

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title ACMO, Medical Leadership, Workforce & Medical Affairs
Location Calgary
 Expenses submitted during the month of April 2015

Travel (1)										
Month-Year	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-15	P-Card	Meetings				216	216			
Apr-15	Expense Claim	Meetings	53	60	341	108	562			
Apr-15	Direct Billing	Meetings	1,059				1,059			
Total			\$ 1,112	\$ 60	\$ 341	\$ 324	\$ 1,837	\$ -	\$ -	\$ -

Total for the Month \$ 1,837

Maximum daily single meal expense claimed in the month \$ 12
 Maximum daily base hotel rate claimed in the month \$ 159
 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.

Car allowance 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>20/04/2015</u>
<u>PROVINCIAL MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CALGARY SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount: \$720.00 \$216.00
<u>DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card XXXXXXXXXX

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description	
									1
26/03/2015	384972827	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol CMO offsite meetings Mar 4-5 Edmonton YEG to Westin	2
02/04/2015	386225702	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol Mtg Prov MA staff Mar 19 Edmonton YEG to SSP	5
07/04/2015	386965585	PRESTIGE TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43	.00	R. Nichol Sr. Leaders mtg, Physician Strategy Workshop Edmonton Apr 1-2 YEG to Westin	10

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.

NAME OF CARDHOLDER

EXECUTIVE ASSISTANT
Cardholder Position/Title

Debra Ramstead

Signature of Cardholder

21 April 2015

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

Approver Designate Position/Title

Signature of Approver Designate

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

Approver Position/Title

Dr. Verna Yip

Signature of Approver

VP Quality + CRM

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-approve for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Dispute letter
 - Business reasons for travel required to filed exceptions - include where provided by user's organization

Address:

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

DR. NICHOL
March 03/2015
Apr watin

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id: 4502412509440
Item #: 1158
M/C PURCHASE
Op Id: [REDACTED]
Card #: [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref [REDACTED]
Auth [REDACTED]

Book on line at
EDMPRESTIGE.COM
Thank you for being our guest
GST 862184769

Date: 2015/03/07 Time: 10:54:07
Response: AUTH [REDACTED]

CUSTOMER COPY

(2)

DR. NICHOI
March 19 / 2015
App SSP

PRESTIGE TRANSPORTATION
18135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5806

Term Id: 4502412509440
Item #: 1191
N/C PURCHASE
Dr Id: 114995
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Ref. # [REDACTED]
Auth. # [REDACTED]

Book on line at
EDMPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2015/04/03 Time: 12:27:24
Response: AUT [REDACTED]

CUSTOMER COPY

5

DR. MICHAEL
March 31/2015
Apd Weston

PRESTIGE TRANSPORTATION
10135 31 Avenue NW
Edmonton AB T6H-1C2
780-463-5000

Term Id:4502412509440
Item #:1199
M/C PURCHASE
Op Id:114805
Card # [REDACTED]

APPROVED

AMOUNT CAD\$72.00

Re [REDACTED]
Au [REDACTED]

book on line at
EQNPRESTIGE.COM

Thank you for being our guest
GST 862184769

Date: 2015/04/07 15:35:16
Response: AUT [REDACTED]

CUSTOMER COPY

(10)

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	561.90

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/31/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Miscellaneous	26.25			WestJet baggage fee. Had personal flight booked and had to link to that flight after meetings concluded April 2	1			
3/31/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Taxi	45.00			Cab to YYC March 31	1			
4/1/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Taxi	10.00			Transport from Sr. Leaders mtg at RAH to	1			
4/1/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Miscellaneous	3.20			Sr Leaders Mtg and Physician Strategy	1			
4/6/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Taxi	50.00			Sr Leaders Mtg and Physician Strategy	1			
3/31/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Accommodations	341.30			Sr Leaders Mtg and Physician Strategy	2			
4/6/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton	AB - Other Zones	Miscellaneous	26.25			Personal bag required as business mtgs concluded	1			
4/1/2015	Sr Leaders Mtg and Physician Strategy Workshop Edmonton		Meals Per Diem	59.90			1-Apr-2015 -BF & Dinner 2-Apr-2015-BF & Dinner	2			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		30-Sep-15							



PAYMENT RECEIPT / RECU DE PAIEMENT

Name/Nom
NICHOL/ROWLAND

PNR

Date
30MAR15

Time/Heure
8:33PM

Description	Fee/Frais (CAD)	GST/TPS	Total (CAD)
FIRST BAG [REDACTED]	\$25.00	1.25	26.25
	\$25.00	1.25	26.25

Total (CAD)
NICHOL/ROWLAND
\$25.00 \$1.25

VI [REDACTED]
AUTH [REDACTED]

GST/TPS No. 12082807956
QST/TVQ No. 866112535

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrival door.



