

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 April 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)
Apr-17	P-Card	Meetings				132	132			
Apr-17	Expense Claim	Meetings	408	151	400	418	1,377	1,113		
Apr-17	Direct Billing	Meetings				146	146			
Total			\$ 408	\$ 151	\$ 400	\$ 696	\$ 1,655	\$ 1,113	\$ -	\$ -

Total for the Month \$ 2,768

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

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
3/9/2017	PFG and AMA Rep Forum		Airport Taxi Service	\$ 66.00	YEG	SSP	PFG and AMA Rep Forum in Edmonton March 9, 2017	1			
3/11/2017	PFG and AMA Rep Forum		Airport Taxi Service	\$ 66.00	Westin	YEG	PFG and AMA Rep Forum in Edmonton March 11, 2017	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	26-Apr-17

[REDACTED]

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Wednesday, March 22, 2017 6:03 PM
To: [REDACTED]
Subject: Receipt March 9th

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Mar 21, 2017 9:07 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 21 2017 09:06AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

R. Nichol PFG and AMA Rep Forum
March 9, 2017 Edmonton
YEG to SSP

APPROVED - THANK YOU 027

REFUND POLICY

[REDACTED]

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: [REDACTED] March 22, 2017 6:04 PM
To: [REDACTED]
Subject: Receipt March 11th

----- Forwarded message -----
From: "AIRPORT TAXI SERVICE" <esp_receipt@moneris.com>
Date: Mar 21, 2017 9:07 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 21 2017 09:06AM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU 027

R. Nichol PFG and AMA Rep Forum
March 11, 2017 Edmonton
Westin 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	\$ 399.03	

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/31/2017	Physician Compensation Committee	AB - Other Zones	Fuel	\$ 33.52			Physician Compensation Committee	1			
3/31/2017	Physician Compensation Committee	AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee Bfast \$10.50	1			
4/18/2017	Population Public and Indigenous Health Core Meeting		Mileage-Local-Home Zone	\$ 10.10	Residence	Grey Eagle Casino	Population Public and Indigenous Health Core Meeting	1			20
4/21/2017	Physician Compensation	AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee Bfast \$10.50	1			
4/21/2017	Physician Compensation Committee	AB - Other Zones	Fuel	\$ 43.00			Physician Compensation Committee	1			
4/21/2017	Physician Compensation Committee	AB - Other Zones	Fuel	\$ 10.01			Physician Compensation Committee	1			
4/24/2017	Leadership Conference	AB - Other Zones	Taxi	\$ 72.00			Leadership Conference	1			
4/24/2017	Leadership conference		Mileage-Local-Home Zone	\$ 10.10	Residence	YYC	Leadership Conference	1			20
4/24/2017	Leadership Conference	AB - Other Zones	Meals Per Diem	\$ 34.50			Leadership Conference Bfast \$10.50 Dinner \$24.00	1			
4/25/2017	Leadership Conference	AB - Other Zones	Meals Per Diem	\$ 24.00			Leadership Conference Dinner \$24.00	1			
4/25/2017	Leadership Conference		Mileage-Local-Home Zone	\$ 10.10	YYC	Residence	Leadership Conference	1			20
4/25/2017	Leadership Conference	AB - Other Zones	Taxi	\$ 72.00			Leadership Conference	1			
4/25/2017	Leadership Conference	AB - Other Zones	Parking - Lot or Parade	\$ 58.70			Leadership Conference	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	28-Apr-17

CO-OP

Calgary Co-op
North Hill Gas Bar
540 - 16th Avenue NE
Calgary AB (403) 299-4277
GST# R100730894

Member Number [REDACTED]

Type: SALE

Qty	Name	Price	Total
1	TW CLEANING WIPES	\$ 2.990	\$ 2.99 G
1	REGULAR GASOLINE	\$ 1.069	\$ 43.00
	Pump:	8	
	Litres:	40.222	
	Price / Litre:	\$ 1.069	
Subtotal			\$ 45.99
GST			\$ 0.15
GST [Inc] Pumps]			\$ 2.05
Total			\$ 46.14

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 46.14

CARD NUMBER: [REDACTED]
DATE/TIME: 04/21/2017 16:41:58
REFERENCE #: [REDACTED] T
TERM:
AUTHOR.# : [REDACTED]
01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

4/21/17 4:41:56 PM Receipt# [REDACTED]
Pos:71 Cashier:40 Store:2

Thank you for filling up with
"The Pump That Pays"

