

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 March 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)
Mar-17	P-Card	Meetings				268	268			
Mar-17	Expense Claim	Meetings		108	413	207	728			
Mar-17	Direct Billing	Meetings	1,175				1,175			
Total			\$ 1,175	\$ 108	\$ 413	\$ 475	\$ 2,171	\$ -	\$ -	\$ -

Total for the Month \$ 2,171

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 184
 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	\$ 268.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
2/23/2017	Health Quality Network		Airport Taxi Service	\$ 65.00	YEG	Ritchie Mall	Health Quality Network in Edmonton February 7, 2017	1			
2/23/2017	Health Quality Network		Airport Taxi Service	\$ 65.00	Ritchie Mall	YEG	Health Quality Network in Edmonton February 7, 2017	1			
3/7/2017	Physician Resource Planning mtg		Airport Taxi Service	\$ 66.00	YEG	SSP	Physician Resource Planning mtg in Edmonton on March 1, 2017	1			
3/7/2017	Physician Resource Planning mtg		Airport Taxi Service	\$ 72.00	Government House	YEG	Physician Resource Planning mtg in Edmonton on March 1, 2017	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	10-Apr-17

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Sunday, February 26, 2017 9:02 AM
To: [REDACTED]
Subject: Receipt Feb 7th, Dr Nichol

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

From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Feb 23, 2017 8:05 AM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$65.00

CARD NUM [REDACTED]
ACCOUNT MC

DATE Feb 23 2017 08:03AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

R. Nichol Health Quality Network
Edmonton February 7, 2017
YEG to Ritchie Mill

APPROVED - THANK YOU 027

REFUND POLICY

[REDACTED]

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Friday, February 24, 2017 2:54 PM
To: [REDACTED]
Subject: Receipt Feb 7th,Dr Nichol

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Feb 23, 2017 8:05 AM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$65.00

CARD NUM [REDACTED]
ACCOUNT MC

DATE Feb 23 2017 08:04AM
REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

R. Nichol Health Quality Network
Edmonton February 7, 2017
Ritchie Mill to YEG

REFUND POLICY

[REDACTED]

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Wednesday, March 08, 2017 11:37 AM
To: [REDACTED]
Subject: Receipt March 1st, Dr Nichol & Mr Hondas

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Mar 7, 2017 8:49 AM
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 Mar 07 2017 08:48AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

W. Hondas and R, Nichol
Physician Resource Planning
March 1 , 2017
YEG to SSP

REFUND POLICY

[REDACTED]

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Wednesday, March 08, 2017 11:34 AM
To: [REDACTED]
Subject: Receipt March 1st, Dr Nichol from Government House to airport.

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Mar 7, 2017 8:49 AM
Subject: Transaction Receipt - Do Not Reply
To: <infinitytransportationinc@hotmail.com>
Cc:

