

## 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 2017

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)
Dec-17	Expense Claim	Meetings		103	368	771	1,242			
Dec-17	Direct Billing	Meetings	1,739				1,739			
<b>Total</b>			\$ 1,739	\$ 103	\$ 368	\$ 771	\$ 2,981	\$ -	\$ -	\$ -

**Total for the Month** \$ 2,981

Maximum daily single meal expense claimed in the month \$ 24  
 Maximum daily base hotel rate claimed in the month \$ 164  
 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	\$ 1,242.07									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
11/23/2017	Patient and Family Advisory Group mtg		AB - Other Zones	Taxi	\$ 61.00	YEG	Westin	Patient and Family Advisory Group mtg	1			
11/23/2017	Patient and Family Advisory Group		AB - Other Zones	Meals Per Diem	\$ 24.00			Patient and Family Advisory Group Dinner \$24.00	2			
11/24/2017	Patient and Family Advisory Group mtg		AB - Other Zones	Bus	\$ 3.25			Patient and Family Advisory Group mtg	1			
11/24/2017	Patient and Family Advisory Group mtg		AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Patient and Family Advisory Group mtg pls note half of parking receipt charged to Royal College with respect to mtg held Nov 23	1			
11/24/2017	Patient and Family Advisory Group mtg		AB - Other Zones	Taxi	\$ 60.00	SSP	YEG	Patient and Family Advisory Group mtg	1			
11/24/2017	Patient and Family Advisory Group mtg		AB - Other Zones	Accommodations	\$ 184.13			Patient and Family Advisory Group mtg	1			
12/6/2017	PPEC		AB - Other Zones	Meals Per Diem	\$ 10.50			PPEC Bfast \$10.50	1			
12/6/2017	PPEC			Mileage-Local-Home Zone	\$ 15.15	Condo [REDACTED]	YYC	PPEC Condo to YYC return	1			30
12/6/2017	PPEC		AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			PPEC	1			
12/8/2017	Physician Compensation Committee		AB - Other Zones	Taxi	\$ 62.00	AMA	YEG	Physician Compensation Committee	1			
12/8/2017	Physician Compensation Committee		AB - Other Zones	Taxi	\$ 65.00	YEG	AMA	Physician Compensation Committee	1			
12/8/2017	Physician Compensation Committee		AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Compensation Committee	1			
12/8/2017	Physician Compensation Committee		AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Compensation Committee Bfast \$10.50	1			

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Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 1,242.07									
Expense Date	Business reason		Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/8/2017	Physician Compensation Committee			Mileage-Local-Home Zone	\$ 7.58	Residence [REDACTED]	YYC	Physician Compensation Committee	1			15
12/8/2017	Physician Compensation Committee			Mileage-Local-Home Zone	\$ 20.20	YYC	Residence [REDACTED]	Physician Compensation Committee	1			40
12/14/2017	Physician Resource Working Group mtg		AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource Working Group mtg	1			
12/14/2017	Physician Resource Working Group mtg		AB - Other Zones	Meals Per Diem	\$ 10.50			Physician Resource Working Group mtg Bfast \$10.50	1			
12/14/2017	Physician Resource Working Group mtg			Mileage-Local-Home Zone	\$ 40.40	Residence [REDACTED]	YYC return	Physician Resource Working Group mtg	1			80
12/14/2017	Physician Resource Working Group mtg		AB - Other Zones	Taxi	\$ 132.00	YEG	ATB Place return	Physician Resource Working Group mtg - travel from YEG to ATB and return	1			
12/19/2017	Physician Resource OWG mtg			Mileage-Local-Home Zone	\$ 14.65	Sptt	YYC	Physician Resource OWG mtg	1			29
12/19/2017	Physician Resource OWG mtg		AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			Physician Resource OWG mtg	1			
12/19/2017	Physician Resource OWG mtg		AB - Other Zones	Meals Per Diem	\$ 24.00			Physician Resource OWG mtg Dinner \$24.00	1			
12/20/2017	Physician Resource OWG mtg		AB - Other Zones	Meals Per Diem	\$ 23.50			Physician Resource OWG mtg Bfast \$10.50 Lunch \$13.00	1			
12/20/2017	Physician Resource OWG mtg			Mileage-Local-Home Zone	\$ 7.58	YYC	Residence [REDACTED]	Physician Resource OWG mtg	1			15
12/20/2017	Physician Resource OWG mtg		AB - Other Zones	Bus	\$ 3.25			Physician Resource OWG mtg	1			

## AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 1,242.07

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
12/20/2017	Physician Resource OWG mtg	AB - Other Zones	Taxi	\$ 132.00	YEG	Westin return	Physician Resource OWG mtg invoice for two trips - one inbound and one return to YEG	1			
12/20/2017	Physician Resource OWG mtg	AB - Other Zones	Accommodations	\$ 184.13			Physician Resource OWG mtg	1			

Approver(s) for the claim	Approval Status	Approval Date
BELANGER, FRANCOIS	Approve	21-Dec-17



AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/11/23  
TIME 9937 22:35:51  
INVOICE # [REDACTED]  
RECEIPT NUMBER  
[REDACTED]

PURCHASE  
AMOUNT \$55.00  
TIP \$6.00  
TOTAL  
\$61.00

MASTERCARD  
[REDACTED]

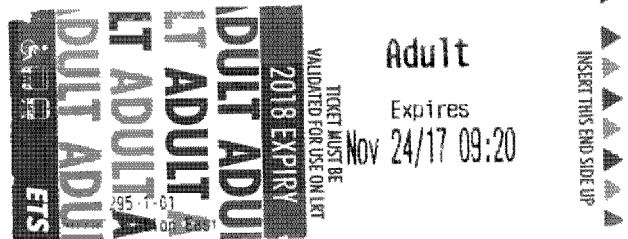
APPROVED

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST#126206190



Date 24/11/2017 Amount \$61.00  
From Down-town Edmonton GST INCLUDED  
To Airport  
To \_\_\_\_\_  
Driver [REDACTED] Car# [REDACTED]

780.425.2525 | 780.425.8310 | www.co-optaxi.com

R. Nichol  
November 24, 2017  
Patient and Family Advisory Group mtg

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

TKT NO: [REDACTED]  
POF: CS2  
IN: 11/22/17 19:08  
OUT: 11/24/17 17:43  
PAID: \$ 58.70  
DURATION: 1 22: 35  
(GST INCLUDED)

MASTERCARD  
[REDACTED]

YOU HAVE 10 MIN.  
TO EXIT

Only claiming \$29.35



Patient and Family Advisory Group mtg  
Half of parking receipt charged to Royal College  
with respect to mtg held Nov 23

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

Rowland Nichol  
Alberta Health Services Ii

Page Number : 1 Invoice Nbr: [REDACTED]  
Guest Number: [REDACTED] Arrive Date: 23-NOV-17 22:42  
Folio ID : [REDACTED] Depart Date: 24-NOV-17 07:46  
No. Of Guest: 1  
Room Number : [REDACTED]  
Room Rate : 164.00  
Club Account:

---

Tax Invoice

Tax ID: 815461330RT0001  
The Westin Edmonton 24-NOV-17 07:46 [REDACTED]

Date	Reference	Description	Charges	Credits
23-NOV-17	[REDACTED]	Room Charge	164.00	
23-NOV-17	[REDACTED]	GST	8.45	
23-NOV-17	[REDACTED]	Destination Marketing Fee	4.92	
23-NOV-17	[REDACTED]	Tourism Levy	6.76	
24-NOV-17	[REDACTED]	Mastercard [REDACTED]		-184.13