Husky



Want great rewards? Visit myHuskyRewards.ca

South Edmonton Husky Carwash\bo
3105 Calgary Trail S
Edmonton AB
T6J 5X8
(780) 484-9593
GST# 833329964RT0001
Retailer ID 4507810
Rct:97325 2804-5
Batch:4777-53

myHusky Rewards

Earned: 10
Used today: 0
Balance: 500

2017/04/21 14:02:02

Pump# 5
Eth Regular \$10.01
9.678x\$1.034L
AMOUNT \$10.01
GST(Inc Pump) \$0.48

Pre Auth Completion
MASTERCARD
AID: [REDACTED]

EXP: [REDACTED]
Date: 04/21/2017
Time: 14:02:02

Approved



PLEASE TELL US
HOW WE DID!
myHusky.ca/Feedback

R. Nichol Physician Compensation Committee
April 21, 2017
\$43.00 (\$46.14 less \$3.14)
\$10.01

RECEIPT
GST NO. R122556194

TKT NO [REDACTED]
POF: A5
IN: 04/24/17 06:05
OUT: 04/25/17 19:24
PAID: \$ 58.70
DURATION: 1 13: 19
(GST INCLUDED)

MASTERCARD
[REDACTED]

REF. [REDACTED]
YOU HAVE 10 MIN.
TO EXIT



ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/04/25
TIME 5330 17:33:00
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$72.00

MASTERCARD
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2017/04/25
TIME 5310 17:33:44
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

PURCHASE
TOTAL

\$72.00

MASTERCARD
[REDACTED]

APPROVED

AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

R. Nichol Leadership Conference
April 24-5, 2017
Taxi and parking

CO-OP

R. Nichol Physician Compensation Committee
March 31, 2017
Fuel - rental vehicle \$33.52

Calgary Co-op
North Hill Gas Bar
540 - 16th Avenue NE
Calgary AB (403) 299-4277
GST# R100730894

Member Number [REDACTED]

Type: SALE

Qty Name	Price	Total
1 FUTW GAME TICKET	\$ 0.000	\$ 0.00
1 REGULAR GASOLINE	\$ 1.039	\$ 33.52
Pump:	4	
Litres:	32.262	
Price / Litre:	\$ 1.039	
1 CARWASH GIFTPK PR	12.990	\$ 12.99 G
-1 \$2OFF WASH WITH F	\$ 2.000	-\$ 2.00 G
Subtotal		\$ 44.51
GST		\$ 0.55
GST [Incl Pumps]		\$ 1.60
Total		\$ 45.06

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 45.06

CARD NUMBER: [REDACTED]

DATE/TIME: 03/31/2017 18:17:30

REFERENCE #: [REDACTED] T

TERM:

AUTHOR.# : [REDACTED]

01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:

retain this copy for your records

CUSTOMER COPY

3/31/17 6:17:28 PM Receipt# [REDACTED]

Pos:71 Cashier:55 Store:2

Thank you for filling up with
CO-OP

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 2,090.90									
12/7/2016	Cdn Conf. on Physician Leadership	AB - Other Zones	Conference Fees	\$ 1,113.00			Cdn Conf. on Physician Leadership	1				
4/27/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Airfare	\$ 407.65	AB - Local	BC	Cdn Conf. on Physician Leadership Calgary to Vancouver return	1				
4/27/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Accommodations	\$ 400.00			Cdn Conf. on Physician Leadership Conference hotel base nightly rate 219.00 plus taxes - claiming travel policy maximum \$200	2				
4/27/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Taxi	\$ 38.00			Cdn Conf. on Physician Leadership	1				
4/27/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Bus	\$ 7.75			Cdn Conf. on Physician Leadership	1				
4/27/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Meals Per Diem	\$ 24.00			Cdn Conf. on Physician Leadership (YYC 1500 to YVR 1427 April 27 return YVR 1815 to YYC 2035) CPSL conference April 28 and 29 Dinner \$24.00	1				
4/28/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Meals Per Diem	\$ 24.00			Cdn Conf. on Physician Leadership (YYC 1500 to YVR 1427 April 27 return YVR 1815 to YYC 2035) CPSL conference April 28 and 29 Dinner \$24.00	1				
4/29/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Meals Per Diem	\$ 24.00			Cdn Conf. on Physician Leadership (YYC 1500 to YVR 1427 April 27 return YVR 1815 to YYC 2035) CPSL conference April 28 and 29 Dinner \$24.00	1				

