization:** Alberta Health Services

**Dietary restrictions:** none



\$650.00 for R. Nichol's registration

**Fees**

Fee	Quantity	Unit Price	Amount
Fee			
Early bird regi Event Fee	2	CDN\$650.00	CDN\$1,300.00

Fee	Quantity	Unit Price	Amount
<b>Subtotal:</b>			<b>CDN\$1,300.00</b>
GST:			CDN\$0.00
<b>Total:</b>			<b>CDN\$1,300.00</b>

### Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	9/7/2016	CDN\$1,300.00	CDN\$1,300.00
Online Credit Card Payment <a href="#">Details</a>	9/7/2016	-CDN\$1,300.00	CDN\$0.00
<b>Current Balance:</b>			<b>CDN\$0.00</b>

### Payment Method

**Payment Method:** Credit Card (MasterCard)

The online credit card payment for this event will be listed on your credit card statement with the name **AMA PCN PMO**.

### Refund Information

Cancellations after November 21 will be charged the full registration fee.

### Additional Group Members - 1

Mr. William Hondas

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- [Event Contact Information](#)

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