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$72.00

CARD NUM [REDACTED]
ACCOUNT MC

DATE Mar 07 2017 08:48AM
REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

Dr. Nichol Physician Resource Planning
March 1, 2017
Government House to YEG

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	\$ 728.06

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/1/2017	Physician Resource Planning Stakeholder Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource Planning Stakeholders Mtg	1			
3/1/2017	Physician Resource Planning Stakeholders Mtg	AB - Other Zones	Meals Per Diem	\$ 37.00			Physician Resource Stakeholder Mtg Lunch \$13.00 Dinner \$24.00	1			
3/1/2017	Physician Resource Planning		Mileage-Local-Home Zone	\$ 15.15	Residence	YYC Return	Physician Resource Planning Stakeholder Mtg	1			30
3/8/2017	CAMSS Calgary medical staff mtg (ZMSAs)		Mileage-Local-Home Zone	\$ 10.10	Residence	Alberta Chidrens Hospital	CAMSS Calgary medical staff mtg (ZMSAs)	1			20
3/8/2017	CAMSS Calgary medical staff mtg (ZMSAs)	AB - Other Zones	Parking - Lot or Parkade	\$ 4.50			CAMSS Calgary medical staff mtg (ZMSAs)	1			
3/9/2017	Patient & Family Advisory Group and AMA Rep forum	AB - Other Zones	Bus Tickets	\$ 9.75			Patient & Family Advisory Group and AMA Rep forum	1			
3/9/2017	Patient & Family Advisory Group and AMA Rep forum		Mileage-Local-Home Zone	\$ 14.65	Southport Tower	YYC	Patient & Family Advisory Group and AMA Rep forum	1			29
3/9/2017	Patient & Family Advisory Group and AMA Rep forum	AB - Other Zones	Meals Per Diem	\$ 13.00			Patient & Family Advisory Group and AMA Rep forum Lunch \$13.00	1			
3/10/2017	Patient & Family Advisory Group and AMA Rep forum	AB - Other Zones	Meals Per Diem	\$ 34.50			Patient & Family Advisory Group and AMA Rep forum Bfast \$10.50 Dinner \$24.00	1			
3/11/2017	Patient & Family Advisory Group and AMA Rep forum	AB - Other Zones	Meals Per Diem	\$ 23.50			Patient & Family Advisory Group and AMA Rep forum Bfast \$10.50 Lunch \$13.00	1			
3/11/2017	Patient & Family Advisory Group and AMA Rep forum	AB - Other Zones	Parking - Lot or Parkade	\$ 88.05			Patient & Family Advisory Group and AMA Rep forum	3			

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 728.06

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/11/2017	Patient & Family Advisory Group and AMA Rep forum	AB - Other Zones	Accommodations	\$ 413.16			Patient & Family Advisory Group and AMA Rep forum	2			
3/11/2017	Patient & Family Advisory Group and AMA Rep forum		Mileage-Local-Home Zone	\$ 20.20	YYC	Residence	Patient & Family Advisory Group and AMA Rep forum	1			40
3/22/2017	Senior Leaders' Meeting		Mileage-Local-Home Zone	\$ 15.15	Residence	Calgary Airport Marriott	R. Nichol Sr. Leaders Mtg Calgary Airport Marriott	1			30

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	31-Mar-17

RECEIPT
GST NO. R122556194

R. Nichol Physician Resource Planning
Stakeholder Mtg.
March 1, 2017
YYC Parking

TKT NO [REDACTED]
POF: [REDACTED]
IN: 03/01/17 08:16
OUT: 03/01/17 19:18
PAID: \$ 29.35
DURATION: 0 11: 02
(GST INCLUDED)

MASTERCARD
[REDACTED]

YOU HAVE 10 MIN.
TO EXIT



Alberta Health
Services
ACH Lot 1

RECEIPT ██████████

ENTRY DATE/TIME :
08/03/17 17:44
PAY DATE/TIME :
08/03/17 12:47
PARK DUR. : HIGHWAY
0:00:00

ALLOWED EXIT TO:
08.03.17 19:57

PAID: 4.50
MOS ID: C081

R. Nichol CAMSS Calgary medical staff mtg (ZMSAs)
March 8, 2017
Alberta Children's Hospital

\$4.50

REF. ██████████

* Parking Rates *
* Are GST exempt *

* Please Exit *
* Site Within *
* 15 Minutes *
* After Payment *
* Is Made *

* No Alcohol *
* Privileges *

* Managed by *
* Alberta *
* HealthServices *

* Have Questions *
* Or Concerns? *
* Call Us *
* 403-968-7947 *

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

Rowland Nichol
Alberta Health Services Ii

Page Number : 1 Invoice Nbr: [REDACTED]
Guest Number: [REDACTED] Arrive Date: 09-MAR-17 19:39
Folio ID : [REDACTED] Depart Date: 11-MAR-17 10:34
No. Of Guest: 1
Room Number : [REDACTED]
Room Rate : 184.00
Club Account: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 11-MAR-17 10:35 [REDACTED]