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total	
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 2,090.90	

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/29/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Bus	\$ 7.50			Cdn Conf. on Physician Leadership	1			
4/30/2017	Cdn Conf. on Physician Leadership	AB - Other Zones	Taxi	\$ 45.00			Cdn Conf. on Physician Leadership	1			

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

Rollie Nichol

From: Can. Soc. of Physician Le <esp_receipt@moneris.com>
Sent: Wednesday, December 07, 2016 11:21 AM
To: Rollie Nichol
Subject: Transaction Receipt - Do Not Reply

CAN. SOC. OF PHYSICIAN LE

TRANSACTION APPROVED - THANK YOU

PAYMENT DETAILS

TYPE PURCHASE
DATE 2016-12-07 13:21:24
ORDER ID [REDACTED]
AMOUNT(CAD) \$1113.00
CARDHOLDER Rowland Nichol
CARD NUM [REDACTED]
ACCOUNT MC
REF NUM [REDACTED]
AUTH CODE [REDACTED]

ITEM DETAILS

DESCRIPTION	PRODUCT CODE	QUANTITY	ITEM AMOUNT
Event Purchase: 2017 Canadian Conference on Physician Leadership - ER-2016-985	ER-2016-985 - 1	1	\$1113.00
		TOTAL(CAD)	\$1113.00

CUSTOMER DETAILS

CUST ID [REDACTED]
EMAIL [REDACTED]
NOTE Contact #: [REDACTED] Member #: [REDACTED]

Please keep this email as your transaction receipt.
This receipt has been sent from an unmonitored email account.
Do not reply to this email.

[Skip to main content](#)

Confirmation | westjet.com booking

[link to westjet.com](#)

1. Search
2. Flights
3. Guests
4. Seats
5. Payment
6. **Confirmation**
Current Step

Confirmation

Here's your current travel information.

Reservation code [REDACTED]

[flight details](#)

Calgary, AB, CA (YYC) Leaving Thu Apr 27, 2017

to

Vancouver, BC, CA (YVR) Returning Sat Apr 29, 2017

Flight	Depart	Arrive	Stops	Duration
--------	--------	--------	-------	----------

115	YYC 15:00	YVR 15:27	0	01:27
-----	-----------	-----------	---	-------

212	YVR 18:15	YYC 20:35	0	01:20
-----	-----------	-----------	---	-------

- [Change flight\(s\)](#)
- [Cancel trip](#)
- [Update travel documents](#)

[Make changes](#)

- Select seats

Flights

Flight WS 115: Calgary, AB, CA (YYC) > Vancouver, BC, CA (YVR)

Departing: Apr 27 | 3:00 PM Arriving: Apr 27 | 3:27 PM Duration: 01h 27m Fare type Econo Aircraft type Boeing 737-800

Operated by:

WESTJET

Mr Rowland Nichol [Update travel documents](#)

Seat: No seats selected Rewards program:

[REDACTED]

Baggage[Learn More](#)(0)

Flight WS 212: Vancouver, BC, CA (YVR) > Calgary, AB, CA (YYC)

Departing: Apr 29 | 6:15 PM Arriving: Apr 29 | 8:35 PM Duration: 01h 20m Fare type Econo Aircraft type Boeing 737-700

Operated by:

WESTJET

Mr Rowland Nichol [Update travel documents](#)

Seat: No seats selected Rewards program:

Baggage[Learn More](#)(0)

Payment

Payment Summary

[Hide details](#) [Show details](#)

Base fare and ATC 324.00 CAD 1. Adult guest: 300.00 CAD

Other air transportation charges

24.00 CAD

Taxes 83.66 CAD 1. Adult guest: 83.66 CAD Air travellers security charge (ATSC) 14.25 CAD Airport Improvement Fee (AIF) 50.00 CAD Goods and services tax (GST) 19.41 CAD

Flights

Base fare and ATC 324.00 CAD Taxes 83.66 CAD

Total: 407.66 CAD

Payment type

Payment card

Total paid 407.66 CAD MasterCard ending [REDACTED]

- [Checked baggage](#)
- [Carry-on baggage](#)

YYC to YVR

- YYC to YVR
- YVR to YYC

Adults

- Adults

Adults

- Adults

First Bag Second Bag

Checked baggage 25 CAD 35 CAD

Weight and size limitations:

First Bag

- Up to 50 POUNDS, or 23 KILOGRAMS.
- Up to 62 LINEAR INCHES, or 158 LINEAR CENTIMETERS in combined dimensions (length + width + height).