Approve EMV Receipt for MC [REDACTED] PIN Verified

[REDACTED]  
Application Label:MASTERCARD

** Total	184.13	-184.13
*** Balance	-0.00	

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Continued on the next page  
that fuel your body and give you the focused energy you need. Discover  
dishes to supercharge your day at [westin.com/eatwell](http://westin.com/eatwell)

R. Nichol  
November 24, 2017  
Patient and Family Advisory Group mtg

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

TKT NO. [REDACTED]  
EXIT NO. A5  
IN: 12/26/17 26:23  
OUT: 12/26/17 16:24  
DURATION: 0 10: 21  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]

REF. 1  
THANK YOU FOR  
YOUR VISIT



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

TKT NO [REDACTED]  
EXIT No. 41  
IN: 12/08/17 06:09  
OUT: 12/08/17 18:54  
DURATION: 0 12: 45  
PAID: \$ 29.25  
(GST INCLUDED)  
MASTERCARD

REF.

THANK YOU FOR  
YOUR VISIT

flyYYC

**YYC** CALGARY  
INTERNATIONAL  
AIRPORT

AIRPORT TAXI SERVICE  
4608 101 ST.  
(7808907070)  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/12/08  
TIME 2219 08:32:09  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$59.00  
TIP \$6.00  
TOTAL

**\$65.00**

MASTERCARD



**APPROVED**

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GREATER EDMONTON TAXI  
SERVICE  
10135 31 AVE NW  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/12/08  
TIME 5586 15:34:06  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
AMOUNT \$56.00  
TIP \$6.00  
TOTAL

**\$62.00**

MASTERCARD



**APPROVED**

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

YELLOW CAB 780.462.3456  
RABBIT TAXI 780.462.3456  
AIRPORT TAXI 780.462.3456

R. Nichol Physician Compensation Committee  
Edmonton December 8, 2017

ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/12/14  
TIME 9308 13:34:49  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

PURCHASE  
TOTAL

**\$132.00**

MASTERCARD  
[REDACTED]

**APPROVED**

AUTH# [REDACTED]  
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

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

TXT NO: [REDACTED]  
EXIT No. AS  
IN: 12/14/17 06:18  
OUT: 12/14/17 16:20  
DURATION: 0 10: 02  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD

REF. [REDACTED]  
THANK YOU FOR  
YOUR VISIT

YYC

YYC  
CALGARY  
INTERNATIONAL  
AIRPORT

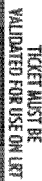
R. Nichol Physician Resource Working Group  
Edmonton December 14, 2017

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2017/12/20  
TIME 0761 13:34:20  
INVOICE # [REDACTED]  
RECEIPT NUMBER

\$132.00

APPROVED

GST 73871 2892 RT0001



INSERT THIS END SIDE UP

TKT NO: [REDACTED]  
POF: C54  
IN: 12/19/17 16:41  
OUT: 12/20/17 16:26  
PAID: \$ 29.35  
DURATION: 0 23: 45  
(GST INCLUDED)

YOU HAVE 10 MIN.  
TO EXIT



R. Nichol Physician Resource OWG mtg  
Edmonton December 20, 2017

The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454

# WESTIN®

## HOTELS & RESORTS

Rowland Nichol  
Alberta Health Services li

Page Number : 1 Invoice Nbr :   
Guest Number :   
Folio ID :   
Arrive Date : 19-DEC-17 20:36  
Depart Date : 20-DEC-17 07:47  
No. Of Guest : 1  
Room Number :   
Club Account :

Tax Invoice

Tax ID : 815461330RT0001

The Westin Edmonton DEC-20-2017 07:50

Date	Reference	Description	Charges (CAD)	Credits (CAD)
19-DEC-17		Room Charge	164.00	
19-DEC-17		GST	8.45	
19-DEC-17		Destination Marketing Fee	4.92	
19-DEC-17		Tourism Levy	6.76	
20-DEC-17		Visa-		-184.13