Date	Reference	Description	Charges	Credits
09-MAR-17	[REDACTED]	Room Charge	184.00	
09-MAR-17	[REDACTED]	GST	9.48	
09-MAR-17	[REDACTED]	Destination Marketing Fee	5.52	
09-MAR-17	[REDACTED]	Tourism Levy	7.58	
10-MAR-17	[REDACTED]	Room Charge	184.00	
10-MAR-17	[REDACTED]	GST	9.48	
10-MAR-17	[REDACTED]	Destination Marketing Fee	5.52	
10-MAR-17	[REDACTED]	Tourism Levy	7.58	
11-MAR-17	[REDACTED]	Mastercard-[REDACTED]		-413.16

Approve EMV Receipt for MC - [REDACTED] PIN Verified

Application Label:MASTERCARD

** Total 413.16 -413.16

*** Balance 0.00

Continued on the next page

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

Rowland Nichol
Alberta Health Services Ii

Page Number : 2 Invoice Nbr: [REDACTED]
Guest Number: [REDACTED] Arrive Date: 09-MAR-17 19:39
Folio ID : [REDACTED] Depart Date: 11-MAR-17 10:34
No. Of Guest: 1
Room Number : [REDACTED]
Room Rate : 184.00
Club Account: [REDACTED]

FIND CLARITY, BOOST HAPPINESS - Like a gym membership for your mind,
Headspace gives you simple tools to feel happier, work smarter and sleep
better. Get some Headspace at westin.com/headspace

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

Date	Tour Levy	Other	Phone	Room	Payment	GST

Total						

Date	Total	Food\Bev

Total		

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 : Mar-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
01-Mar-17	Direct Billing	Airline Ticket	Physician Resource Planning with AHS	Marlin Travel	181.48
01-Mar-17	Direct Billing	Airline Ticket	Physician Resource Planning with AHS - change fee (flight changed due to cancellation of PPEC)	Marlin Travel	96.00
09-Mar-17	Direct Billing	Airline Ticket	Physician Resource Planning, Patient & Family Advisory Group AMA Representative Forum	Marlin Travel	172.48
11-Mar-17	Direct Billing	Airline Ticket	Physician Resource Planning, Patient & Family Advisory Group AMA Representative Forum	Marlin Travel	162.48

Total Paid in the Month	\$
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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.

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Direct Bill Report

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- 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 : Mar-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
23-Feb-17	Direct Bill	Airline Ticket	AG Town Hall QEII Grande Prairie	Marlin Travel	242.33
23-Feb-17	Direct Bill	Airline Ticket	AG Town Hall QEII Grande Prairie	Marlin Travel	138.42
01-Mar-17	Direct Bill	Airline Ticket	Physician Resource Planning	Marlin Travel	181.48

Total Paid in the Month	\$ 1,174.67
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Invoice

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

Trip #: [REDACTED]
Booking Date: 24 Feb 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]	144.00	0.00	\$0.00	37.48	0.00	181.48 CAD
Total:	144.00	0.00	0.00	37.48	0.00	181.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/22/2017		[REDACTED]	181.48 CAD
Total Payment:					181.48 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 STAKEHOLDER MTG

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

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

Trip #: [REDACTED]
Booking Date: 24 Feb 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:	22 Feb 17			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08171	EDMONTON INTL 01 Mar 17 6:00PM		CALGARY INTL 01 Mar 17 6:59PM	W/	



Invoice

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

Trip #: [redacted]
Booking Date: 23 Feb 17
Client: [redacted]
Agent: [redacted]
File Locator: [redacted]

PASSENGERS: DR ROWLAND NICHOL

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket # [redacted], 21.00, 0.00, \$0.00, 0.00, 75.00, 96.00 CAD. Total: 21.00, 0.00, 0.00, 0.00, 75.00, 96.00 CAD.

Table with columns: Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [redacted], 02/23/2017, [redacted], [redacted], 96.00 CAD. Total Payment: 96.00 CAD.

