

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 April 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)
Apr-16	P-Card	Meetings				72	72			
Apr-16	Expense Claim	Meetings				67	67			
Apr-16	Direct Billing	Meetings	466				466			
Total			\$ 466	\$ -	\$ -	\$ 139	\$ 605	\$ -	\$ -	\$ -

Total for the Month \$ 605

Maximum daily single meal expense claimed in the month \$ -
 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>20/04/2016</u>
<u>PROVINCIAL MEDICAL AFFAIRS</u> Cardholder's Dept	<u>CALGARY SOUTHPORT</u> Cardholder's Site/Location	Total Statement Amount: \$2,043.78 72.00
<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
07/04/2016	425074116	INFINITY TRANSPORTATIO, LIMOUSINES AND TAXICABS	72.00	CAD	72.00	3.43		R. Nichol Negotiation Core Team Mtg Apr 7

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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

Debra Ramstead
Signature of Cardholder

21 Apr 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.

Audrey Maione
Name of Approver Designate

Exec Admin Coord
Approver Designate Position/Title

Audrey Maione
Signature of Approver Designate

Apr. 27/16
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.

Dr. Francois Belanger
Name of Approver

A/VP Quality + CMO
Approver Position/Title

Francois Belanger
Signature of Approver

16 9 2016
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: Thursday, April 07, 2016 5:03 PM
To: Debra Ramstead
Subject: Receipt April 7/ Dr Nichol

Sent using [CloudMagic Email](#)

-----Forwarded message-----

From: INFINITY TRANSPORTATION I <payd_receipt@moneris.com>

Date: Thu, Apr 07, 2016 at 5:02 PM

Subject: Fwd: Transaction Receipt - Do Not Reply

To: <infinitytransportationinc@hotmail.com>

INFINITY TRANSPORTATION I

AB

TYPE	PURCHASE
ORDER ID	[REDACTED]
CUSTOMER ID	Debra Ramstead
CARD NUM	[REDACTED]
ACCOUNT	MASTERCARD
DATE	Apr 7 2016 05:02PM
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 reco

R. Nichol Negotiations Core Team Mtg
Edmonton April 7, 2016
YEG to mtg location

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	66.73

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
4/7/2016	Attend negotiations meeting	AB - Other Zones	Parking - Lot or Parkade	29.35			Attend Negotiations meeting	1			
4/7/2016	Attend negotiations meeting		Mileage	29.80	Residence (Redwood Meadows)	Airport	Negotiation meeting	1			59
4/7/2016	Attend negotiations meeting		Mileage	7.58	Airport	Residence	Negotiations meeting	1			15
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		3-May-16							

RECEIPT
GST NO. R122556194

EXIT No. A1
IN: 04/07/16 07:37
OUT: 04/07/16 18:22
DURATION: 0 10: 45
PAID: \$ 29.35
(GST INCLUDED)
VISA



THANK YOU FOR
YOUR VISIT



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 : Rollie Nichol	Reporting Period for the Month of : Apr-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
06-Apr-16	Direct Billing	Airline Ticket	Meeting with AB health and KPMG reps Edmonton April 7, 2016	Marlin Travel	465.80
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 465.80

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:

April 6, 2016

Page:

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Our Reference:

INVOICE

For

DR ROWLAND NICHOL

AA
AC
BA
UA
WS

Thursday, April 7, 2016

Air

AIR CANADA

From: CALGARY AB

To: EDMONTON INTL AB

Stops: 0 Arrival: 07Apr16

Seat(s): 07C

AIR CANADA E

Flight: 8138 V 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: 07Apr16

AIR CANADA E

Flight: 8132 V CLASS
10:10 AM Equipment: DH4
11:00 AM

Mile(s) Flown: 163

Air

WESTJET AIRLINES

From: EDMONTON INTL AB

To: CALGARY AB

Stops: 0 Arrival: 07Apr16

WESTJET ENCO

Flight: 3142 Q CLASS
05:30 PM Equipment: DH4
06:26 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 6, 2016
 Page: 2/2
 Our Reference: [REDACTED]

INVOICE

Cost:			
TKT-	[REDACTED]	E-TKT	[REDACTED]
			164.00
			Tax: 37.48
			Ticket Total: 201.48
TKT-	[REDACTED]	E-TKT	[REDACTED]
			139.84
			Tax: 49.48
			Ticket Total: 189.32
TKT-	[REDACTED]	E-TKT EXCHANGED	[REDACTED]
			75.00
Total:			
		Grand Total:	465.80
		Less Credit Card Payments:	465.80
		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.