

## 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 May 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)
May-16	Expense Claim	Meetings		59	161	190	409	1,058		
<b>Total</b>			\$ -	\$ 59	\$ 161	\$ 190	\$ 409	\$ 1,058	\$ -	\$ -

**Total for the Month**      \$      1,467

Maximum daily single meal expense claimed in the month      \$      21  
 Maximum daily base hotel rate claimed in the month      \$      143  
 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.

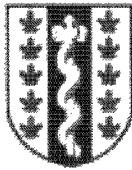
#### 5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.

### AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	1,467.25								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name (s)	Trip Distance
5/4/2016	Attend PPEC	AB - Other Zones	Parking - Lot or Parkade	29.35			Attend PPEC Delta Calgary Airport	1			
5/20/2016	Membership for 2015-11-01 to 2016-11-01 R. Nichol	AB - Other Zones	Membership Dues	1,058.00			Membership for 2015-11-01 to 2016-11-01 R. Nichol	1			
6/2/2016	ProvMA Priority Planning Update Edmonton June 3	AB - Other Zones	Meals Per Diem	58.50			ProvMA Priority Planning Update Edmonton June 3	3			
6/3/2016	ProvMA Priority Planning Update Edmonton June 3	AB - Other Zones	Fuel	54.39			ProvMA Priority Planning Update Edmonton June 3	1			
6/3/2016	ProvMA Priority Planning mtg Edmonton	AB - Other Zones	Car Rental	106.24			ProvMA Priority Planning Update Mtg Edmonton	1			
6/3/2016	ProvMA Priority Planning Update Edmonton June 3	AB - Other Zones	Accommodations	160.77			ProvMA Priority Planning Update Edmonton June 3	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		16-Jun-16							

THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

**MEMBERSHIP CARD &  
OFFICIAL RECEIPT**

Dr. Rowland T. Nichol

Designation

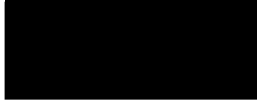
**CCFP, FCFP**

Membership Number



000531

Dr. Rowland T. Nichol



The College of  
Family Physicians of Canada  
2630 Skymark Avenue,  
Mississauga, Ontario L4W 5A4

1-800-387-6197

1-888-843-2372

www.cfpc.ca

membership@cfpc.ca



December 03, 2015

For the period 2015-11-01 to 2016-11-01

Item	Amount
MEMBERSHIP NATIONAL PAYMENT.....	\$791.00
AB PAYMENT.....	\$267.00

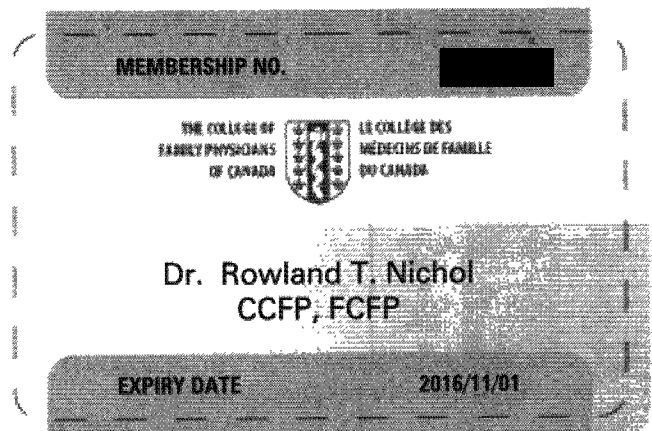
**Total Paid: \$1,058.00**

**Please retain this receipt as no other will be issued.**

Dear College Member:

It is our pleasure to provide you with a membership card which can be used for CFPC identification purposes. Membership cards will be produced annually in conjunction with renewal of your membership.

Francine Lemire, MD, CCFP, FCFP, CAE  
Executive Director and Chief Executive Officer



**RECEIPT**  
**GST NO. R122556194**

TKT N [REDACTED]  
POF: C64  
IN: 05/04/16 09:20  
OUT: 05/04/16 14:02  
PAID: \$ 29.35  
DURATION: 0 04: 42  
(GST INCLUDED)

VISA  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT



R. Nichol  
PPEC Delta Calgary Airport Hotel  
May 4, 2016 - Parking

Centex Memorial Drive  
12 4th Street North East  
Calgary, AB T2E 3R5  
(403) 263-7474  
GST# 853816155RT0001

Item	Amount
REGULAR	
49.492Lx\$1.099 =	\$54.3
GST Inc.	\$2.59
TOTAL:	\$54.39

Pump#2

Pre-Auth Completion  
Visa Credit  
A0000090031010

[REDACTED] C  
DATE: 06/03/2016  
TIME: 18:35:10  
SEQ#: 001293054  
AUTH#: [REDACTED]  
TERM: [REDACTED]  
INV#: [REDACTED]

