

## 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 September 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)
Sep-15	P-Card	Meetings				144	144			
Sep-15	Expense Claim	Meetings		180	665	593	1,438			
<b>Total</b>			\$ -	\$ 180	\$ 665	\$ 737	\$ 1,582	\$ -	\$ -	\$ -

**Total for the Month** \$ 1,582

Maximum daily single meal expense claimed in the month \$ 21  
 Maximum daily base hotel rate claimed in the month \$ 149  
 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

**Instructions:**

- 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

<b>RAMSTEAD, DEBRA</b> Cardholder's Name	<b>EXECUTIVE ASSISTANT</b> Cardholder's Position/Title	Billing Reporting Period: <b>20/09/2015</b>	
<b>PROVINCIAL MEDICAL AFFAIRS</b> Cardholder's Dept	<b>CALGARY SOUTHPORT</b> Cardholder's Site/Location	Total Statement Amount: <b>\$1,147.80</b>	<b>\$144.00</b>
<b>DEBRA.RAMSTEAD@ALBERTAHEALTHSERVICES.CA</b> Cardholder's e-mail address		Last 5 digits of the P-Card #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	

**Statement of Transactions**

Transaction	Trans ID	Merchant Name & Description	Trans Original	Currency	Trans Amount	GST	Freight/Description
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18/09/2015	903261173	INFINITY TRANSPORTATION, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.45	R. Nichol attend Committee on Academic Medicine meeting Edmonton ✓
12/09/2015	903261174	INFINITY TRANSPORTATION, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.45	R. Nichol attend Committee on Academic Medicine meeting Edmonton ✓



<b>Signatures</b>	
<b>Cardholder Designate (If Applicable)</b> By signing this statement: <ul style="list-style-type: none"> <li>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.</li> </ul>	
<u>Name of Cardholder Designate</u>	<u>Cardholder Designate Position/Title</u>
<u>Signature of Cardholder Designate</u>	<u>Date of Signature</u>
<b>Cardholder</b> By signing this statement: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>RAMSTEAD, DEBRA</u> <u>Debra Ramstead</u> <u>Signature of Cardholder</u>	<u>EXECUTIVE ASSISTANT</u> <u>Cardholder Position/Title</u> <u>21 September 2015</u> <u>Date of Signature</u>
<b>Approver Designate (If Applicable)</b> By signing this statement: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>Audrey Maione</u> <u>Audrey Maione</u> <u>Name of Approver Designate</u> <u>Signature of Approver Designate</u>	<u>Exec Asst</u> <u>Approver Designate Position/Title</u> <u>Sept 22/15</u> <u>Date of Signature</u>
<b>Approver</b> By signing this statement: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.</li> </ul>	
<u>Dr. Verena Yiu</u> <u>Dr. Verena Yiu</u> <u>Name of Approver</u> <u>Signature of Approver</u>	<u>VP Quality + CMO</u> <u>Approver Position/Title</u> <u>Sept 23/15</u> <u>Date of Signature</u>
<b>Submit approved statement with attachments to Accounts Payable</b>	
<b>Attach:</b> <ul style="list-style-type: none"> <li>Original (or scanned) itemized receipts with documented business reasons including names of participants where required</li> <li>Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable.</li> <li>Copies of pre-approvals for travel</li> <li>Personal cheque payable to "Alberta Health Services"</li> <li>Return, refund and/or credit receipts</li> <li>Dispute letter</li> <li>Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.</li> </ul>	<b>Address:</b> Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4
<b>Accounts Payable only:</b>	
Reference #: _____	Reviewed by: _____
Date: _____	

**Debra Ramstead**

---

**From:** tobias tobias [REDACTED]  
**Sent:** Friday, September 18, 2015 12:21 AM  
**To:** Debra Ramstead  
**Subject:** Fwd: Transaction Receipt - Do Not Reply

Dr.Nichol  
Sept.01/2015  
Ap>SSP

(11)

## INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	[REDACTED]
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 18 2015 12:14AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]
AMOUNT (CAD)	\$72.00

Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

**01 APPROVED - THANK YOU 027**

- IMPORTANT -

Retain this copy for your records

Moneris Solutions Corporation | 3300 Bloor Street West | Toronto | Ontario | M8X 2X2 | Canada  
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Debra Ramstead

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From: tobias tobias [REDACTED]  
Sent: Friday, September 18, 2015 12:21 AM  
To: Debra Ramstead  
Subject: Fwd: Transaction Receipt - Do Not Reply

Dr. Nichol  
Sept.01/2015  
SSP>Ap

(12)

## INFINITY TRANSPORTATION I

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TYPE	PURCHASE
------	----------

ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 18 2015 12:15AM
REF NUM	[REDACTED]
AUTH CODE	[REDACTED]

AMOUNT (CAD)	\$72.00
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Cardholder will pay card issuer above amount pursuant to Cardholder Agreement

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## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	74.01

[illegible]



27.08.15 09:40 E82



27/08/15 11:12:41081

PAID: \$ 6.75

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**KEEP TICKET WITH YOU.**

Cash and credit card payment  
accepted at paystations prior to exit.

Credit card payment only, accepted in exit lane.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	1364.23

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/8/2015	Attend HQN Meeting Edmonton Sept 8	AB - Other Zones	Car Rental	96.14			Attend HQN Meeting Edmonton Sept 8	1			
9/8/2015	Attend HQN Meeting Edmonton Sept	AB - Other Zones	Fuel	33.01			Attend HQN Meeting Edmonton Sept 8	1			
9/8/2015	Attend HQN Meeting Edmonton Sept	AB - Other Zones	Parking	5.00			Attend HQN Meeting Edmonton Sept 8 Completed Lost Receipt form has been provided re: meter parking in the amount of \$5.00 on Sept 8/15	1			
9/8/2015	Attend HQN Meeting Edmonton Sept		Meals Per Diem	29.95			Attend HQN Meeting Edmonton Sept 8 Breakfast & Lunch	1			
9/15/2015	Attend sponsorship and NLRHC meetings Edmonton	AB - Other Zones	Accommodations	162.79			Attend sponsorship and NLRHC meetings Edmonton	1			
9/15/2015	Attend sponsorship and NLRHC meetings Edmonton	AB - Other Zones	Parking	29.35			Attend sponsorship and NLRHC meetings Edmonton	1			
9/15/2015	Attend sponsorship and NLRHC meetings Edmonton		Meals Per Diem	11.60			Attend sponsorship and NLRHC meetings Edmonton Claiming Lunch	1			



9/15/2015	Attend sponsorship and NLRHC meetings Edmonton		Mileage	15.15	Residence	YYC return	Attend sponsorship and NLRHC meetings Edmonton	1			30
9/23/2015	Attend PGME, AMA forum and AARP mtgs Sept 24-25	AB - Other Zones	Accommodations	501.84			Attend PGME, AMA forum and AARP mtgs Sept 24-25	4			
9/23/2015	Attend PGME, AMA forum and AARP mtgs Sept 24-25	AB - Other Zones	Parking	94.50			Attend PGME, AMA forum and AARP mtgs Sept 24-25	1			
9/23/2015	Attend PGME, AMA forum and AARP mtgs Sept 24-25	AB - Other Zones	Car Rental	213.28			Attend PGME, AMA forum and AARP mtgs Sept 24-25	1			
9/26/2015	Attend PGME, AMA forum and AARP mtgs Sept 24-25	AB - Other Zones	Fuel	25.90			Attend PGME, AMA forum and AARP mtgs Sept 24-25	1			
9/26/2015	Attend PGME, AMA forum and AARP mtgs Sept 24-25	AB - Other Zones	Fuel	27.92			Attend PGME, AMA forum and AARP mtgs Sept 24-25	1			
9/23/2015	Attend PGME, AMA forum and AARP mtgs Sept 24-25		Meals Per Diem	117.80			Attend PGME, AMA forum and AARP mtgs Sept 24-25 <b>Claiming</b> <b>23 Sept 2015</b> Dinner <b>24 Sept 2015-</b> Lunch/Dinner <b>25 Sept 2015-</b> Lunch/Dinner <b>26 Sept 2015-</b> Lunch/Dinner	4			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		1-Oct-15							