Driver [REDACTED] Date MAR 31/15
Car # [REDACTED] Amount 9.45.00
GST Included # _____

YELLOW CAB

780.462.3456

GST# 0120434702
Date: April 1 / 15 Amount: 10.00
Driver: [REDACTED] Car#: [REDACTED]
From: Royal Alex Hosp.
To: WESTIN HOTEL
10115-33 Avenue, Edmonton, AB T6N 1C7



Adult \$3.20

Expires
Apr 01/15 08:05



Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.

Visit our counter at the
Calgary International Airport
international arrival door.



Driver [REDACTED] Date 6-APR-15
Car # [REDACTED] Amount 50.00
GST Included # _____

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

Rowland Nichol

Page Number : [REDACTED]
Guest Number: [REDACTED]
Folio ID : [REDACTED]
No. Of Guest: [REDACTED]
Room Number : [REDACTED]
Room Rate : 145.00
Club Account: [REDACTED]

Invoice Nbr: [REDACTED]
Arrive Date: 31-MAR-15 21:43
Depart Date: 02-APR-15 07:57

Email: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001

The Westin Edmonton 02-APR-15 07:57 [REDACTED]

Date	Reference	Description	Charges	Credits
31-MAR-15	[REDACTED]	Room Charge	159.00	
31-MAR-15	[REDACTED]	GST	8.19	
31-MAR-15	[REDACTED]	DMF	4.77	
31-MAR-15	[REDACTED]	Tourism Levy	6.55	
01-APR-15	[REDACTED]	Room Charge	145.00	
01-APR-15	[REDACTED]	GST	7.47	
01-APR-15	[REDACTED]	DMF	4.35	
01-APR-15	[REDACTED]	Tourism Levy	5.97	
02-APR-15	[REDACTED]	Visa		-341.30
		** Total	341.30	-341.30
		*** Balance	0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving.

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

Page Number : [REDACTED] Invoice Nbr: [REDACTED]
Guest Number: [REDACTED] Arrive Date: 31-MAR-15 21:43
Folio ID : [REDACTED] Depart Date: 02-APR-15 07:57
No. Of Guest: 1
Room Number : [REDACTED]
Room Rate : 145.00
Club Account: [REDACTED]

Email: [REDACTED]

EXPENSE SUMMARY REPORT

Date	Tour Levy	Other	Phone	Room	Payment	GST
Total	-----	-----	-----	-----	-----	-----

Date	Total	Food\Bev
Total	-----	-----



PAYMENT RECEIPT / RECU DE PAIEMENT

Name/Nom
NICHOL/ROWLAND

PNR

Date
01APR15

Time/Heure
8:51PM

Description	Fee/Frais (CAD)	GST/TPS	Total (CAD)
FIRST BAG [REDACTED]	\$25.00	1.25	26.25
	\$25.00	1.25	26.25

Total (CAD)
NICHOL/ROWLAND
\$25.00 \$1.25

AUTH [REDACTED]

GST/TPS No. 12082807956
QST/TVQ No. 866112535

Executive Expenses Report Direct Billing Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive 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. hotel accommodation, airline tickets, car rental, hosting events and working sessions).
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Rowland Nichol	Reporting Period for the Month of: April 2015
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Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-03-31	Direct Billing	Transportation	Sr. Leaders Mtg and Physician Strategy Workshop Edmonton	Marlin Travel	\$118.00
2015-04-01	Direct Billing	Transportation	Sr. Leaders Mtg and Physician Strategy Workshop Edmonton	Marlin Travel	\$171.48
2015-04-01	Direct Billing	Transportation	Sr. Leaders Mtg and Physician Strategy Workshop Edmonton	Marlin Travel	\$60.00
2015-04-02	Direct Billing	Transportation	Sr. Leaders Mtg and Physician	Marlin Travel	\$85.00

			Strategy Workshop Edmonton		Strategy Workshop Edmonton
2015-04-21	Direct Billing	Transportation	Zone Medical Directors and Prov. Physician Liaison Forum Edmonton	Marlin Travel	\$211.48
Total Paid in the Month					\$645.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 26, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR ROWLAND NICHOL