Hyatt Regency Vancouver
 655 Burrard Street
 Vancouver, BC V6C 2R7
 604 683 1234
 604 689 3707

INVOICE

Payee Dr Rowland Nichol

Room No. [REDACTED]
 Arrival 04-27-17
 Departure 04-29-17
 Page No. 1 of 1
 Folio Window 1
 Folio No.

Confirmation No. [REDACTED]
 Group Name CDN MEDICAL ASSN
 Booking No. [REDACTED]

Date	Description	Charges	Credits
04-27-17	Group Room	219.00	
04-27-17	Room P.S.T	17.75	
04-27-17	Room G.S.T.	11.09	
04-27-17	Destination Mktg Fee	2.83	
04-27-17	MRDT 3%	6.65	
04-28-17	Group Room	219.00	
04-28-17	Room P.S.T	17.75	
04-28-17	Room G.S.T.	11.09	
04-28-17	Destination Mktg Fee	2.83	
04-28-17	MRDT 3%	6.65	
04-28-17	Master Card		514.64
Total		514.64	514.64

Guest Signature

Balance 0.00

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 or the full amount of these charges.

GST Summary:	
Rooms	22.18
Food & Beverage	0.00
Other	0.00
Total	22.18
Registration Number: 860549062 RT 0108	

World of Hyatt Summary

Membership: [REDACTED]
 Bonus Codes:
 Qualifying Nights: 2
 Eligible Spend: 438.00
 Redemption Eligible: 0.00

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for your business.

Summary Invoice, please see front desk for eligibility details.

For feedback and comments, please email our Quality Assurance at quality.yvrrv@hyatt.com or call us at 604-683-1234.

Lost and found inquiries lstfnd.yvrrv@hyatt.com

For inquiries concerning your bill please call 888-588-4384

Please remit payment to:
 Hyatt Regency Vancouver
 CANADIAN FUNDS: C/O T10378C
 OR
 U.S. FUNDS: C/O T10378U
 PO Box 4488, STN A
 Toronto, ON M5W 4H1

**ALLIED
BLACK**

LIMO & TAXI

Try our **ON-DEMAND** Taxi app
Connecting you Directly with your Driver

alliedblack.com

Driver ESJ Date APR 27, 2017
Car # 66 Amount 38.00
GST Included # 842211/22

ASSOCIATED CMA
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111
CAR#588

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED]
04/30/17
APPR CODE [REDACTED]
MASTERCARD

AMOUNT \$45.00

00 - APPROVED - 001

Thank You

* RECEIPT *
* NOT VALID FOR TRAVEL *

TransLink
999-EXPO SKY TRAIN
Burrard Stn
TVM02125
Sat 29 Apr 17 05:11PM

Payment type: MASTER CARD
Purchase: DayPass
Product Price: \$ 7.50

Compass Ticket #: [REDACTED]
Credit Card #: [REDACTED]

Auth #: [REDACTED]
Ref #: [REDACTED]
Receipt #: [REDACTED]

Card Entry: [REDACTED] Chip

Retain for your records.
View TransLink Policies
at www.translink.ca

Thank You!

* RECEIPT *
* NOT VALID FOR TRAVEL *

TransLink
980-CANADA LINE
YVR-Airport Stn
TVM73113
Thu 27 Apr 17 03:35PM

Payment Type: MASTER CARD
Purchase: 2 Zone Ticket with YVR
Product Price: \$ 7.75

Compass Ticket #: [REDACTED]
Credit Card #: [REDACTED]

Auth #: [REDACTED]
Ref #: [REDACTED]
Receipt #: [REDACTED]

Card Entry: [REDACTED] Chip

Retain for your records.
View TransLink Policies
at www.translink.ca

Thank You!