Approve EMV Receipt for VI - PIN Verified

Application Label: VISA CREDIT

** Total	184.13	-184.13
*** Balance	-0.00	

PACK LIGHT, STAY FIT - With the Westin Gear Lending program, New Balance(TM) workout gear is conveniently delivered to your room so you can keep moving. Experience it during your next stay. Learn more at [westin.com/newbalance](http://westin.com/newbalance)

Continued on the next page

R. Nichol Physician Resource OWG mtg  
Edmonton December 20, 2017



The Westin Edmonton  
10135 100 St  
Edmonton, AB T5J 0N7  
Canada  
Tel: 780-426-3636 Fax: 780-428-1454



Rowland Nichol  
Alberta Health Services li

Page Number : 2  
Guest Number :  
Folio ID :  
Arrive Date : 19-DEC-17 20:36  
Depart Date : 20-DEC-17 07:47  
No. Of Guest : 1  
Room Number :  
Club Account :

Invoice Nbr :

As a Starwood Preferred Guest you have earned at least Starpoints for this visit

Tell us about your stay. [www.westin.com/reviews](http://www.westin.com/reviews)

#### EXPENSE SUMMARY REPORT

Currency: CAD

Date	Room	GST	Tour Levy	Food/Bev	Phone	Other	Total	Payment
12-19-2017	164.00	8.45	6.76	0.00	0.00	4.92	184.13	0.00
12-20-2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-184.13
	-----	-----	-----	-----	-----	-----	-----	-----
Total	164.00	8.45	6.76	0.00	0.00	4.92	184.13	-184.13

## 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**

<b>Name :</b>	Dr Rollie Nichol	<b>Reporting Period for the Month of :</b>	Dec-17
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24-Nov-17	Direct Bill	Airline Ticket	Patient and Family Advisory Group meeting	Marlin Travel	205.28
06-Dec-17	Direct Bill	Airline Ticket	PPEC	Marlin Travel	178.81
06-Dec-17	Direct Bill	Airline Ticket	PPEC	Marlin Travel	164.48
08-Dec-19	Direct Bill	Airline Ticket	Physician Compensation Committee (PCC)	Marlin Travel	188.21

<b>Total Paid in the Month</b>	<b>\$</b>	<b>736.78</b>
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- 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**

<b>Name :</b>	Dr. Rollie Nichol	<b>Reporting Period for the Month of :</b>	Dec-17
---------------	-------------------	--	--------

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
8-Dec-2017	Direct Billing	Airline Ticket	Physician Compensation Committee (PCC)	Marlin Travel	188.21
14-Dec-2017	Direct Billing	Airline Ticket	Physician Resource Planning TWG	Marlin Travel	187.66
14-Dec-2017	Direct Billing	Airline Ticket	Physician Resource Planning TWG	Marlin Travel	276.53
19-Dec-2017	Direct Billing	Airline Ticket	Physician Resource Planning PRPAC	Marlin Travel	349.62
<b>Total Paid in the Month</b>					<b>\$ 1,002.02</b>

**Invoice**

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

Trip #: [REDACTED]  
Booking Date: 06 Oct 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

**PASSENGERS:** DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	167.80	0.00	\$0.00	37.48	0.00	205.28 CAD
<b>Total:</b>	<b>167.80</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>205.28 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	10/06/2017		[REDACTED]	205.28 CAD
				Total Payment:	205.28 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL PATIENT CARE 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 -----  
---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT  
TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO  
CHECK IN AND PRINT YOUR BOARDING PASS. ----- \*\*\*\*PLEASE NOTE CHECKIN  
TIMES\*\*\*\*\* \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45  
MINUTES PRIOR

GOVERNMENT CENTRE  
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8  
Tél.: 780 425 8611  
GST REG# 885101915

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

Trip #: [REDACTED]  
Booking Date: 06 Oct 17  
Client: [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:	10/06/2017
		File Locator/Ticket #:	[REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08153	EDMONTON INTL		CALGARY INTL	G		
		11/24/2017 4:45PM		11/24/2017 5:39PM			

