

## 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 August 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)
Aug-17	Expense Claim	Meetings		13		172	185			
Aug-17	Direct Billing	Meetings	361				361			
<b>Total</b>			\$ 361	\$ 13	\$ -	\$ 172	\$ 546	\$ -	\$ -	\$ -

**Total for the Month**      \$        546

Maximum daily single meal expense claimed in the month      \$        13  
 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	\$ 184.55

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
8/11/2017	Operational Working Group Meeting	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35				1			
8/11/2017	Operational Working Group Meeting	AB - Other Zones	Taxi	\$ 61.00	YEG	ATB Place	Operational Working Group Meeting	1			
8/11/2017	Operational Working Group Meeting		Mileage-Local-Home Zone	\$ 20.20	Residence (condo)	YYC return	Operational Working Group Meeting	1			40
8/11/2017	Operational Working Group Meeting	AB - Other Zones	Meals Per Diem	\$ 13.00			Operational Working Group Meeting	1			
8/11/2017	Operational Working Group Meeting	AB - Other Zones	Taxi	\$ 61.00	ATB Place	YEG	Operational Working Group Meeting	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	21-Aug-17

**RECEIPT**  
**GST NO. R122556194**

TKT NO [REDACTED]  
EXIT No. A4  
IN: 08/11/17 09:29  
OUT: 08/11/17 18:11  
DURATION: 0 08: 42  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT



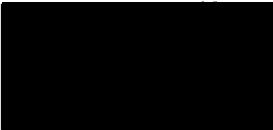
AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/08/11  
TIME 6501 11:59:51  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$6.00  
TOTAL

**\$61.00**

MASTERCARD



**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST#807011978

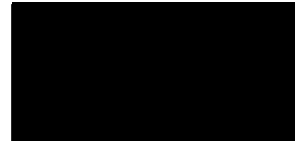
GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/08/11  
TIME 0476 16:17:31  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$53.00  
TIP \$8.00  
TOTAL

**\$61.00**

MASTERCARD



**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
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YELLOW CAB 780.462.3456  
BARREL TAXI 780.489.7777  
EDMTAXI.COM  
GST 100403070

## 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**

<b>Name :</b> Dr Rollie Nichol	<b>Reporting Period for the Month of :</b> Aug-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Aug-17	Direct Bill	Airline Ticket	Operational Working Group Meeting	Marlin Travel	180.48
11-Aug-17	Direct Bill	Airline Ticket	Operational Working Group Meeting	Marlin Travel	180.48

<b>Total Paid in the Month</b>	\$	<b>360.96</b>
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**Invoice**

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

Trip #: [REDACTED]  
Booking Date: 01 Aug 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [REDACTED]  
File Locator: [REDACTED]

**PASSENGERS:** DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	143.00	0.00	\$0.00	37.48	0.00	180.48 CAD
<b>Total:</b>	<b>143.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>180.48 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	07/27/2017	[REDACTED]	[REDACTED]	180.48 CAD
Total Payment:					180.48 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD  
CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL OPERATIONAL WORKING 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

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

Trip #: [REDACTED]  
Booking Date: 01 Aug 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [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: 07/27/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 08/11/2017 5:05PM		CALGARY INTL 08/11/2017 5:57PM	G		



**Invoice**

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	<b>Trip #:</b> [REDACTED] <b>Booking Date:</b> 01 Aug 17 <b>Client:</b> [REDACTED] <b>Agent:</b> [REDACTED] <b>Agents email:</b> [REDACTED]  <b>File Locator:</b> [REDACTED]
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**PASSENGERS:** DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket: [REDACTED]	143.00	0.00	\$0.00	37.48	0.00	180.48 CAD
<b>Total:</b>	<b>143.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>180.48 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	07/27/2017	[REDACTED]	[REDACTED]	180.48 CAD
				Total Payment:	180.48 CAD

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.00 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD  
CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL OPERATIONAL WORKING GROUP MTG

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

Trip #: [REDACTED]  
Booking Date: 01 Aug 17  
Client: [REDACTED]  
Agent: [REDACTED]  
Agents email: [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: 07/27/2017  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08136	CALGARY INTL 08/11/2017 10:35AM		EDMONTON INTL 08/11/2017 11:25AM	G		