

# **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 July 2017

							Travel (1)							
MMM-YY	Source Document	Purpose	Aiı	rfare	Me	eals	Accommodatio	n	Other Travel	otal avel	Professional Development (2)	H	Working Sessions osting and lospitality (3)	ther (4)
Jul-17 Jul-17	Expense Claim Direct Billing	Meetings Meetings		782		34			390	424 782				
Total			\$	782	\$	34	\$	- \$	390	\$ 1,206	\$	- \$	-	\$ 

**Total for** 

the Month \$ 1,206

Maximum daily single meal expense claimed in the month \$ 13 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.

# **AHS Public Disclosure Expense Claims**

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total	]								
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 424.26									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
7/11/2017	Physician Resource Plann	ing		Mileage-Local- Home Zone	\$ 27.78	residence		Physician Resource Planning travel from condo to YYC (15) and then YYC to rural residence (40)	1			55
7/11/2017	Physician Resource Plann	ing	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource Planning	1			
7/11/2017	Physician Resource Plann	ing	AB - Other Zones	Taxi	\$ 66.00	YEG	ATB Place	Physician Resource Planning	1			
7/11/2017	Physician Resource Plann	ing	AB - Other Zones	Taxi	\$ 66.00	ATB Place	YEG	Physician Resource Planning	1			
7/11/2017	Physician Resource Plann	ing	AB - Other Zones	Meals Per Diem	\$ 23.50			Physician Resource Planning Bfast \$10.50 Lunch \$13.00 depart YYC 0700 depart YEG 1535	1			
7/21/2017	Physician Compensation (	Committee	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Compensation Committee	1			
7/21/2017	Physician Compensation (	Committee	AB - Other Zones	Taxi	\$ 72.00	YEG	ATB Place	Physician Compensation Committee YEG to ATB Place	1			
7/21/2017	Physician Compensation (	Committee	AB - Other Zones	Taxi	\$ 72.00	ATB Place	YEG	Physician Compensation Committee ATB to YEG	1			
7/21/2017	Physician Compensation (	Committee	AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee WS3394 depart 0700 Bfast \$10.50	1			
7/21/2017	Physician Compensation (	Committee		Mileage-Local- Home Zone	\$ 27.78	Residence a	YYC	Physician Compensation Committee travel from condo to YYC (15) and then YYC to rural residence (40)	1			55
Approver(s)	for the claim	Approval S	tatus	Approval Date		1	1	1	1	1	1	1
BELANGER, F	FRANCOIS	Approve		26-Jul-17	1							

# RECEIPT GST NO. R122556194

TKT NO:
EXIT No.
IN: 07/11/17 06:17
OUT: 07/11/17 16:48
DURATION: 0 10: 31
PAID: \$ 29.35
(GST INCLUDED)
MASTERCARD

REF.
THANK YOU FOR
YOUR VISIT

O O Flyyy :



ATS GROUP 4608 101 ST NW 7809897099 EDMONTON AB

CARD TYPE MASTERCARD
DATE 2017/07/11
TIME 0709 13:54:28
INVOICE #
RECEIPT NUMBER

PURCHASE TOTAL

\$66.00

ATS GROUP 4608 101 ST NW 7809897099 EDMONTON AB

CARD
CARD TYPE WASTERCARD
DATE 2017/07/11
TIME 5370 13:53:44
INVOICE #
RECEIPT NUMBER

PURCHASE TOTAL

\$66.00



# **APPROVED**

AUTH# THANK YOU

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GST 73871 2892 RT0001

R. Nichol Physician Resource Planning July 11, 2017 Edmonton

# RECEIPT GST NO. R122556194

TKT NO EPICE A 24
IN: 27/21/17 26:25
OUT: 27/21/17 17:40
DURATION: 2 11: 35
PAID: \$ 29.35
(GST INCLUDED)

REF.
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ATS GROUP 4608 101 ST NW 7809897099 EDMONTON AB

CARD TYPE MASTERCARD
DATE 2017/07/21
TIME 2094 14:15:55
INVOICE #

PURCHASE

RECEIPT NUMBER

\$72.00

ATS GROUP 4608 101 ST NW 7809897099 EDMONTON AB

CARD
CARD TYPE MASTERCARD
DATE 2017/07/21
TIME 2421 14:16:39
INVOICE #
RECEIPT NUMBER

PURCHASE TOTAL

\$72.00

MASTERCARD

TOTAL



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GST#819813700

MASTERCARD



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GST#819813700

R. Nichol Physician Compensation Committee July 21, 2017 Edmonton



## **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 wheth	ier you have expenses to report in thi	s section for this reporting period.	<u> </u>
Name :	Dr Rollie Nichol	Reporting Period for the Month of: Jul-17	

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
11-Jul-17	Direct Bill	Airline Ticket	Physician Resource Planning	Marlin Travel	402.96
21-Jul-17	Direct Bill	Airline Ticket	Physician Compensation Committee	Marlin Travel	379.08