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

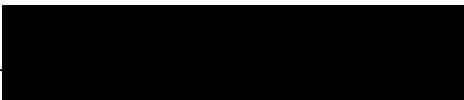
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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 : Apr-17
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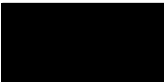
DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
30-Mar-17	Direct Billing	Car Rental	Physician Compensation Committee meeting	Marlin Travel	104.90
20-Apr-17	Direct Billing	Car Rental	Physician Compensation Committee meeting	Marlin Travel	40.60
	Direct Billing			Marlin Travel	
	Direct Billing			Marlin Travel	

Total Paid in the Month	\$ 145.50
--------------------------------	------------------

TELUS



Enterprise Rental Agreement



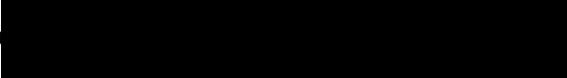
From : Customerservice@enterprise.com

Sat, Apr 01, 2017 11:12 AM

Subject : Enterprise Rental Agreement



To



ENTERPRISE RENT A CAR, 1036 - 9 AVENUE SW, CALGARY, AB T2P1L9 (403) 212-5232

RENTAL AGREEMENT REF#



SUMMARY OF CHARGES

RENTER
NICHOL, ROWLAND

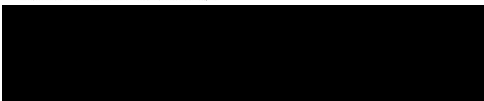
DATE & TIME OUT
30/03/2017 03:11 PM
DATE & TIME IN
31/03/2017 05:00 PM

BILLING CYCLE
24-HOUR

VEH
#1 2016 VOLK JETT 14CL
VIN#
LIC#
KM DRIVEN 706

BILL TO ACCOUNT
ALBERTA HEALTH SERVICES
ATTN: UNKNOWN
PO BOX 1600
EDMONTON, AB T5T2N9

CLAIM INFO



Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	30/03 - 31/03	1	DAY	\$42.00	\$42.00
TIME & DISTANCE	31/03 - 31/03	2	HOUR	\$13.86	\$27.72
DW	30/03 - 31/03	1	DAY	\$23.99	\$23.99
RAP	30/03 - 31/03	1	DAY	\$4.99	\$4.99
REFUELING CHARGE	30/03 - 31/03				\$0.00
Subtotal:					\$98.70

Taxes & Surcharges

GOODS AND SERVICES TAX	30/03 - 31/03			5%	\$5.00
VEHICLE LICENSE FEE RECOVERY	30/03 - 31/03	2	DAY	\$0.60	\$1.20
Total Charges:					\$104.90

Bill-To / Deposits

ALBERTA HEALTH SERVICES

TIME & DISTANCE	30/03 - 31/03	1	DAY		
DW	30/03 - 31/03	1	DAY		
RAP	30/03 - 31/03	1	DAY		
REFUELING CHARGE	30/03 - 31/03				
GOODS AND SERVICES TAX	30/03 - 31/03	1	PERCENT	5%	
VEHICLE LICENSE FEE RECOVERY	30/03 - 31/03	2	DAY		
Subtotal:					-\$104.90

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	40.00	40.00
Subtotal			40.00
VEHICLE LICENSE FEE RECOVERY	1 DAY	0.60	0.60

L TO

Alberta Health Services
 BOX 1500
 EDMONTON, AB - T5T2N5

ADDITIONAL INFORMATION

Time Out 04/21/2017 05:10 PM
Date/Time In 04/21/2017 05:00 PM

DRIVER
 DR. ROWLAND

ADDITIONAL VEHICLES

Plat	License	Model	Unit	Miles/Kms Out	In
VED	[REDACTED]	5	7PK888	4,119	4,709
JM1C7W2DL5H0193655					

ADDITIONAL INFORMATION

Insured
 [REDACTED]
 Type of Loss: [REDACTED]
 Type of Vehicle: [REDACTED]
 Repair Shop: [REDACTED]

Amount Due (CAD) 40.60
 Individual fee item charges such as rental rates for Time and Distance, percentage-based charges (e.g., taxes, fees and insurance), and charges divided between multiple parties may be rounded up or down a penny each to ensure that the charges equal the actual total Amount Due shown to avoid fractional cents.

For Billing Inquiries / Payment Terms :
 Toll-free: 1 819 401 6000
 AskARCanada@ehi.com
 Payment Due within 30 days of Invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

RENTAL CENTER: [REDACTED]

Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Ship To :
 ENTERPRISE RENT A CAR CANADA COMPANY
 1 MILNER AVE
 BRIDGECROFT, ON M1B8B5

Amount Due (CAD) 40.6

Paid By:
 Alberta Health Services
 PO BOX 1500
 EDMONTON, AB T5T2N5

Account #	Rental Agreement	Amount	GPBR
[REDACTED]	[REDACTED]	40.6	[REDACTED]