AA
AC
BA
UA
WS

[REDACTED]

Tuesday, March 31, 2015

 **Air**

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 31Mar15

Flight: 153 M CLASS

08:00 PM Equipment: 73W

08:50 PM

Mile(s) Flown: 163

Cost:

TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 118.00

Total:

Grand Total:	118.00
Less Credit Card Payments:	118.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
 GST Reg#: 885101915
 Branch: [REDACTED]
 Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

Invoice Number: [REDACTED]
 Date: March 27, 2015
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For
 DR ROWLAND NICHOL

Wednesday, April 1, 2015

Air

WESTJET AIRLINES
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 **Arrival:** 01Apr15

Flight: 348 **M CLASS**
 06:15 PM **Equipment:** 73W
 07:03 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] TKT [REDACTED]	122.00
	Tax: 49.48
	Ticket Total: 171.48

Total:

Grand Total:	171.48
Less Credit Card Payments:	171.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: March 25, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR ROWLAND NICHOL

AA
AC
BA
UA
WS

Wednesday, April 1, 2015

Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 01Apr15

AIR CANADA E

AIR CANADA CONFIRMATION [REDACTED]

TICKET NUMBER [REDACTED]

SEAT 3C

Flight: 8155 W CLASS
05:00 PM Equipment: D8 (300 SERIES)
05:51 PM

Mile(s) Flown: 163

Cost:

AIR CANADA WEB [REDACTED]

10.00

AIR CANADA WEB [REDACTED]

50.00

Total:

Grand Total:	60.00
Less Credit Card Payments:	60.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

MARLIN TRAVEL
 O-O PERCY HUNT TRAVELGROUP INC
 MAIN FLOOR, 9929 108TH ST.
 EDMONTON, AB T5K 1G8
 GST Reg#: 885101915

Branch: [REDACTED]
 Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
 SUITE 800, NORTH TOWER
 10030-107 ST
 EDMONTON AB
 CA T5J 3E4

Invoice Number: [REDACTED]
 Date: March 27, 2015
 Page: 1/2
 Our Reference: [REDACTED]

INVOICE

For DR ROWLAND NICHOL

Thursday, April 2, 2015

 Air

WESTJET AIRLINES	Flight: 348	M CLASS	
From: EDMONTON INTL AB	06:15 PM	Equipment: 73W	
To: CALGARY AB	07:03 PM		Mile(s) Flown: 163
Stops: 0	Arrival: 02Apr15		

Cost:
 TKT-[REDACTED] E-TKT EXCHANGED [REDACTED] 85.00
Total:

Grand Total:	85.00
Less Credit Card Payments:	85.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
 ACCEPTED:.....DECLINED:.....
 DOCUMENTATION REQUIRED:VALID PASSPORT..VISA..TOURIST CARD..
 ...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
 PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
 TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch:
Agent:

To: ALBERTA
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number:
Date: April 14, 2015
Page: 1/2
Our Reference:

INVOICE

For
DR ROWLAND NICHOL

AA
AC
BA
UA
WS

Tuesday, April 21, 2015

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 21Apr15
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 2C

Flight: 8134 G CLASS
08:30 AM Equipment: DH4
09:20 AM

Mile(s) Flown: 163

Wednesday, April 22, 2015

✈ Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 22Apr15
AIR CANADA E
AIR CANADA CONFIRMATION
TICKET NUMBER
SEAT 2C

Flight: 8157 G CLASS
06:00 PM Equipment: DH4
06:50 PM

Mile(s) Flown: 163

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 14, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Cost:			
AIR CANADA WEB [REDACTED]	[REDACTED]		124.00
		Tax:	37.48
		Ticket Total:	161.48
AIR CANADA WEB [REDACTED]	[REDACTED]		50.00
Total:			
		Grand Total:	211.48
		Less Credit Card Payments:	211.48
		Credit / Balance Due To This Invoice:	0.00
		Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED; VALID PASSPORT... VISA.. TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

Executive Expenses Report Direct Billing Summary

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Direct Bill Report

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- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all other expenses paid by AHS not mentioned above
- Copies of invoices and other relevant back up must be attached including approvals for working sessions/hosting events
- 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 No

Name: Rowland Nichol	Reporting Period for the Month of: April 2015
-----------------------------	--