GOVERNMENT CENTRE

MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8

Tél.: 780 425 8611

GST REG# 885101915

# Vision

A DIRECT TRAVEL<sup>®</sup> COMPANY

## Invoice

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

Trip #: [REDACTED]  
Booking Date: 22 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	124.08	0.00	\$0.00	49.48	0.00	173.56 CAD
WESTJET Ticket # [REDACTED]	5.00	0.25	\$0.00	0.00	0.00	5.25 CAD
<b>Total:</b>	<b>129.08</b>	<b>0.25</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>178.81 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/22/2017		[REDACTED]	173.56 CAD
		11/22/2017	AB HEALTH	[REDACTED]	5.25 CAD
				Total Payment:	178.81 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.25 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD  
CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL PPEC

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





# Invoice

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

Trip #:   
Booking Date: 22 Nov 17  
Client:   
Agent:

File Locator:

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #	127.00	0.00	\$0.00	37.48	0.00	164.48 CAD
<b>Total:</b>	<b>127.00</b>	<b>0.00</b>	<b>0.00</b>	<b>37.48</b>	<b>0.00</b>	<b>164.48 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
		11/22/2017			164.48 CAD
<b>Total Payment:</b>					<b>164.48 CAD</b>

Balance Due CAD Currency 0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL PEPACK

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 -----  
---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT  
TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO  
CHECK IN AND PRINT YOUR BOARDING PASS. ----- \*\*\*\*\*PLEASE NOTE CHECKIN  
TIMES\*\*\*\*\* \*\*DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR \*\*DOMESTIC COUNTER WILL CLOSE 45  
MINUTES PRIOR

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

Trip #: [REDACTED]  
Booking Date: 22 Nov 17  
Client: [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:		22 Nov 17	
				File Locator/Ticket #:		[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops	
AIR CANADA	08149	EDMONTON INTL 06 Dec 17 3:25PM		CALGARY INTL 06 Dec 17 4:19PM	T/		

GOVERNMENT CENTRE

MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8

Tél : 780 425 8611





## Invoice

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

Trip #: [REDACTED]  
Booking Date: 22 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	133.48	0.00	\$0.00	49.48	0.00	182.96 CAD
WESTJET Ticket # [REDACTED]	5.00	0.25	\$0.00	0.00	0.00	5.25 CAD
<b>Total:</b>	<b>138.48</b>	<b>0.25</b>	<b>0.00</b>	<b>49.48</b>	<b>0.00</b>	<b>188.21 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/22/2017		[REDACTED]	182.96 CAD
		11/22/2017	AB HEALTH SERVICES	[REDACTED]	5.25 CAD
				<b>Total Payment:</b>	<b>188.21 CAD</b>

**Balance Due CAD Currency 0.00 CAD**

Total GST 0.25 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD  
CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL PHYSICIAN COMPENSATION COMMITTEE

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  
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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



# Invoice

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

Trip #: [REDACTED]  
Booking Date: 22 Nov 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	133.48	0.00	\$0.00	49.48	0.00	182.96 CAD
WESTJET Ticket # [REDACTED]	5.00	0.25	\$0.00	0.00	0.00	5.25 CAD
Total:	138.48	0.25	0.00	49.48	0.00	188.21 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	11/22/2017		[REDACTED]	182.96 CAD
	[REDACTED]	11/22/2017	AB HEALTH	[REDACTED]	5.25 CAD
				Total Payment:	188.21 CAD

Balance Due CAD Currency 0.00 CAD

Total GST 0.25 Total HST \$0.00

TRAVEL APPROVED BY DEBRA.RAMSTEAD  
CORPORATE UNIT 101  
BOOKING METHOD NUTRAVEL  
REASON FOR TRAVEL PHYSICIAN COMPENSATION 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  
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CODE 2EC0 \*\*\*\*\* PLEASE REVIEW YOUR ITINERARY FOR ACCURACY\*\*\*  
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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: 22 Nov 17  
Client: [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:		22 Nov 17	
				File Locator/Ticket #:		[REDACTED]	
Airline	Flight	From	Terminal	To	Class/Seat	Stops	
WESTJET	03140	EDMONTON INTL 08 Dec 17 6:00PM		CALGARY INTL 08 Dec 17 7:00PM	L/		



