

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 April 2018

					Travel (1)					
МММ-ҮҮ	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Apr-18 Apr-18	Expense Claim Direct Billing	Meetings Meetings	594	47		319	366 594			
Total			\$ 594	\$ 47	\$-	\$ 319	\$ 960	\$-	\$-	\$-
Total for the Month	\$ 960									

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	\$ 365.55										
Expense Date	Business reason	-	Expense Location	Expense Type	Amoui	nt		To Location	Justification		# of Attendees	Attendee Name(s)	Trip Distance
3/22/2018	Physician Complaint Interview		AB - Other Zones	Meals Per Diem	\$	13.00			Physician Complaint Lunch \$13.00	1			
3/23/2018	Physician Compensation Committee	5	AB - Other Zones	Fuel-Travel and Car Rental	\$ 1	106.70			Physician Compensation Committee	1			
3/23/2018	Physician Compensation Committee	2	AB - Other Zones	Meals Per Diem	\$	10.50			Physician Compensation Committee Bfast \$10.50	1			
4/17/2018	PRPAC OWG and CPSA mtg		AB - Other Zones	Parking - Lot or Parkade	\$	29.35			PRPAC OWG and CPSA mtg	1			
4/17/2018	PRPAC OWG and CPSA mtg		AB - Other Zones	Тахі	\$	66.00	YEG	ATG	PRPAC OWG and CPSA mtg	1			
4/17/2018	PRPAC OWG and CPSA mtg		AB - Other Zones	Taxi	\$	66.00	ATB Place	YEG	PRPAC OWG and CPSA mtg	1			
4/17/2018	PRPAC OWG and CPSA mtg			Mileage-Local- Home Zone	\$	50.50	Residence	YYC return	PRPAC OWG and CPSA mtg	1			100
4/17/2018	PRPAC OWG and CPSA mtg		AB - Other Zones	Meals Per Diem	\$	23.50			PRPAC OWG and CPSA mtg Bfast \$10.50 Lunch \$13.00	1			
Approver(s) for	the claim	Approval S	itatus	Approval Date					1				
BELANGER, FRA	NCOIS	Approve		25-Apr-18	1								

R. Nichol Physician Compensation Committee Edmonton March 23, 2018 Fuel - Rental Vehicle 1

CO-OP Calgary Co-op North Hill Gas Bar

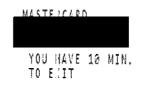
540 16th Avenue NE Calgary AB (403) 299-4277 GST# R100730894 Member Number:0309098 Type: SALE Price Total Qty Name in the film the set of the new set was the of the film the test was the set of the set of the set of the set of 1 REGULAR GASOLINE \$ 1.229 106.70 7 Pump: Litres: 86.817 Price / Litre: \$ 1.229 3 FUTW GAME TICKET \$ 0.000 \$ 0.00 er de velgede de de men de war een he war een berne an we we war i tri i i i i de de verde de veren ar ee ee m Subtotal \$ 106.70 GST [Incl Pumps] \$ 5.08 en wir der eine wei iht ber in 15, 25, 25 25. Die die Barsen sie zu wei wei an zur wei an wei wei wei wei wei wei Total \$ 106.70 \$ 106.70 ORIGINAL **TYPE:** Purchase ter bit die tel mer bit wer 30, die 300 mer ACCT: VISA 106.70 \$ ted and take our set the coll sets take was rade. CARD NUMBER: DATE/TIME: 03/23/2018 17:29:01 REFERENCE #: TERM: AUTHOR # : AID: TVR: TSI: VISA CREDIT 01 APPROVED - THANK YOU 027 IMPORTANT: retain this copy for your records CUSTOMER COPY ****** 3/23/18 5:28:57 PM Receipt# Cashie Store:2 Pos Your opinion matters! Charp you for Linin

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ATS GROUP
4608 101 ST NW
7809897099
EDMONTON AB
CARD
CARD TYPE MASTERCARD
DATE 2018/04/17
TIME 3396 15:44:59
INVOICE #
RECEIPT NUMBER
PURCHASE
TOTAL
¢122 00
\$132.00

RECEIPT GST NO. R122556194

TKT N-)		
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PAID: 1	\$ 29.35	
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	INCLUDED)	





R. Nichol PRPAC OWG and CPSA meeting April 17, 2018

MASTERCARD



APP<u>ROVED</u>

AUTH# THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS COPY FOR YOUR RECORDS

GST 73871 2892 RT0001



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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