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST 50.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING STAKEHOLDER MTG

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

Trip #: [REDACTED]
Booking Date: 23 Feb 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: 22 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08134	CALGARY INTL 01 Mar 17 9:05AM		EDMONTON INTL 01 Mar 17 9:57AM	V/ V/	



Invoice

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

Trip #: [REDACTED]
Booking Date: 24 Feb 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]	135.00	0.00	\$0.00	37.48	0.00	172.48 CAD
Total:	135.00	0.00	0.00	37.48	0.00	172.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/22/2017		[REDACTED]	172.48 CAD
Total Payment:					172.48 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 PATIENT & FAMILY ADVISORY GROUP MTG

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.

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

Trip #: [REDACTED]
Booking Date: 24 Feb 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: 22 Feb 17
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08142	CALGARY INTL 09 Mar 17 12:05PM		EDMONTON INTL 09 Mar 17 12:57PM	G/	



Invoice

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

Trip #: [redacted]
Booking Date: 27 Feb 17
Client: [redacted]
Agent: [redacted]
File Locator: [redacted]

PASSENGERS: DR ROWLAND NICHOL

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket # 9566968071, 125.00, 0.00, \$0.00, 37.48, 0.00, 162.48 CAD. Row 2: Total: 125.00, 0.00, 0.00, 37.48, 0.00, 162.48 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [redacted], 02/27/2017, [redacted], [redacted], 162.48 CAD. Row 2: Total Payment: 162.48 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 PATIENT & FAMILY ADVISORY GRP AND AMA REP FORUM

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
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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

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

Trip #: [REDACTED]
Booking Date: 27 Feb 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:	27 Feb 17			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08169	EDMONTON INTL 11 Mar 17 4:55PM		CALGARY INTL 11 Mar 17 5:49PM	G/	



Invoice

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 19 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]	204.85	0.00	\$0.00	37.48	0.00	242.33 CAD
Total:	204.85	0.00	0.00	37.48	0.00	242.33 CAD

INVOICE #	PAYMENT DATE	CARD HOLDER	FORM OF PAYMENT	AMOUNT
[REDACTED]	01/19/2017	[REDACTED]	[REDACTED]	242.33 CAD
Total Payment:				242.33 CAD

Balance Due CAD Currency **0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL PATIENT VISIT

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 -----
 -----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 -----
 -----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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 19 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: 01/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08477	CALGARY INTL		GRANDE PRAIRIE	G		
		02/23/2017 12:05PM		02/23/2017 1:44PM			
WESTJET	03250	GRANDE PRAIRIE		CALGARY INTL	D		
		02/23/2017 7:30PM		02/23/2017 8:50PM			



Invoice

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 19 Jan 17
 Client: [REDACTED]
 Agent: [REDACTED]
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	98.94	0.00	\$0.00	39.48	0.00	138.42 CAD
Total:	98.94	0.00	0.00	39.48	0.00	138.42 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	01/19/2017	[REDACTED]	[REDACTED]	138.42 CAD
Total Payment:					138.42 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL PATIENT VISIT

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**
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 -----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
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 19 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: 01/19/2017
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03250	GRANDE PRAIRIE		CALGARY INTL	D		
		02/23/2017 7:30PM		02/23/2017 8:50PM			



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 24 Feb 17 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 # 9566967895	144.00	0.00	\$0.00	37.48	0.00	181.48 CAD
Total:	144.00	0.00	0.00	37.48	0.00	181.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	02/22/2017	[REDACTED]	[REDACTED]	181.48 CAD
				Total Payment:	181.48 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 STAKEHOLDER MTG

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**
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GOVERNMENT CENTRE
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tél.: 780 425 8611
GST REG# 88510191

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

Trip #: [REDACTED]
Booking Date: 24 Feb 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:	02/22/2017
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08130	CALGARY INTL 03/01/2017 6:45AM		EDMONTON INTL 03/01/2017 7:41AM	W		