

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 December 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)
Nov-16	Expense Claim	Meetings					-	1,074		
Dec-16	Expense Claim	Meetings		106	174	308	588			
Dec-16	Direct Billing	Meetings	607				607			
Total			\$ 607	\$ 106	\$ 174	\$ 308	\$ 1,195	\$ 1,074	\$ -	\$ -

Total for the Month \$ 2,269

Maximum daily single meal expense claimed in the month \$ 24
 Maximum daily base hotel rate claimed in the month \$ 155
 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.

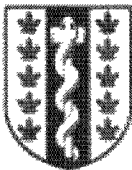
AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 1,074.00

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/1/2016	Dues 2016-11-01 to 2017-11-01	AB - Other Zones	Membership Dues	\$ 1,074.00			College of Family Physicians of Canada Dues 2016-11-01 to 2017-11-01	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	13-Jan-17

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

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

Dr. Rowland T. Nichol

December 16, 2016

For the period 2016-11-01 to 2017-11-01

Item	Amount
MEMBERSHIP NATIONAL PAYMENT.....	\$807.00
AB PAYMENT.....	\$267.00

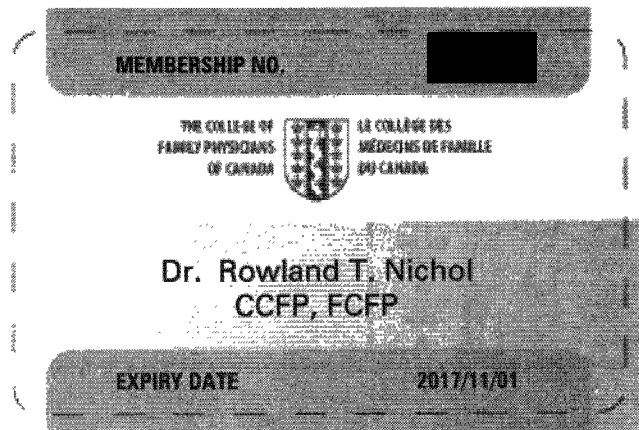
Total Paid: \$1,074.00

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



AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 587.61								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/28/2016	Accelerating Primary Care Conf and mtgs EZ staff	AB - Other Zones	Taxi	\$ 77.77			Accelerating Primary Care Conf and mtgs EZ staff	1			
11/28/2016	Accelerating Primary Care Conf and mtgs EZ staff	AB - Other Zones	Accommodations	\$ 174.02			Accelerating Primary Care Conf and mtgs EZ staff	2			
11/28/2016	Accelerating Primary Care Conf and mtgs EZ staff	AB - Other Zones	Meals Per Diem	\$ 71.50			Accelerating Primary Care Conf and mtgs EZ staff Bfast 1 * 10.50 = \$10.50 Lunch 1 * 13.00 = \$13.00 Dinner 2 * 24.00 = \$48.00	2			
11/28/2016	Accelerating Primary Care Conf and mtgs EZ staff		Mileage-Local-Home Zone	\$ 22.73			Accelerating Primary Care Conf and mtgs EZ staff. Please note trip from YYC to residence longer than usual due to closure of Deerfoot	1			45
11/28/2016	Accelerating Primary Care conference and meetings AB Health	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Accelerating Primary Care Conf and meetings AB Health	1			
12/15/2016	Presentation Physician Compacts		Mileage-Local-Home Zone	\$ 10.10			Presentation Physician Compacts FMC	1			20
12/16/2016	Physician Compensation Committee	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Compensation Committee	1			
12/16/2016	Physician Compensation Committee	AB - Other Zones	Taxi	\$ 65.00			Physician Compensation Committee	1			
12/16/2016	Physician Compensation Committee		Mileage-Local-Home Zone	\$ 43.94			Physician Compensation Committee	1			87
12/16/2016	Physician Compensation Committee	AB - Other Zones	Meals Per Diem	\$ 34.50			Physician Compensation Committee Bfast \$10.50 Dinner \$24.00	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		20-Dec-16							

BARREL TAXI

780.489.7777

GST# _____
Date: 16-11-29 Amount: \$ 77⁰⁰
Driver: _____
From: Double tree by hilton
To: Airport.

10135-31 Avenue, Edmonton, AB T6N 1C2



RECEIPT
GST NO. R122556194

EXIT No. 44
IN: 11/28/16 06:14
OUT: 11/29/16 19:21
DURATION: 1 13: 07
PAID: \$ 58.70
(GST INCLUDED)
MASTERCARD

REF. _____
THANK YOU FOR
YOUR VISIT

Accelerating Primary Care Conf and mtgs EZ staff
November 28 and 29, 2016
DoubleTree Hilton to YEG

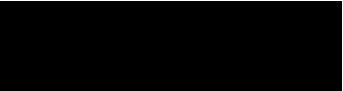




16615 - 109 Avenue • Edmonton, AB T5P 4K8
 Phone (780) 484-0821 • Fax (780) 486-1634
 For reservations across the nation
 www.westedmonton.doubletree.com or 1-800-222-TREE

Name & Address

NICHOL, ROWLAND



Room [REDACTED]
 Arrival Date 11/28/2016 5:46:00 PM
 Departure Date 11/29/2016

Adult/Child 1/0
 Room Rate 155.00

Rate Plan: [REDACTED]
 HH # [REDACTED]
 AL: [REDACTED]
 Car: [REDACTED]

Folio

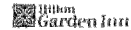
Confirmation Number [REDACTED]

