

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 March 2018

			Travel (1)					Working Sessions Hosting and Hospitality		
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
Mar-18	Expense Claim	Meetings		13	201	292	506			
Mar-18	Direct Billing	Meetings	292				292			
Total			\$ 292	\$ 13	\$ 201	\$ 292	\$ 798	\$ -	\$ -	\$ -

Total for the Month \$ 798

Maximum daily single meal expense claimed in the month \$ 13
 Maximum daily base hotel rate claimed in the month \$ 179
 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	\$ 505.66								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
3/15/2018	Patient & Family Advisory Group mtg	AB - Other Zones	Accommodations	\$ 200.96			Patient & Family Advisory Group mtg	1			
3/15/2018	Patient & Family Advisory Group mtg	AB - Other Zones	Meals Per Diem	\$ 13.00			Patient & Family Advisory Group mtg Lunch \$13.00	2			
3/15/2018	Patient & Family Advisory Group mtg	AB - Other Zones	Taxi	\$ 66.00	YEG	Westin	Patient & Family Advisory Group mtg	1			
3/15/2018	Patient & Family Advisory Group mtg		Mileage-Local-Home Zone	\$ 25.25	Residence	YYC	Patient & Family Advisory Group mtg	1			50
3/16/2018	Patient & Family Advisory Group mtg		Mileage-Local-Home Zone	\$ 25.25	YYC	Residence	Patient & Family Advisory Group mtg	1			50
3/16/2018	Patient & Family Advisory Group mtg	AB - Other Zones	Taxi	\$ 66.00	Westin	YEG	Patient & Family Advisory Group mtg	1			
3/16/2018	Patient & Family Advisory Group mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 58.70			Patient & Family Advisory Group mtg	1			
3/20/2018	Senior Leaders Meeting		Mileage-Local-Home Zone	\$ 50.50	Residence (Redwood)	YYC return	Senior Leaders Meeting	1			100
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		22-Mar-18							

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
Guest Number: [REDACTED]
Folio ID : [REDACTED]
No. Of Guest: 1
Room Number : 1920
Room Rate : 179.00
Club Account: [REDACTED]

Invoice Nbr: [REDACTED]
Arrive Date: 15-MAR-18 12:55
Depart Date: 16-MAR-18 07:35

Email: [REDACTED]

Tax Invoice

Tax ID: 815461330RT0001
The Westin Edmonton 16-MAR-18 07:35 [REDACTED]

Date	Reference	Description	Charges	Credits
15-MAR-18	[REDACTED]	Room Charge	179.00	
15-MAR-18	[REDACTED]	GST	9.22	
15-MAR-18	[REDACTED]	Destination Marketing Fee	5.37	
15-MAR-18	[REDACTED]	Tourism Levy	7.37	
16-MAR-18	[REDACTED]	Mastercard-[REDACTED]		-200.96

Approve EMV Receipt for MC - [REDACTED] PIN Verified

Application Label: MASTERCARD

** Total 200.96 -200.96
*** Balance 0.00

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ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB

RECEIPT
GST NO. R122556194

CARD [REDACTED]
CARD TYPE MASTERCARD
DATE 2018/03/16
TIME 0546 15:56:35
INVOICE # [REDACTED]
RECEIPT NUMBER [REDACTED]

TKT NO [REDACTED]
POF: CS2
IN: 03/15/18 09:37
OUT: 03/16/18 17:48
PAID: \$ 58.70
DURATION: 1 08: 11
(GST INCLUDED)

PURCHASE
TOTAL
\$132.00

MASTERCARD
[REDACTED]
YOU HAVE 10 MIN.
TO EXIT

MASTERCARD
[REDACTED]



APPROVED
AUTH# [REDACTED]
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

GST 73874 0892 RT0001

R. Nichol Patient & Family Advisory Group
Meeting March 15 and 16, 2018

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 : 23/1/2018
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
15-03-2018	Direct Bill	Airline Ticket	Patient and Family Advisory Group Mtg March 15 and 16	Marlin Travel	292.50

Total Paid in the Month	\$	292.50
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Vision

A DIRECT TRAVEL[®] COMPANY

Invoice

ALBERTA HEALTH SERVICES/ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: [REDACTED] Booking Date: 13 Mar 18 Client: [REDACTED] Agent: [REDACTED] File Locator: [REDACTED]
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PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket [REDACTED]	142.50	0.00	\$0.00	0.00	0.00	142.50 CAD
AIR CANADA Ticket [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
AIR CANADA Ticket [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	292.50	0.00	0.00	0.00	0.00	292.50 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	03/13/2018		[REDACTED]	142.50 CAD
	[REDACTED]	03/13/2018	AB HEALTH SERVICES	[REDACTED]	142.50 CAD
	[REDACTED]	03/13/2018	AB HEALTH SERVICES	[REDACTED]	75.00 CAD
	[REDACTED]	03/13/2018	AB HEALTH SERVICES	[REDACTED]	75.00 CAD
Total Payment:					435.00 CAD

Balance Due CAD Currency -142.50 CAD

Payment Due Date: 13 Mar 18

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101
 REASON FOR TRAVEL CONNECT CARE MEETING

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

Trip #: [REDACTED]
Booking Date: 13 Mar 18
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:	13 Mar 18
From:	CALGARY INTL	Departing on:	15 Mar 18
To:	EDMONTON INTL	Returning on:	16 Mar 18
		File Locator/Ticket #:	[REDACTED]



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	13 Mar 18
From:	CALGARY INTL	Departing on:	15 Mar 18
To:	EDMONTON INTL	Returning on:	16 Mar 18
		File Locator/Ticket #:	[REDACTED]



AIR

Passengers:	ROWLAND NICHOL	Booking Date:	13 Mar 18			
		File Locator/Ticket #:	[REDACTED]			
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08136	CALGARY INTL		EDMONTON INTL	V/	
		15 Mar 18 10:45AM		15 Mar 18 11:43AM		
AIR CANADA	08153	EDMONTON INTL		CALGARY INTL	V/	
		16 Mar 18 4:45PM		16 Mar 18 5:39PM		