Total Paid in the Month \$ 782.04



# Invoice

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



PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCR	IPTION			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
AIR CANADA Ticket	#			328.00	0.00	\$0.00	74.96	0.00	402.96	CAE
			Total:	328.00	0.00	0.00	74.96	0.00	402.96	CAL
PAYMENTS	Invoice #	Payment Date 07/10/2017	Card Holder		Form o	of Payment			Amount 402.96	
		07/10/2017					Total Pa	ayment:	402.96	
¥					В	alance Du	e CAD Cui	rency	0.00	CAL
				Total GS	т	0.00	Tota	al HST	\$0.00	

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #: Booking Date: Client: Agent:

10 Jul 17

File Locator:

# MY ITINERARY

Passengers ROWLAND NICHOL Citizenship

**Required Travel Documents** 

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					king Date: Locator/Ticket #:	07/10/	07/10/2017	
Airline	Flight	From	Terminal	То	Class	Seat	Stops	
AIR CANADA	08130	CALGARY INTL 07/11/2017 7:00AM		EDMONTON INTL 07/11/2017 7:54AM	V			
AIR CANADA	08151	EDMONTON INTL 07/11/2017 3:35PM		CALGARY INTL 07/11/2017 4:27PM	V			

Traveler

Passenger Name: NICHOL, ROWLAND DR

Tour Code: MAR11

e-Ticket Number:

Reservation Number:

Ticket Issue Date: July 14, 2017

**Agency Details** 

Agency Information:

Agency Phone:

MARLIN TRAVEL

780 425-8611 MARLIN TRAVEL 60-87935-

9929 - 108Th.Street Government Centre 0/ Edmonton, AB T5K 1G8

Canada

marlin 💢 trave

Flight - WestJet (WS) - 3394 July 21, 2017

Confirmation Number:

Status: Confirmed

Arrive:

Fare Basis: LA07H

\*Operated by: WESTJET ENCORE

Depart: Calgary Intl Arpt (YYC)

Calgary Terminal Not Available 7:00 AM

Edmonton Intl Arpt (YEG) Edmonton Terminal Not Available

7:51 AM

Not Valid Before: July 21, 2017

Not Valid After: July 21, 2017

Carry-On: 1 Piece Plan

Bag 1 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE

Baggage Allowance:

Bag 1 - 25.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM Bag 2 - 35.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM

Applies to: YYC - YEA

Flight - WestJet (WS) - 3397 July 21, 2017

Confirmation Number:

Status: Confirmed

Arrive: Calgary Intl Arpt (YYC)

Calgary

Edmonton Intl Arpt (YEG) Edmonton Terminal Not Available

3:00 PM

Depart:

Terminal Not Available

3:55 PM

Not Valid Before: July 21, 2017

Not Valid After: July 21, 2017

Carry-On:

Bag 1 - NO FEE CARRYON HAND BAGGAGE ALLOWANCE

Baggage Allowance:

O Piece Plan

Bag 1 - 25.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM Bag 2 - 35.00 CAD UPTO50LB/23KG AND UPTO62LI/158LCM

Applies to: YEA - YYC

Class Of Service: Fconomy

Fare Basis: LA07H

Class Of Service: Economy

\*Operated by: WESTJET ENCORE

**Fare Information** 

Form Of Payment:

Fare: CAD 280.12

Taxes and Carrier-imposed fees:

CAD 14.96 CA CAD EXEMPT XG CAD 84.00 XT

Total: CAD 379.08

**Endorsement Information:** 

NONREF - FEE FOR CHG-CXLAB HEALTH SERVICES COF

Fare Calculation:

21JUL YYC WS YEA 140.06WS YYC 140.06CAD280.12END XT 60.00SQ 24.00YQ

### Notes

Baggage discounts may apply based on frequent flyer status/online checkin/form of payment/military/etc.

## IMPORTANT INFORMATION FOR TRAVELERS WITH ELECTRONIC TICKETS - PLEASE READ:

Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier. Passengers on a journey involving an ultimate destination or a stop in a country other than the country of departure are advised that international treaties known as the Montreal Convention, or its predecessor, the Warsaw Convention, including its amendments (the Warsaw Convention System), may apply to the entire journey, including any portion thereof within a country. For such passengers, the applicable treaty, including special contracts of carriage embodied in any applicable tariffs, governs and may limit the liability of the carrier. The carriage of certain hazardous materials, like aerosols, fireworks, and flammable liquids, aboard the aircraft is forbidden. If you do not understand these restrictions, further information may be obtained from your airline.

Traveler

Passenger Name: NICHOL, ROWLAND DR e-Ticket Number:

Reservation Number:

**Agency Details** 

Agency Information:

Agency Phone:

MARLIN TRAVEL 780 425-8611 MARLIN TRAVEL 60-87935-

9929 - 108Th.Street Government Centre 0/

Edmonton, AB T5K 1G8

Canada

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**Fare Information** 

Form Of Payment

Fare:

CAD 280.12

Taxes and Carrier-imposed fees:

CAD 14.96 CA CAD EXEMPT XG CAD 84.00 XT

Total Airfare:

CAD 379.08

Amount Charged:

CAD 379.08