AIR

Passengers:		ROWLAND NICHOL		Booking Date:		22 Nov 17	
				File Locator/Ticket #:		[REDACTED]	
From:	EDMONTON INTL	Departing on:	08 Dec 17				
To:	CALGARY INTL	Returning on:	08 Dec 17				

GOVERNMENT CENTRE

MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8

Tél : 780 425 8611

**Invoice**

ALBERTA HEALTH SERVICES  
ROWLAND NICHOL  
10030 107 ST  
EDMONTON AB  
CA  
T5J3E4

Trip #: [REDACTED]  
Booking Date: 11 Dec 17  
Client: [REDACTED]  
Agent: [REDACTED]  
File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	138.18	0.00	\$0.00	49.48	0.00	187.66 CAD
AIR CANADA Ticket # [REDACTED]	239.05	0.00	\$0.00	37.48	0.00	276.53 CAD
Total:	377.23	0.00	0.00	86.96	0.00	464.19 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/11/2017		[REDACTED]	187.66 CAD
	[REDACTED]	12/11/2017		[REDACTED]	276.53 CAD
		Total Payment:			464.19 CAD
		Balance Due CAD Currency			0.00 CAD

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING 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 -----  
-----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. -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE  
CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY  
24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

GOVERNMENT CENTRE  
MAIN FLOOR, 9929- 108TH ST, EDMONTON, AB T5K1G8  
Tel : 780 425 8611

ALBERTA HEALTH SERVICES  
ROWLAND NICHOL  
10030 107 ST  
EDMONTON AB  
CA  
T5J3E4

Trip #: [REDACTED]  
Booking Date: 11 Dec 17  
Client: [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: 11 Dec 17  
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03395	CALGARY INTL 14 Dec 17 7:00AM		EDMONTON INTL 14 Dec 17 8:03AM	L/	

Passengers: ROWLAND NICHOL

Booking Date: 11 Dec 17  
File Locator/Ticket #: [REDACTED]





## Invoice

ALBERTA HEALTH SERVICES  
ROWLAND NICHOL  
10030 107 STREET  
EDMONTON AB  
CA  
T5J3E4

Trip #: [REDACTED]  
Booking Date: 06 Dec 17  
Client: [REDACTED]  
Agent: [REDACTED]

File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket # [REDACTED]	85.36	0.00	\$0.00	49.48	0.00	134.84 CAD
AIR CANADA Ticket # [REDACTED]	177.30	0.00	\$0.00	37.48	0.00	214.78 CAD
<b>Total:</b>	<b>262.66</b>	<b>0.00</b>	<b>0.00</b>	<b>86.96</b>	<b>0.00</b>	<b>349.62 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	12/06/2017		[REDACTED]	134.84 CAD
		12/06/2017			214.78 CAD
				<b>Total Payment:</b>	<b>349.62 CAD</b>
				<b>Balance Due CAD Currency</b>	<b>0.00 CAD</b>

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING

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 \*\*\*\*\*  
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ALBERTA HEALTH SERVICES  
ROWLAND NICHOL  
10030 107 STREET  
EDMONTON AB  
CA  
T5J3E4

Trip #: [REDACTED]  
Booking Date: 06 Dec 17  
Client: [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: 06 Dec 17

File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03229	CALGARY INTL 19 Dec 17 6:15PM		EDMONTON INTL 19 Dec 17 7:11PM	G/	

Passengers: ROWLAND NICHOL

Booking Date: 06 Dec 17

File Locator/Ticket #: [REDACTED]