

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 June 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)
Jun-17	Expense Claim	Meetings		35		140	175			
Jun-17	Direct Billing	Meetings				112	112			
Total			\$ -	\$ 35	\$ -	\$ 252	\$ 287	\$ -	\$ -	\$ -

Total for the Month \$ 287

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

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 174.70								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/6/2017	HQN Meeting	AB - Other Zones	Fuel	\$ 50.00	YYC	YEG	HQN Meeting	1			
6/7/2017	HQN Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 35.00			HQN Meeting	1			
6/7/2017	HQN Meeting mtg concluded 1630	AB - Other Zones	Meals Per Diem	\$ 24.00			HQN Meeting Dinner \$24.00	1			
6/16/2017	Physician Compensation Committee	AB - Other Zones	Fuel	\$ 35.00	Calgary	Edmonton	Physician Compensation Committee	1			
6/16/2017	Physician Compensation Committee	AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee left Calgary early to be in Edmonton for 0930 Bfast \$10.50	1			
6/20/2017	Senior Leaders Meeting		Mileage-Local-Home Zone	\$ 20.20	residence	Cross Iron Mall	Senior Leaders Meeting - drive to charter bus pick up at Cross Iron Mall	1			40
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		22-Jun-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	REGULAR GASOLINE	\$ 0.999	\$ 50.00
	Pump:	7	
	Litres:	50.050	
	Price / Litre:	\$ 0.999	
Subtotal			\$ 50.00
GST [Incl Pumps]			\$ 2.38
Total			\$ 50.00

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 50.00

CARD NUMBER: [REDACTED]
DATE/TIME: 06/06/2017 19:03:33
REFERENCE #: [REDACTED] 1
TERM: [REDACTED]
AUTHOR.# : [REDACTED]
01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT:
retain this copy for your records

CUSTOMER COPY

6/6/17 7:03:33 PM Receipt# [REDACTED]
Pos:71 Cashier:63 Store:2

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

RECEIPT Impark Lot 383

License Plate Number



Expiration Date/Time

06:00 PM JUN 06, 2017

Purchase Date/Time: 11:44am Jun 06, 2017
Total Parking: \$33.33
Total GST: \$1.67
Total Due: \$35.00 Rate: \$35 - All Day To 6PM
Total Paid: \$35.00 Payment Type: Card
Ticket # [REDACTED]
S/N #: [REDACTED]
Setting: Lot 383
Mach Name: Meter 1

[REDACTED] MasterCard

Auth #: [REDACTED]

gst #887315638RT0006
NO IN AND OUT PRIVILEGES

RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT
PARKING RECEIPT

R. Nichol HQN Meeting
June 7, 2017
Rental car fuel and parking YEG

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	REGULAR GASOLINE	\$ 0.959	\$ 35.00
	Pump:	6	
	Litres:	36.497	
	Price / Litre:	\$ 0.959	
Subtotal			\$ 35.00
GST [Incl Pumps]			\$ 1.67
Total			\$ 35.00

ORIGINAL

TYPE: Purchase

ACCT: MASTERCARD \$ 35.00

CARD NUMBER: [REDACTED]
DATE/TIME: 06/16/2017 17:15:44
REFERENCE #: [REDACTED] T
TERM: [REDACTED]
AUTHOR.# : [REDACTED]
01 APPROVED - THANK YOU 027

NO SIGNATURE TRANSACTION

IMPORTANT.
retain this copy for your records

CUSTOMER COPY

6/16/17 5:15:40 PM Receipt# [REDACTED]
Pos:71 Cashier:63 Store:2

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

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 : Jun-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
07-Jun-17	Direct Bill	Car Rental	Health Quality Network meeting	Marlin Travel	42.63
16-Jun-16	Direct Bill	Car Rental	Physician Compensation Committee	Marlin Travel	69.58

Total Paid in the Month	\$ 112.21
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[REDACTED]

From: Rollie Nichol
Sent: Wednesday, June 07, 2017 8:22 AM
To: [REDACTED]
Subject: Fwd: Enterprise Rental Agreement [REDACTED]

Gas, parking, supper

Sent from my iPad

Begin forwarded message:

From: [REDACTED]
Date: June 7, 2017 at 8:19:38 AM MDT
To: Rollie Nichol [REDACTED]
Subject: Fwd: Enterprise Rental Agreement [REDACTED]

From: DoNotReply@erac.com
To: "Nichol Rowland" [REDACTED]
Sent: Wednesday, June 7, 2017 7:25:31 AM
Subject: Enterprise Rental Agreement [REDACTED]



RA #: [REDACTED]

Renter: NICHOL,ROWLAND

Dates & Times	Location
Pickup Jun 06, 2017 8:10 AM	1036 - 9 AVENUE SW CALGARY, AB T2P1L9 4032125232
Return Jun 07, 2017 7:22 AM	1036 - 9 AVENUE SW CALGARY, AB T2P1L9 4032125232

Vehicle

Make/Model: FORD/FUSI

Color: BLACK

Mileage: 178

Fuel Out: Full Fuel In: Full

License: [REDACTED]



RA #: [REDACTED]

Renter: NICHOL,ROWLAND

Unit # [REDACTED]

Charges	Price/Unit	Total
	Less Bill To - ALBERTA HEALTH SERVICES:	\$42.63
	Total Charges:	\$0.00

2017-06-07 07:25:31



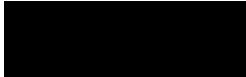
1036 - 9 AVENUE SW
 CALGARY, AB T2P1L9
 Federal GST# :889365821

Rental Agreement #:

Bill Ref #:

Invoice Date:

Account #:



06/19/2017



BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	40.00	40.00
CDW	1 DAY	15.99	15.99
CDW	1 DAY	8.00	8.00
ROADSIDE ASSISTANCE PROTECTION	1 DAY	4.99	4.99
Subtotal			68.98
VEHICLE LICENSE FEE RECOVERY	1 DAY	0.60	0.60

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out 06/15/2017 05:20 PM
Date/Time In 06/16/2017 05:38 PM

Renter
 NICHOL, ROWLAND

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
SILVER	[REDACTED]	SENT	7N89H5	35,910 36,529
VIN	[REDACTED]			

CLAIM INFORMATION

Claim# / PO# / RO# [REDACTED] **Insured** [REDACTED]
Date of Loss [REDACTED] **Type of Loss** [REDACTED] **Type of Vehicle** [REDACTED]
 Repair Shop [REDACTED]

Amount Due (CAD) 69.58

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :
 Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.



ADDITIONAL INFORMATION

COST CENTER# 101000071110000012

Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	69.58
Remit To : ENTERPRISE RENT A CAR CANADA COMPAN 709 MILNER AVE SCARBOROUGH, ON M1B6B6	Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account # [REDACTED]	Rental Agreement [REDACTED]	Amount 69.58
		GPBR [REDACTED]