

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 2017

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-17	P-Card	Meetings				132	132			
Jan-17	Expense Claim	Meetings		129	184	166	479			
Jan-17	Direct Billing	Meetings	713				713			
Total			\$ 713	\$ 129	\$ 184	\$ 298	\$ 1,324	\$ -	\$ -	\$ -

Total for the Month \$ 1,324

Maximum daily single meal expense claimed in the month \$ 24
 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.

AHS Public Disclosure P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 132.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/10/2017	Physician Resource Planning mtg with AB Health		Airport Taxi Service	\$ 66.00			Physician Resource Planning mtg with AB Health	1			
1/10/2017	Physician Resource Planning mtg with AB Health		Airport Taxi Service	\$ 66.00			Physician Resource Planning mtg with AB Health	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	23-Feb-17

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Saturday, January 14, 2017 4:10 PM
To: [REDACTED]
Subject: Receipt Jan 6th/ Dr Nichol

----- Forwarded message -----

From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Jan 10, 2017 12:47 PM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$66.00

CARD NUM [REDACTED]
ACCOUNT MC

DATE Jan 10 2017 12:45PM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

R. Nichol Physician Resource Planning
Edmonton January 6, 2017
YEG to ATB

REFUND POLICY



From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Saturday, January 14, 2017 4:14 PM
To: [Redacted]
Subject: Receipt Jan 6th/ Dr Nichol

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Jan 10, 2017 12:46 PM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

 APPROVED

TYPE	PURCHASE
ORDER ID	[Redacted]
AMOUNT (CAD)	\$66.00
CARD NUM	[Redacted]
ACCOUNT	MC
DATE	Jan 10 2017 12:45PM
REF NUM	[Redacted]
AUTH CODE	[Redacted]

R. Nichol Physician Resource Planning
 Edmonton January 6, 2017
 ATB to YEG

 APPROVED - THANK YOU 027

REFUND POLICY

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 479.24								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/6/2017	Physician Resource Planning mtg with AB Health	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource Planning mtg with AB Health	1			
1/6/2017	Physician Resource Planning mtg with AB Health		Mileage-Local-Home Zone	\$ 20.20	Residence	YYC	Physician Resource Planning mtg with AB Health	1			40
1/6/2017	Physician Resource Planning mtg with AB Health	AB - Other Zones	Meals Per Diem	\$ 47.50			Physician Resource Planning mtg with AB Health Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
1/6/2017	Physician Resource Planning mtg with AB Health		Mileage-Local-Home Zone	\$ 7.58	YYC	Residence	Physician Resource Planning mtg with AB Health	1			15
1/19/2017	Physician Resource Planning and Physician Compensation Comm.	AB - Other Zones	Taxi	\$ 10.00			Physician Resource Planning and Physician Compensation Comm.	1			
1/19/2017	Physician Resource Planning and Physician Compensation Comm.		Mileage-Local-Home Zone	\$ 27.78	Residence	YYC Return	Physician Resource Planning and Physician Compensation Comm.	1			55
1/19/2017	Physician Resource Planning and Physician Compensation Comm.	AB - Other Zones	Accommodations	\$ 184.13			Physician Resource Planning and Physician Compensation Comm.	1			

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 479.24								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
1/19/2017	Physician Resource Planning and Physician Compensation Comm.	AB - Other Zones	Meals Per Diem	\$ 47.50			Physician Resource Planning and Physician Compensation Comm. Bfast \$10.50 Lunch \$13.00 Dinner \$24.00	1			
1/20/2017	Physician Resource Planning and Physician Compensation Comm.	AB - Other Zones	Meals Per Diem	\$ 34.50			Physician Resource Planning and Physician Compensation Comm. Bfast \$10.50 Dinner \$24.00	1			
1/19/2017	Physician Resource Planning and Physician Compensation Comm.	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Physician Resource Planning and Physician Compensation Comm.	1			
1/20/2017	Physician Resource Planning and Physician Compensation Comm.	AB - Other Zones	Taxi	\$ 12.00			Physician Resource Planning and Physician Compensation Comm.	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		24-Jan-17							

RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: C64
IN: 01/06/17 06:02
OUT: 01/06/17 19:09
PAID: \$ 29.35
DURATION: 0 13: 07
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



R. Nichol Physician Resource
Planning mtg with AB Health
January 6, 2017

Co-op Taxi Line
(780) 425-2525
www.co-optaxi.com

CASH RECEIPT

TERMINAL: [REDACTED]
DRIVER : [REDACTED]
TRIP #: [REDACTED]
2017/01/19 16:56:17

FARE : \$ 10.00

TOTAL: \$ 10.00

Thank you for choosing
Co-op Taxi

YELLOW CAB

780.462.3456

GST# _____
Date: Jan. 20/2017 Amount: 12.00
Driver: 11 Car#: 426
From: _____
To: _____

10135-31 Avenue, Edmonton, AB T6N 1C2

6

R. Nichol Physician Resource Planning and
Physician Compensation Comm. Meetings
January 19-20, 2017
Parking - YYC and taxis in Edmonton

RECEIPT
GST NO. R122556194

EXIT No. A5
IN: 01/19/17 06:02
OUT: 01/20/17 19:15
DURATION: 1 13: 13
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

00 FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

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



Rowland Nichol
 Alberta Health Services li

Page Number : 1 Invoice Nbr : [REDACTED]
 Guest Number : [REDACTED]
 Folio ID : [REDACTED]
 Arrive Date : 19-JAN-17 18:24
 Depart Date : 20-JAN-17 08:45
 No. Of Guest : 1
 Room Number : [REDACTED]
 Club Account : [REDACTED]

Copy Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton JAN-20-2017 08:50 [REDACTED]

