

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 October 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)
Oct-15	P-Card	Meetings				144	144			
Oct-15	Expense Claim	Meetings		21	156	15	192	839		
Nov-14	Expense Claim	Membership Dues					-	1,960		
Oct-15	Direct Billing	Meetings	652				652			
Total			\$ 652	\$ 21	\$ 156	\$ 159	\$ 988	\$ 2,799	\$ -	\$ -

Total for the Month \$ 3,787

Maximum daily single meal expense claimed in the month \$ 21
 Maximum daily base hotel rate claimed in the month \$ 139
 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





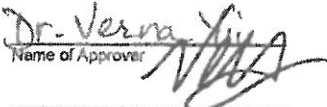
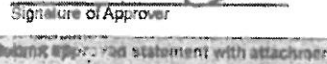
Instruction:

- 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>20/10/2015</u>
<u>PROVINCIAL MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CALGARY SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount: <u>\$9,042.88</u> \$144.00
<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
22/09/2015	403687605	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.45		E. Nichol attend mtg with Medicare reps Edmonton Sept 15
22/09/2015	403687600	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.45		E. Nichol attend mtg with Medicare reps Edmonton Sept 15

Signatures	
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> 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
	21 Oct 2015 Date of Signature
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> 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
	Oct 21/15 Date of Signature
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> 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 Equality + CHD Approver Position/Title
	Oct 23/15 Date of Signature
Submit approved statement with attachments to Accounts Payable:	
<p>Attach:</p> <ul style="list-style-type: none"> 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 traveled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4</p>
Accounts Payable only.	
Reference #:	Reviewed by:
Date:	

Debra Ramstead

From: tobias tobias <[REDACTED]>
Sent: Tuesday, September 22, 2015 11:03 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

3

Dr.Nichol
Sept.14/2015
Ap>Matrix

INFINITY TRANSPORTATION I

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Sep 22 2015 10:59AM
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
www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

4

Debra Ramstead

From: tobias tobias [REDACTED]
Sent: Tuesday, September 22, 2015 11:04 AM
To: Debra Ramstead
Subject: Fwd: Transaction Receipt - Do Not Reply

Dr. Nichol
Sept.15/2015
SSP>ap

INFINITY TRANSPORTATION I

TYPE	PURCHASE	
ORDER ID	[REDACTED]	
CUSTOMER ID	Debra Ramstead	
CARD NUM	[REDACTED]	
ACCOUNT	MASTERCARD	
DATE	Sep 22 2015 11:00AM	
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
www.moneris.com 1-866-319-7450

If you wish to unsubscribe from future updates from Moneris, please click here:

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	1960.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/24/2014	2015 General Register Annual Practice Permit	AB - Other Zones	Membership Dues	1960.00			2015 General Register Annual Practice Permit	1			
Approver(s) for the claim		Approval Status		Approval Date							
YIU, VERNA		Approve		16-Oct-15							

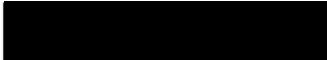


College of
Physicians
& Surgeons
of Alberta

2700 - 10020 100 Street NW
Edmonton, AB, Canada T5J 0N3

MEMBERSHIP RECEIPT

DR. ROWLAND NICHOL



Page: 1 of 1

Receipt Number:

Date Paid: 24-Nov-2014

Registration #:

Invoice	Description	Balance Owing	Paid
	2015 General Register Annual Practice Permit	\$1,960.00	\$1,960.00

Total Fees Paid: \$1,960.00

Outstanding Balance: \$0.00

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	1030.96

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/7/2015	Attend CMPA Disruptive Behaviour Edmonton Oct 8	AB - Other Zones	Accommodations	156.06			Attend CMPA Disruptive Behaviour Edmonton Oct 8	2			
10/7/2015	2015 Accelerating Primary Care conference Nov 6-7	AB - Other Zones	Conference Fees	838.95			2015 Accelerating Primary Care conference Nov 6-7	1			
10/7/2015	Attend CMPA Disruptive Behavior Edmonton Oct 8		Meals Per Diem	20.80			Attend CMPA Disruptive Behavior Edmonton Oct 8 Claiming Dinner	2			
10/7/2015	Attend CMPA Disruptive Behavior Edmonton Oct 8		Mileage	15.15	Residence	YYC return	Attend CMPA Disruptive Behavior Edmonton Oct 8	1			30

Approver(s) for the claim	Approval Status	Approval Date
YIU, VERNA	Approve	13-Oct-15

[REDACTED] **NICHOL/ROWLAND/DR** **139.00** **10/08/15** **07:51** [REDACTED]
Room Name Rate Depart Time **ACCT#**
[REDACTED] **10/07/15** **20:57**
Type Arrive Time
[REDACTED] [REDACTED] **RWD#:**
Room Address Payment
Clerk

