

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 November 2016

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)
Nov-16	P-Card	Meetings				149	149			
Nov-16	Expense Claim	Meetings		24		241	265			
Nov-16	Direct Billing	Meetings	751				751			
Total			\$ 751	\$ 24	\$ -	\$ 390	\$ 1,165	\$ -	\$ -	\$ -

Total for the Month \$ 1,165

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.

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>RAMSTEAD, DEBRA</u> Cardholder's Name	<u>EXECUTIVE ASSISTANT</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/11/2016</u>
<u>PROVINCIAL MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CALGARY SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount: ██████████ \$149.00
<u>DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #: ██████████

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
01/11/2016	448245544	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	77.00	CAD	✓77.00	3.67		R. Nichol Physician Resource Planning Stakeholder Mtg Oct 28
01/11/2016	448245545	AIRPORT TAXI SERVICE, LIMOUSINES AND TAXICABS	72.00	CAD	✓72.00	3.43		W. Hondas and R. Nichol Physician Resource Planning Stakeholder Mtg 28Oct2015 ATB to YEG

Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Name of Cardholder Designate

Cardholder Designate Position/Title

Signature of Cardholder Designate

Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

RAMSTEAD, DEBRA

Name of Cardholder

EXECUTIVE ASSISTANT

Cardholder Position/Title



Signature of Cardholder

21 Nov 2016.

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.



Name of Approver Designate

EXECUTIVE ASSISTANT

Approver Designate Position/Title



Signature of Approver Designate

2016 Nov. 21

Date of Signature

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.



Name of Approver

VP QUALITY & CHIEF MEDICAL OFFICER

Approver Position/Title



Signature of Approver

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)
- And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions - include where travelled to, who attended /if

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Debra Ramstead

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Tuesday, November 01, 2016 7:54 PM
To: Debra Ramstead
Subject: Receipt Oct 28/ Dr Nicole & Bill Hondas

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Sent from myMail for Android

----- Forwarded Message ----- From: AIRPORT TAXI SERVICE esp_receipt@moneris.com To: infinitytransportationinc@hotmail.com Date: Tuesday, 01 November 2016, 02:31PM -06:00 Subject: Transaction Receipt - Do Not Reply

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$72.00 ✓

CARD NUM [REDACTED]

ACCOUNT MC

DATE Nov 01 2016 02:15PM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU [REDACTED]

W. Hondas^d and R. Nichol
Physician Resource Planning
Stakeholder Meeting
Edmonton October 28, 2016
ATB to YEG

REFUND POLICY

Debra Ramstead

From: Infinity Transportation Inc <infinitytransportationinc@hotmail.com>
Sent: Tuesday, November 01, 2016 7:53 PM
To: Debra Ramstead
Subject: Receipt Oct 28/ Dr Nicole

--
Sent from myMail for Android

----- Forwarded Message ----- From: AIRPORT TAXI SERVICE esp_receipt@moneris.com To: infinitytransportationinc@hotmail.com Date: Tuesday, 01 November 2016, 02:31PM -06:00 Subject: Transaction Receipt - Do Not Reply

AIRPORT TAXI SERVICE

T:

APPROVED

TYPE PURCHASE

ORDER ID [REDACTED]

AMOUNT (CAD) \$77.00 ✓

CARD NUM [REDACTED]

ACCOUNT MC

DATE Nov 01 2016 02:15PM

REF NUM [REDACTED]

AUTH CODE [REDACTED]

APPROVED - THANK YOU [REDACTED]

R. Nichol Physician Resource Planning
Stakeholder Meeting
Edmonton October 28, 2016
YEG to ATB

REFUND POLICY

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		\$ 264.60									
10/25/2016	Physician Compact Community of Practice (Quality Conference)	AB - Other Zones	Parking - Lot or Parkade	\$ 12.00			Physician Compact Community of Practice (Quality Conference)	1					
10/25/2016	Physician Compact Community of Practice (Quality Conference)		Mileage-Local-Home Zone	\$ 10.10			Physician Compact Community of Practice (Quality Conference)	1			20		
10/28/2016	Physician Resource Planning Stakeholder Meeting		Mileage-Local-Home Zone	\$ 15.15			Physician Resource Planning Stakeholder Meeting	1			30		
10/28/2016	Physician Resource Planning Stakeholder Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource Planning Stakeholder Mtg	1					
10/28/2016	Physician Resource Planning Stakeholder Meeting	AB - Other Zones	Meals Per Diem	\$ 13.00			Physician Resource Planning Stakeholder Meeting Lunch = \$13.00	1					
11/18/2016	Physician Compensation Committee mtg Edmonton	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Compensation Committee mtg	1					
11/18/2016	Physician Compensation Committee		Mileage-Local-Home Zone	\$ 15.15			Physician Compensation Committee	1			30		
11/18/2016	Physician Compensation Committee	AB - Other Zones	Taxi	\$ 65.00			Physician Compensation Committee	1					
11/18/2016	Physician Compensation Committee	AB - Other Zones	Taxi	\$ 65.00			Physician Compensation Committee	1					

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 264.60

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/18/2016	Physician Compensation Committee	AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee Bfast = \$10.50	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	24-Nov-16

PLACE ON DASH FACE UP

PLACE ON DASH FACE UP

Terminal: MACEWANB_CWT

TERMINAL:
MACEWANB_CWT
PLATE: [REDACTED]

Plate: [REDACTED]

Valid through:

VALID THROUGH:
25OCT16
10:47 AM

TUESDAY 25 OCT16

10:47 AM

AMOUNT PAID: \$12.00 RECEIPT NO [REDACTED]
ENTRY TIME: 10/25/2016 8:48 AM

AMOUNT PAID:
\$12.00
ENTRY TIME:
10/25/2016
8:48 AM
RECEIPT NO [REDACTED]

AUTH: [REDACTED]
TRN: [REDACTED]



0092-0185



R. Nichol Quality Conference
October 25, 2016
Parking UofC

RECEIPT
GST NO. R122556194

EXIT No. A103
IN: 10/28/16 07:10
OUT: 10/28/16 18:39
DURATION: 0 11: 29
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

REF. [REDACTED]

THANK YOU FOR
YOUR VISIT

301cm

*R. Nichol
Supper.*



R. Nichol Physician Resource Planning
Stakeholder Meeting Edmonton
October 28, 2016
Parking YYC

RECEIPT
GST NO. R122556194

EXIT No. A103
IN: 11/18/16 06:07
OUT: 11/18/16 18:00
DURATION: 0 11: 53
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

REF. [REDACTED]
THANK YOU FOR
YOUR VISIT

00 FlyYYC

YYC CALGARY INTERNATIONAL AIRPORT

R. Nichol Physician Compensation Committee
Edmonton 18 November 2016
Parking YYC

YELLOW CAB

780.462.3456
edmtaxi.com

GST# _____
Date: 18/11/16 Amount: \$65.00
Driver: [REDACTED] Car#: 264
From: [REDACTED]
To: [REDACTED]
10135-31 Avenue, Edmonton, AB T6N 1C2

YELLOW CAB

780.462.3456
edmtaxi.com

GST# _____
Date: 18/11/16 Amount: \$65.00
Driver: [REDACTED] Car#: 264
From: [REDACTED]
To: [REDACTED]
10135-31 Avenue, Edmonton, AB T6N 1C2

R. Nichol Physician Compensation Committee
Edmonton 18 November 2016
Taxi YEG to AMA office and return

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 : Nov-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
18-Nov-16	Direct Billing	Airline Ticket	YYC to YEG Physician Compensation Committee Mtg	Marlin Travel	174.60
18-Nov-16	Direct Billing	Airline Ticket	YEG to YYC Physician Compensation Committee Mtg	Marlin Travel	185.48
28-Oct-16	Direct Billing	Airline Ticket	YYC to YEG Physician Resource Planning Committee	Marlin Travel	201.48
28-Oct-16	Direct Billing	Airline Ticket	YEG to YYC Physician Resource Planning Committee	Marlin Travel	189.32
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 750.88



Trip Statement

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

Trip #: [REDACTED]
 Booking Date: 08 Nov 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: MEA MOORE

File Locator: [REDACTED]

INSURANCE

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	125.12	0.00	\$0.00	49.48	0.00	174.60 CAD
Total:	125.12	0.00	0.00	49.48	0.00	174.60 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/08/2016		[REDACTED]	174.60 CAD
Total Payment:					174.60 CAD

Balance Due CAD Currency **0.00 CAD**

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL PHYSICIAN COMPENSATION COMMITTEE 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
 ***** 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 -----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: 08 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

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:	08 Nov 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
WESTJET	03394	CALGARY INTL 18 Nov 16 7:00AM		EDMONTON INTL 18 Nov 16 8:04AM	L		



Trip Statement

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

Trip #:
Booking Date: 08 Nov 16
Client:
Client Phone #:
Client Email:
Agent: MEA MOORE

File Locator:

INSURANCE

PASSENGERS: DR ROWLAND NICHOL

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket #, 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.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: 11/08/2016, 185.48 CAD. Total Payment: 185.48 CAD.

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL PHYSICIAN COMPENSATION COMMITTEE 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 ***** 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 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.

GOVERNMENT CENTRE
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8
Tel : 780 425 8611

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

Trip #: [REDACTED]
Booking Date: 08 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: MEA MOORE

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: 08 Nov 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08169	EDMONTON INTL 18 Nov 16 4:55PM		CALGARY INTL 18 Nov 16 5:47PM	G		



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 26 Oct 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: CASANDRA WAGNER File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	164.00	0.00	\$0.00	37.48	0.00	201.48 CAD
Total:	164.00	0.00	0.00	37.48	0.00	201.48 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/25/2016	[REDACTED]	[REDACTED]	201.48 CAD
Total Payment:					201.48 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING 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: 26 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: CASANDRA WAGNER

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: 25 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08134	CALGARY INTL 28 Oct 16 8:05AM		EDMONTON INTL 28 Oct 16 8:59AM	V/	



Invoice

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

Trip #: [REDACTED]
 Booking Date: 26 Oct 16
 Client: [REDACTED]
 Client Phone #: [REDACTED]
 Client Email: [REDACTED]
 Agent: CASANDRA WAGNER

File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	139.84	0.00	\$0.00	49.48	0.00	189.32 CAD
Total:	139.84	0.00	0.00	49.48	0.00	189.32 CAD

INVOICE #	PAYMENT DATE	CARD HOLDER	FORM OF PAYMENT	AMOUNT
[REDACTED]	10/25/2016	[REDACTED]	[REDACTED]	189.32 CAD
Total Payment:				189.32 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBRA.RAMSTEAD
 CORPORATE UNIT 101
 REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING 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
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 -----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: 26 Oct 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: CASANDRA WAGNER

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: 25 Oct 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03142	EDMONTON INTL 28 Oct 16 5:30PM		CALGARY INTL 28 Oct 16 6:30PM	Q/	