Date	Reference	Description	Charges (CAD)	Credits (CAD)
19-JAN-17	[REDACTED]	Room Charge	164.00	
19-JAN-17	[REDACTED]	GST	8.45	
19-JAN-17	[REDACTED]	Destination Marketing Fee	4.92	
19-JAN-17	[REDACTED]	Tourism Levy	6.76	
20-JAN-17	[REDACTED]	Mastercard [REDACTED]		-184.13

Approve EMV Receipt for [REDACTED] PIN Verified
 [REDACTED]

** Total 184.13 -184.13
 *** Balance -0.00

STAY LONGER - Enjoy more time to explore your destination with the benefits of Westin Weekend, from extended breakfast hours to late Sunday checkouts. Book your next Westin Weekend at westin.com/weekend

Continued on the next page

R. Nichol Physician Resource Planning and
 Physician Compensation Comm. Meetings
 January 19-20, 2017

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

WESTIN[®]

HOTELS & RESORTS

Rowland Nichol
Alberta Health Services li

Page Number : 2 Invoice Nbr : [REDACTED]
Guest Number : [REDACTED]
Folio ID : [REDACTED]
Arrive Date : 19-JAN-17 18:24
Depart Date : 20-JAN-17 08:45
No. Of Guest : 1
Room Number : [REDACTED]
Club Account : [REDACTED]

As a Starwood Preferred Guest you have earned at least [REDACTED] Starpoints for this visit [REDACTED]

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

EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
01-19-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
01-20-2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-184.13
Total	164.00	8.45	6.76	0.00	0.00	4.92	184.13	-184.13

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 : Dr Rollie Nichol	Reporting Period for the Month of : Jan-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
06-Jan-17	Direct Billing	Airline Ticket	Physician Resource Planning with AHS	Marlin Travel	195.48
06-Jan-17	Direct Billing	Airline Ticket	Physician Resource Planning with AHS	Marlin Travel	154.98
19-Jan-17	Direct Billing	Airline Ticket	Physician Resource Planning and Hearing Prep	Marlin Travel	177.32
20-Jan-17	Direct Billing	Airline Ticket	Physician Compensation Committee	Marlin Travel	185.48

Total Paid in the Month	\$ 713.26
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Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 20 Dec 16 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	158.00	0.00	\$0.00	37.48	0.00	195.48 CAD
Total:	158.00	0.00	0.00	37.48	0.00	195.48 CAD

PAYMENTS		Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		[REDACTED]	12/20/2016		[REDACTED]	195.48 CAD
Total Payment:						195.48 CAD
Balance Due CAD Currency						0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING WITH AB HEALTH

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY *****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/travel.doc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****
 ***** PLEASE NOTE CHECKIN TIMES *****
 ***** DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 20 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: ROWLAND NICHOL

Booking Date: 20 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08171	EDMONTON INTL 06 Jan 17 6:00PM		CALGARY INTL 06 Jan 17 6:59PM	G/	



Invoice

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

Trip #: [REDACTED]
Booking Date: 20 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	107.00	0.00	\$0.00	37.48	0.00	144.48 CAD
AIR CANADA Ticket # [REDACTED]	10.50	0.00	\$0.00	0.00	0.00	10.50 CAD
Total:	117.50	0.00	0.00	37.48	0.00	154.98 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/20/2016	[REDACTED]	[REDACTED]	144.48 CAD
Total Payment:					144.48 CAD

Balance Due CAD Currency 10.50 CAD

Payment Due Date: 20 Dec 16

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING WITH AHS

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY** PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. ***** **PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

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

Trip #: [REDACTED]
Booking Date: 20 Dec 16
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: ROWLAND NICHOL	Booking Date: 20 Dec 16
	File Locator/Ticket #: [REDACTED]

From: CALGARY INTL
To: EDMONTON INTL

Departing on: 06 Jan 17
Returning on: 06 Jan 17



AIR

Passengers: ROWLAND NICHOL	Booking Date: 20 Dec 16
	File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 06 Jan 17 6:45AM		EDMONTON INTL 06 Jan 17 7:41AM	L/	



Invoice

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

Trip #:
Booking Date: 05 Jan 17
Client:
Agent:
File Locator:

PASSENGERS: DR ROWLAND NICHOL

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: WESTJET Ticket #, 127.84, 0.00, \$0.00, 49.48, 0.00, 177.32 CAD. Row 2: Total: 127.84, 0.00, 0.00, 49.48, 0.00, 177.32 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [Redacted], 01/03/2017, [Redacted], [Redacted], 177.32 CAD. Row 2: Total Payment: 177.32 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL PHYS. RESOURCE PLANNING AND PHYS. COMPENSATION COM

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000
UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2ECO ***** PLEASE REVIEW YOUR ITINERARY FOR ACCURACY***
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
-----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 05 Jan 17
Client: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: ROWLAND NICHOL Booking Date: 03 Jan 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	00349	CALGARY INTL 19 Jan 17 7:00AM		EDMONTON INTL 19 Jan 17 7:52AM	L/	



Invoice

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

Trip #: [REDACTED]
 Booking Date: 05 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	148.00	0.00	\$0.00	37.48	0.00	185.48 CAD
Total:	148.00	0.00	0.00	37.48	0.00	185.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/03/2017		[REDACTED]	185.48 CAD
Total Payment:					185.48 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL PHYS. RESOURCE PLANNING AND PHYS. COMPENSATION COM

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
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 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
 ---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

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

Trip #: [REDACTED]
Booking Date: 05 Jan 17
Client: [REDACTED]
Agent: [REDACTED]
File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	03 Jan 17	File Locator/Ticket #:	[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 20 Jan 17 4:55PM		CALGARY INTL 20 Jan 17 5:49PM	G/	