DATE	REFERENCE	CHARGES	CREDITS	BALANCE DUE
10/07	ROOM	139.00		
10/07	DMF	4.17		
10/07	GST	7.16		
10/07	TRSM LEV	5.73		
10/08	CCARD-VS		156.06	
PAYMENT RECEIVED BY: VISA				
				.00

WANT YOUR FINAL HOTEL BILL BY EMAIL? JUST ASK THE FRONT DESK!
SEE "INTERNET PRIVACY STATEMENT" ON MARRIOTT.COM





2015 Accelerating Primary Care Conference
 C/O Primary Care Networks Program Management Office
 12315 Stony Plain Road NW
 Edmonton AB T5N 3Y8
 Phone: 780-488-4350
 Toll free: 1-866-714-5724
 Fax: 780-482-5445

Receipt

Receipt Number: [REDACTED]

Registration ID: [REDACTED]

Registration Date: 10/7/2015

Receipt Date: 10/7/2015

Issued By: [REDACTED]

GST# 122083538 RT0001

Event: 2015 Accelerating Primary Care Conference

Date/Time: Friday, November 06, 2015 7:30 AM - Saturday, November 07, 2015 4:00 PM (Mountain Time)

Registrants

Name	Registration ID	Company/Organization	Registrant Type
Dr. Rollie Nichol	[REDACTED]	Alberta Health Services	Full Registration - Early Bird Registration

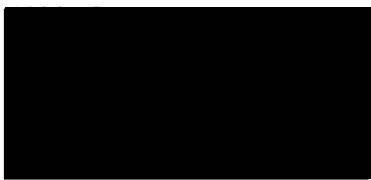
Billing Information

Rollie Nichol



Personal Info

Rollie Nichol
 Alberta Health Services



Fees

Fee	Quantity	Unit Price	Amount

Fee	Quantity	Unit Price	Amount
November 6 - 7 Early Bird Registration Fee	1	CDN\$799.00	CDN\$799.00
Subtotal:			CDN\$799.00
GST:			CDN\$39.95
Total:			CDN\$838.95

Transactions

Transaction Type	Date	Amount	Balance
Transaction Amount	10/7/2015	CDN\$838.95	CDN\$838.95
Online Credit Card Payment [REDACTED] details	10/7/2015	-CDN\$838.95	CDN\$0.00
Current Balance:			CDN\$0.00

Payment Method

Payment Method: Credit Card (Visa)

The online credit card payment for this event will be listed on your credit card statement with the name AMA PCN PMO.

Refund Information

Cancellations must be made in writing to Hailey Riendeau at Hailey.Riendeau@pcnpmo.ca. Cancellations made before Friday, October 23 will be charged a cancellation fee of \$125.00. Cancellations after this date will not be refunded.

- [Event Home](#)
 - [Event Contact Information](#)
- [Share on Facebook](#) [Tweet this on Twitter](#) [Update your LinkedIn Network](#)

- [Terms of Use](#)
- [Your Privacy Rights](#)
- [About Lanyon](#)

© 2015

Quick, easy and affordable [online event registration](#) and [event management software](#) for all event sizes.

Executive Expenses Report Direct Bill 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. 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 : Oct-15
---------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
5-Oct-2015	Direct Billing	Airline Ticket	CMPA Disruptive Behaviour Course Edmonton Oct 8 ()	Marlin Travel	651.60
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 651.60

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

Branch:

Agent:

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

Invoice Number:

Date:

October 5, 2015

Page:

1/2

Our Reference:

INVOICE

For

DR ROWLAND NICHOL

AA
AC
BA
UA
WS

Wednesday, October 7, 2015

Air

WESTJET AIRLINES

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 07Oct15

Flight: 153 Q CLASS

08:00 PM Equipment: 736

08:49 PM

Mile(s) Flown: 163

Thursday, October 8, 2015

Air

AIR CANADA

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 08Oct15

Seat(s): 02A

AIR CANADA E

Flight: 8169 M CLASS

05:00 PM Equipment: D8 (300 SERIES)

05:54 PM

Mile(s) Flown: 163

Cost:

TKT-

TKT

130.64

Tax:

49.48

Ticket Total:

180.12

TKT-

TKT

434.00

Tax:

37.48

Ticket Total:

471.48

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

Invoice Number:
Date:
Page:
Our Reference:

[REDACTED]
October 3, 2015
2/2
[REDACTED]

INVOICE

Total:

Grand Total:	651.60
Less Credit Card Payments:	651.60
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.