00 APPROVED - THANK YOU

Customer Copy

R. Nichol ProvMA Priority Planning Mtg  
Edmonton June 3, 2016  
Fuel - rental vehicle

DR Rowland Nichol  
Calgary AB T2P 3T9  
Canada

Room Number: [REDACTED]  
Arrival Date: 06-02-16  
Departure Date: 06-03-16  
Page No: 1 of 1

**INFORMATION INVOICE**

Folio No:

06-03-16

Date	Description	Charges	Credits
06-02-16	Room Revenue	143.20	
06-02-16	Destination Marketing Fee - 3%	4.30	
06-02-16	Tourism Levy - 4%	5.90	
06-02-16	Room GST - 5%	7.37	
06-03-16	Room Service	<del>3.00</del>	
	Room# 0710 : CHECK# 1269		
06-03-16	Visa [REDACTED] 05/19		163.77
<b>Total</b>		<b>163.77</b>	<b>163.77</b>
<b>Balance</b>		<b>0.00</b>	

160.77

**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. #105631154 RT 0008

**Debra Ramstead**

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**From:** Rollie Nichol  
**Sent:** Thursday, June 09, 2016 11:51 AM  
**To:** Debra Ramstead  
**Subject:** FW: Enterprise Rental Agreement [REDACTED]

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**From:** Rollie Nichol  
**Sent:** Sunday, June 05, 2016 10:14 AM  
**To:** Debra Ramstead  
**Subject:** Fwd: Enterprise Rental Agreement [REDACTED]

Supper June2 and June3, breakfast June3. Gas

R Nichol  
Sent from my iPhone

Begin forwarded message:

**From:** [REDACTED]  
**Date:** June 4, 2016 at 16:49:59 MDT  
**To:** Rollie Nichol <Rollie.Nichol@albertahealthservices.ca>  
**Subject:** Fwd: Enterprise Rental Agreement [REDACTED]

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**From:** [Customerservice@enterprise.com](mailto:Customerservice@enterprise.com)  
**To:** [REDACTED]  
**Sent:** Saturday, June 4, 2016 9:51:12 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**

Charge Description	Date	Quantity	Per	Rate	T
TIME & DISTANCE	02/06 - 04/06	2	DAY	\$45.00	\$90
RAP	02/06 - 04/06	2	DAY	\$4.99	\$9.98
REFUELING CHARGE	02/06 - 04/06				\$0
				<b>Subtotal:</b>	<b>\$99.98</b>
<b>Taxes &amp; Surcharges</b>					

**RENTER**  
NICHOL, ROWLAND

**DATE & TIME OUT**  
02/06/2016 04:52 PM  
**DATE & TIME IN**  
04/06/2016 09:25 AM

**BILLING CYCLE**  
24-HOUR

[REDACTED] S 4DR  
VIN# 2C3CCABG7GH233839  
[REDACTED]  
KM DRIVEN 336

GST	02/06 - 04/06			5%	\$5
VLF	02/06 - 04/06	2	DAY	\$0.60	\$1
<b>Total Charges:</b>					<b>\$106</b>

**Total Amount Due** \$106.24

**PAYMENT INFORMATION**

AMOUNT PAID	TYPE
\$106.24	Visa

[REDACTED]  
**NUMBER**  
[REDACTED]  
PENDING

From: Customerservice@enterprise.com

To: [REDACTED]

Sent: Saturday, June 4, 2016 9:51:12 AM

Subject: Enterprise Rental Agreement [REDACTED]

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

RENTAL AGREEMENT REF#

[REDACTED]

RENTER  
NICHOL, ROWLAND

DATE & TIME OUT  
02/06/2016 04:52 PM

DATE & TIME IN  
04/06/2016 09:25 AM

BILLING CYCLE  
24-HOUR

VEH #1 2016 CHRY 300S 4DR

VIN# 2C3CCABG7GH233839

LIC# [REDACTED]

KM DRIVEN 336

SUMMARY OF CHARGES

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	02/06 - 04/06	2	DAY	\$45.00	\$90.00

RAP	02/06 - 04/06	2	DAY	\$4.99	\$9.98
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REFUELING CHARGE	02/06 - 04/06				\$0.00
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Subtotal: \$99.98



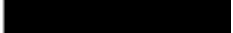
Taxes & Surcharges

GST	02/06 - 04/06		5%	\$5.06
VLF	02/06 - 04/06	2	DAY	\$0.60 \$1.20

Total Charges: \$106.24

Total Amount Due \$0.00

PAYMENT INFORMATION

AMOUNT PAID	TYPE	CREDIT CARD NUMBER
\$106.24	Visa	 PENDING