**Debra Ramstead**

**From:** Rollie Nichol  
**Sent:** Wednesday, September 09, 2015 10:13 AM  
**To:** Debra Ramstead  
**Subject:** FW: Enterprise Rental Agreement [REDACTED]

**From:** [REDACTED]  
**Sent:** Wednesday, September 09, 2015 10:13 AM  
**To:** Rollie Nichol  
**Subject:** Fwd: Enterprise Rental Agreement [REDACTED]

**From:** Customerservice@enterprise.com  
**To:** [REDACTED]  
**Sent:** Wednesday, September 9, 2015 7:25:18 AM  
**Subject:** Enterprise Rental Agreement [REDACTED]

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**  
07/09/2015 01:21 PM  
**DATE & TIME IN**  
09/09/2015 07:23 AM

**BILLING CYCLE**  
24-HOUR

**VEH**  
#1 2016 HYUN ELAN 4DGL  
VIN [REDACTED]  
LIC [REDACTED]  
KM DRIVEN 579

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	07/09 - 09/09	2	DAY	\$40.00	\$80.00
RAP	07/09 - 09/09	2	DAY	\$4.99	\$9.98
REFUELING CHARGE	07/09 - 09/09				\$0.00
<b>Subtotal:</b>					<b>\$89.98</b>
<b>Taxes &amp; Surcharges</b>					
GST	07/09 - 09/09			5%	\$4.58
VLF	07/09 - 09/09	2	DAY	\$0.79	\$1.58
<b>Total Charges:</b>					<b>\$96.14</b>

**Total Amount Due** \$0.00

**PAYMENT INFORMATION**

**AMOUNT PAID** \$96.14  
**TYPE** Visa

**CREDIT CARD  
NUMBER**  
[REDACTED]

# CO-OP

RECEIPT  
GST NO. R122556194

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	\$ 0.99/l	\$ 13.01
	Pump:	3	
	Litres:	33.042	
	Price / Litre:	\$ 0.999	

Subtotal \$ 13.01  
GST [Inc] Pumps \$ 1.57  
Total \$ 23.01

ORIGINAL \$ 33.01

REF. Purchase

ACCT: VISA \$ 33.01

CARD NUMBER: [REDACTED]

DATE/TIME: [REDACTED]

REFERENCE #: [REDACTED]

TERM: [REDACTED]

AUTHOR.#: [REDACTED]

AID: 0000000051010

IVR: 0000008000

TSI: FB00

Visa Credit

BT APPROVED - THANK YOU !!

IMPORTANT:  
retain this copy for your records

CUSTOMER COPY

\*\*\*\*\*  
9/8/15 7:31:16 PM Receipt # 123731  
Pos:71 Cashier:63 Store:2

In 2014 Calgary Co-op Members Saved  
9 cents per litre on fuel purchases!  
3 cents Revved Up Rewards  
4 cents-Petroleum Member Refund

EXIT No. A1  
IN: 09/14/15 19:00  
OUT: 09/15/15 18:27  
DURATION: 0 23: 27  
PAID: \$ 29.35  
(GST INCLUDED)  
VISA [REDACTED]

REF. 73  
THANK YOU FOR  
YOUR VISIT

Calgary International Airport Parkade



Mr Rowland Nichol

Room Number: [REDACTED]