Date	Payment Method	Category	Description/Purpose for Expense	Name of Vendor Paid	Amount Paid
2015-04-28	Direct Billing	Transportation	Cancer Care Investigation Meetings/Interview Edmonton	Marlin Travel	\$171.48
2015-04-29	Direct Billing	Transportation	Cancer Care Investigation Meetings/Interview Edmonton	Marlin Travel	\$171.48
2015-04-29	Direct Billing	Transportation	Cancer Care Investigation Meetings/Interview Edmonton	Marlin Travel	\$70.00
	Choose One	Choose One			

	Choose One	Choose One	Choose One	Choose One	Choose One
Total Paid in the Month					\$412.96

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915

Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 15, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR ROWLAND NICHOL

AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]

Tuesday, April 28, 2015

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Apr15
AIR CANADA E

Flight: 8134 L CLASS
08:30 AM Equipment: DH4
09:20 AM

Mile(s) Flown: 163

✈ Air

AIR CANADA
From: CALGARY AB
To: EDMONTON INTL AB
Stops: 0 Arrival: 28Apr15
AIR CANADA E

Flight: 8134 G CLASS
08:30 AM Equipment: DH4
09:20 AM

Mile(s) Flown: 163

Cost:

TKI- [REDACTED]-TKT	[REDACTED]	134.00
	Tax:	37.48
	Ticket Total:	171.48

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 15, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

Total:

Grand Total:	171.48
Less Credit Card Payments:	171.48
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....
PLEASE RECONFIRM ALL FLIGHTS BETWEEN 48 AND 72 HOURS PRIOR
TO EACH DEPARTURE DIRECTLY WITH THE AIRLINE.
CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY
GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
24 HOUR EMERGENCY HELP DESK WITHIN CANADA OR USA CALL
1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT
1 303 801 2147. PLEASE QUOTE ACCESS CODE 2EC0
OUR PRIVACY POLICY CAN BE FOUND AT WWW.MARLINTRAVEL.CA.

MARLIN TRAVEL
O-O PERCY HUNT TRAVELGROUP INC
MAIN FLOOR, 9929 108TH ST.
EDMONTON, AB T5K 1G8
GST Reg#: 885101915
Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 15, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For
DR ROWLAND NICHIOL

AA
AC
BA
UA
WS

Wednesday, April 29, 2015

 Air

AIR CANADA
From: EDMONTON INTL AB
To: CALGARY AB
Stops: 0 Arrival: 29Apr15
Seat(s): 06C
AIR CANADA E

Flight: 8159 G CLASS
06:30 PM Equipment: D8 (300 SERIES)
07:21 PM

Mile(s) Flown: 163

Cost:

TKT [REDACTED] E-TKT [REDACTED]	134.60
	Tax: 37.48
	Ticket Total: 171.48

Total:

	Grand Total:	171.48
	Less Credit Card Payments:	171.48
	Credit / Balance Due To This Invoice:	0.00
	Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 15, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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Branch: [REDACTED]
Agent: [REDACTED]

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4


Invoice Number: [REDACTED]
Date: April 21, 2015
Page: 1/2
Our Reference: [REDACTED]

INVOICE

For DR ROWLAND NICHOL

AA [REDACTED]
AC [REDACTED]
BA [REDACTED]
UA [REDACTED]
WS [REDACTED]

Wednesday, April 29, 2015

 Air

AIR CANADA Flight: 8161 V CLASS
From: EDMONTON INTL AB 07:30 PM Equipment: D8 (300 SERIES)
To: CALGARY AB 08:21 PM Mile(s) Flown: 163
Stops: 0 Arrival: 29Apr15
AIR CANADA E

Cost: [REDACTED]

TKT- [REDACTED] E-TKT EXCHANGED [REDACTED] 70.00

Total:

Grand Total:	70.00
Less Credit Card Payments:	70.00
Credit / Balance Due To This Invoice:	0.00
Total Balance Due:	0.00

I HAVE BEEN OFFERED TRAVEL INSURANCE AND HAVE
ACCEPTED:.....DECLINED:.....
DOCUMENTATION REQUIRED: VALID PASSPORT...VISA...TOURIST CARD..
...PROOF OF CANADIAN CITIZENSHIP AND PHOTO ID... OTHER.....

To: ALBERTA HEALTH SERVICES
SUITE 800, NORTH TOWER
10030-107 ST
EDMONTON AB
CA T5J 3E4

Invoice Number: [REDACTED]
Date: April 21, 2015
Page: 2/2
Our Reference: [REDACTED]

INVOICE

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