11/29/2016



DATE	REFERENCE	DESCRIPTION	AMOUNT
11/28/2016	[REDACTED]	GUEST ROOM	\$155.00
11/28/2016	[REDACTED]	AB TOURISM LEVY	\$6.39
11/28/2016	[REDACTED]	DMF	\$4.65
11/28/2016	[REDACTED]	GST	\$7.98
11/29/2016	[REDACTED]	MC [REDACTED]	(\$174.02)
		BALANCE	\$0.00
Total Invoice Amount		\$155.00 \$19.02	

Accelerating Primary Care Conf and mtgs EZ staff
 November 28 and 29, 2016



ACCOUNT NO. [REDACTED]

CARD MEMBER NAME [REDACTED]

ESTABLISHMENT NO. & LOCATION
 GST# 86563-0222 RT0001

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE
 X

DATE OF CHARGE [REDACTED] FOLIO NO./CHECK NO. [REDACTED]

AUTHORIZATION [REDACTED] INITIAL [REDACTED]

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -174.02

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

YELLOW CAB

780.462.3456
edmtaxi.com

GST# _____

Date: Dec 16-16 Amount: 65-6

Driver: _____

From: IAP

To: P2230-106A

10135-31 Avenue, Edmonton, AB T6N 1C2

6

R. Nichol Physician Compensation Committee
Edmonton December 16, 2016
YEG to AMA and Parking

The Calgary Airport Authority
2000 Airport road NE
GST R122556194

Receipt Number [REDACTED]
Ticket Nr [REDACTED]
In 12/16/2016 6:12
Out 12/16/2016 18:54
Duration 12:42
Transient Parker \$ 29.35
Total: \$ 29.35
Validations \$ 0.00
Balance Due: \$ 29.35
Credit Card \$ 29.35
Change \$ 0.00

The Calgary Airport Authority
2000 Airport road NE

Transaction Id [REDACTED]
Ticket Nr [REDACTED]
Transaction Type Clear
Date/Time 16/12/2016 6:54 PM
Amount \$29.35
Status: Payment was successful
Authorisation Code: [REDACTED]

Approved - Thank you!

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 : Dr Rollie Nichol	Reporting Period for the Month of : Dec-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
28-Nov-16	Direct Billing	Airline Ticket	Accelerating Primary Care Conference YYC to YEG	Marlin Travel	174.60
29-Nov-16	Direct Billing	Airline Ticket	Accelerating Primary Care Conference YEG to YYC	Marlin Travel	175.48
16-Dec=16	Direct Billing	Airline Ticket	Physician Compensation Committee YYC to YEG return	Marlin Travel	257.37
	Direct Billing	Airline Ticket		Marlin Travel	
	Direct Billing	Choose from Drop-down List		Choose from Drop-down List	-
Total Paid in the Month					\$ 607.45



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 10 Nov 16 Client: [REDACTED] Client Phone # [REDACTED] Client Email: [REDACTED] Agent: [REDACTED]
	File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	125.12	0.00	\$0.00	49.48	0.00	174.60 CAD
Total:	125.12	0.00	0.00	49.48	0.00	174.60 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/08/2016	[REDACTED]	[REDACTED]	174.60 CAD
				Total Payment:	174.60 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL ACCELERATING PRIMARY CARE CONFERENCE EDMONTON

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
-----WESTJET AIRLINE RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY TICKET MUST BE CANCELLED AT LEAST 2 HOURS PRIOR OR NO CREDIT WILL APPLY 24 HOURS IN ADVANCE GO TO WWW.WESTJET.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 10 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	08 Nov 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03394	CALGARY INTL 28 Nov 16 7:00AM		EDMONTON INTL 28 Nov 16 8:04AM	L/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 10 Nov 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: [REDACTED]
	File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	138.00	0.00	\$0.00	37.48	0.00	175.48 CAD
Total:	138.00	0.00	0.00	37.48	0.00	175.48 CAD

PAYMENTS		Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		[REDACTED]	11/08/2016	[REDACTED]	[REDACTED]	175.48 CAD
Total Payment:						175.48 CAD

Balance Due CAD Currency 0.00 CAD

TRAVEL APPROVED BY DEBRA.RAMSTEAD
CORPORATE UNIT 101
REASON FOR TRAVEL ACCELERATING PRIMARY CARE CONFERENCE EDMONTON

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 10 Nov 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	08 Nov 16
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08171	EDMONTON INTL 29 Nov 16 6:00PM		CALGARY INTL 29 Nov 16 6:56PM	G/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 02 Dec 16 Client: [REDACTED] Client Phone #: [REDACTED] Client Email: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

INSURANCE

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	172.37	0.00	\$0.00	10.00	75.00	257.37 CAD
Total:	172.37	0.00	0.00	10.00	75.00	257.37 CAD

PAYMENTS		Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		[REDACTED]	12/02/2016	[REDACTED]	[REDACTED]	257.37 CAD
Total Payment:						257.37 CAD

Balance Due CAD Currency 0.00 CAD

CORPORATE UNIT 101
REASON FOR TRAVEL EXECUTIVE MEETING

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 PLEASE REVIEW YOUR ITINERARY FOR ACCURACY
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY

ALBERTA HEALTH SERVICES
ALBERTA HEALTH SERVICES
10030 - 107 STREET
EDMONTON AB
T5J 3E4

Trip #: [REDACTED]
Booking Date: 02 Dec 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: [REDACTED]

File Locator: [REDACTED]

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: ROWLAND NICHOL

Booking Date: 02 Dec 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03394	CALGARY INTL 16 Dec 16 7:00AM		EDMONTON INTL 16 Dec 16 8:01AM	G/	
WESTJET	03142	EDMONTON INTL 16 Dec 16 5:30PM		CALGARY INTL 16 Dec 16 6:30PM	P/	