Arrival Date: 09-14-15

Departure Date: 09-15-15

Page No: 1 of 1

Guest Name

**INFORMATION INVOICE**

Folio No: [REDACTED]

				09-15-15
Date	Description	Charges	Credits	
09-14-15	Room Revenue	145.00		
09-14-15	Destination Marketing Fee - 3%	4.35		
09-14-15	Tourism Levy - 4%	5.97		
09-14-15	Room GST - 5%	7.47		
09-15-15	Visa [REDACTED]		162.79	
<b>Total</b>		<b>162.79</b>	<b>162.79</b>	
<b>Balance</b>		<b>0.00</b>		

**Signature:** \_\_\_\_\_

I agree that my liability for all charges is not waived and 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. G.S.T. #866344302 RT 0001



# UNION BANK INN

A CENTURY OF HISTORY - MODERN RENAISSANCE STYLE

GUEST  
ACCOUNT

NICHOL BOWLAND

GOVERNMENT OF CANADA

Room # [REDACTED] voice # [REDACTED]

Arrive 09/23/15 Depart 09/26/15

DATE	CLERK	DEPARTMENT	DESCRIPTION	AMOUNT
09/23/15	MN	2-Room Charge		149.00
09/23/15	MN	41-Tourism Le	On Room Charge	5.96
09/23/15	MN	42-DMF		4.47
09/23/15	MN	41-Tourism Le	On DMF	0.18
09/23/15	MN	9-Parking Pa	SURF 24 HR/ L16776	30.00
09/24/15	XXX	7-Madisons	104/2004	3.00
09/24/15	MN	2-Room Charge		149.00
09/24/15	MN	41-Tourism Le	On Room Charge	5.96
09/24/15	MN	42-DMF		4.47
09/24/15	MN	41-Tourism Le	On DMF	0.18
09/24/15	MN	9-Parking Pa	SURF 24 HR/ L16776	30.00
09/25/15	XXX	7-Madisons	111/2017	3.00
09/25/15	MN	2-Room Charge		149.00
09/25/15	MN	41-Tourism Le	On Room Charge	5.96
09/25/15	MN	42-DMF		4.47
09/25/15	MN	41-Tourism Le	On DMF	0.18
09/25/15	MN	9-Parking Pa	SURF 24 HR/ L16776	30.00
09/26/15	XXX	7-Madisons	111/2013	3.50
09/26/15	AE	91-Visa		-605.84
			GST On DMF	0.66
			GST On Parking Pass	4.50
			GST On Room Charge	22.35
			Tax Reg. # R897343794	

parking

parking

parking

parking

Printed: 09/23/15 09:00 AM  
Terminal: 002  
Clerk ID: 2

Merchant ID: 5764202  
Term ID: 002  
Clerk ID: 2

Ref ID: 000

BALANCE DUE

0.00

Pre-Auth Compl

XXXXXXXXXXXX

VISA

Entry Method: Chip

09/26/15

10:29:06

ATTENTION

Inv

Appr Co

Apprvd

Batch

Merchant Pre-Author Amount

605.84

Total:

\$ 605.84

I agree to pay above total amount  
according to card issuer agreement.  
Merchant agreement of credit cardholder.  
Return this card to statement  
verification.

Cardholder Name: VISA  
Auth: 000000000000  
Exp: 00/00/00 00/00  
ISS: 00/00

Customer Copy

I agree that my liability for this bill is not waived and 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.

Room - Accommodation

SIGNATURE

\$ 501.84

X

parking -> \$94.50

# UNION BANK INN

A CENTURY OF HISTORY - MODERN RENAISSANCE STYLE

13 Jasper Avenue, Edmonton, AB, Canada T5J 1S5

Phone: 780.423.3600 • Fax: 780.423.4623

info@unionbankinn.com • Web: unionbankinn.com

**Rollie Nichol**

**From:** [REDACTED]  
**Sent:** Sunday, September 27, 2015 9:46 AM  
**To:** Rollie Nichol  
**Subject:** Fwd: Enterprise Rental Agreement [REDACTED]

**From:** Customerservice@enterprise.com  
**To:** [REDACTED]  
**Sent:** Sunday, September 27, 2015 8:58:26 AM  
**Subject:** Enterprise Rental Agreement [REDACTED]

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

**RENTAL  
AGREEMENT**

**REF#**

**SUMMARY OF CHARGES**

	<b>Charge Description</b>	<b>Date</b>	<b>Quantity</b>	<b>Per</b>	<b>Rate</b>	<b>Total</b>
<b>RENTER</b> NICHOL, ROWLAND	TIME & DISTANCE	23/09 - 27/09	4	DAY	\$45.00	\$180.00
	RAP	23/09 - 27/09	4	DAY	\$4.99	\$19.96
<b>DATE &amp; TIME OUT</b> 23/09/2015 03:44 PM	REFUELING CHARGE	23/09 - 27/09				\$0.00
<b>DATE &amp; TIME IN</b> 27/09/2015 08:57 AM	<b>Subtotal:</b>					<b>\$199.96</b>
<b>BILLING CYCLE</b> 24-HOUR	<b>Taxes &amp; Surcharges</b>					
	GST	23/09 - 27/09			5%	\$10.16
<b>VEH</b> #1 2015 FORD ESCA BSE4	VLF	23/09 - 27/09	4	DAY	\$0.79	\$3.16
VIN# [REDACTED]	<b>Total Charges:</b>					<b>\$213.28</b>
LIC# [REDACTED]	<b>Total Amount Due</b>					<b>\$0.00</b>
KM DRIVEN [REDACTED] 630						

**PAYMENT INFORMATION**

**AMOUNT PAID**      **TYPE**  
\$213.28              Visa

**CREDIT CARD  
NUMBER**

PENDING



Mount Royal Husky  
1419 8th Street SW  
Calgary AB  
(403) 244-2499  
GST# 826570244  
Retailer ID 667841  
Rct:00851 1196-6  
Batch:4422-130

2015/09/26 18:12:59

Pump# 6	
Eth Regular	\$27.92
27.396 L x \$1.019/L	
AMOUNT	\$27.92
GST(Inc Pump)	\$1.33

Pre Auth Completion

UISR

AID: A06000004031010

Date: 09/26/2015

Time: 18:12:59

AUTHCODE [REDACTED] 1196 D6EC

5031001001016 00 000

TUR: 008 00000000 TSI: F800

Approved



PLEASE TELL US  
HOW WE DID?  
[myHusky.ca/feedback](http://myHusky.ca/feedback)

7612 104 st  
edmonton ab  
t6e6b8

DATE:   
STORE #:   
Paypoint: 01K   
GST: R119335453

TIME:  
TRANS

FUEL	(L)	(\$/L)	(\$)
Pump 2			
Regular	27.287	0.949	25.90

TOTAL CAD \$ 25.90

CREDIT CARD	\$	25.90
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\* GST INCLUDED IN FUEL \$ 1.23

Purchase  
VISA

WISA

SID: 8000000031010

INVOICE

TERMINI:

MERCHAN

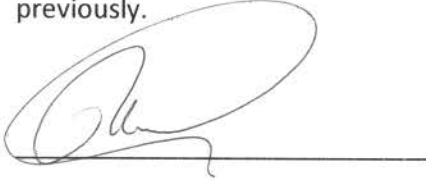
APPROVED 086530

REF  
201

401.

NO SIGNATURE REQUIRED

I, Rollie Nichol, hereby declare that a receipt was not issued for the parking expense of \$5.00 incurred on September 8, 2015. Said expense was incurred and related to AHS business and has not been claimed previously.

A handwritten signature in black ink, appearing to read 'Rollie Nichol', is written over a horizontal line.

October 1, 2015

Rollie Nichol