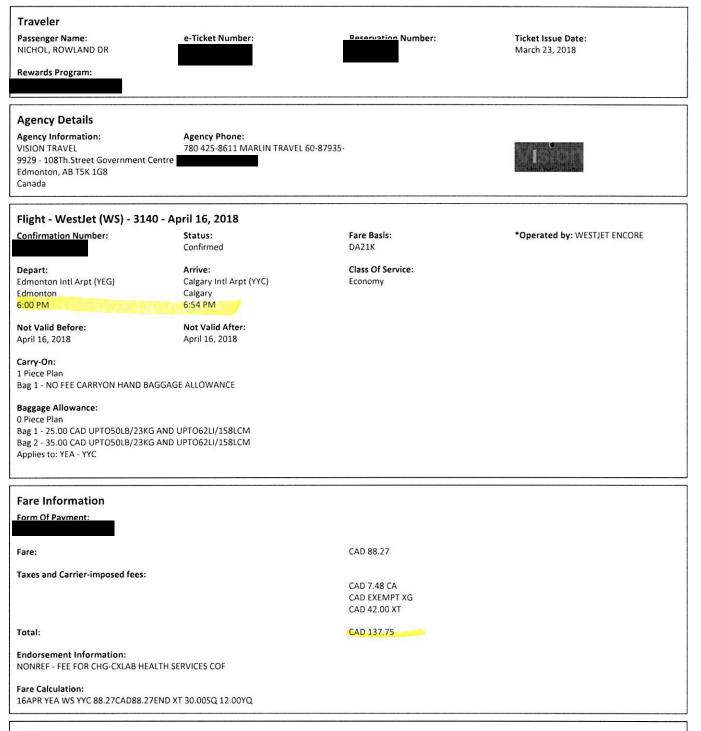
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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:

Name : Dr Rollie Nichol	Reporting Period for the Month of : Apr-18
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YES

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
16-Apr-18	Direct Bill	Airline Ticket	Physician Resource OWG and TWG Meetings	Marlin Travel	137.75
16-Apr-18	Direct Bill	Airline Ticket	Physician Resource OWG and TWG Meetings	Marlin Travel	140.48
17-Apr-18	Direct Bill	Airline Ticket	Physician Resource OWG and TWG Meetings	Marlin Travel	161.00
17-Apr-18	Direct Bill	Airline Ticket	Physician Resource OWG and TWG Meetings	Marlin Travel	154.60

\$



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:	Ticket Issue Date: March 23, 2018
Rewards Program:			X
Agency Details Agency Information: VISION TRAVEL 9929 - 108Th.Street Government Ce Edmonton, AB T5K 1G8 Canada	Agency Phone: 780 425-8611 MARLIN TRAVEL 6	j0-87935-	
Flight - Air Canada (AC) - 81	30 - April 16, 2018		
Confirmation Number:	Status: Confirmed	Fare Basis: T21ZATG	*Operated by: AIR CANADA EXPRESS - JAZZ
Depart: Calgary Intl Arpt (YYC) Calgary 7:15 AM	Arrive: Edmonton Intl Arpt (YEG) Edmonton 8:09 AM	Class Of Service: Economy	
Not Valid Before: April 16, 2018	Not Valid After: April 16, 2018		
Carry-On: 2 Piece Plan Bag 1 - NO FEE CARRYON HAND BAG Bag 2 - NO FEE CARRY ON HAND BAG			
Baggage Allowance: O Piece Plan Bag 1 - 25.00 CAD UPTOSOLB/23KG / Bag 2 - 35.00 CAD UPTOSOLB/23KG / Applies to: YYC - YEA			
Fare Information			
Fare:		CAD 103.00	
Taxes and Carrier-imposed fees:		CAD 7.48 CA CAD EXEMPT XG CAD 30.00 SQ	
Total:		CAD 140.48	
Endorsement Information: AC ONLYT-NONREF-CHGFEE AB HEAI	TH SERVICES COF		
Fare Calculation: 16APR YYC AC YEA Q9.00Q3.00 91.00	0CAD103.00END		

Notes

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

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Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: Booking Date: Client: Agent:	20 Apr 18
	File Locator:	

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTIO	DN			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket #		<mark></mark>		61.00	0.00	\$0.00	0.00	100.00	161.00 CAD
			Total:	61.00	0.00	0.00	0.00	100.00	161.00 CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form of	Payment			Amount
		04/13/2018							161.00 CAD
							Total Pa	ayment:	161.00 CAD
					B	alance Du	e CAD Cu	rrency	0.00 CAD
CORPORATE UNIT 101 REASON FOR TRAVEL PI				Total GS	т	0.00	Tota	al HST	\$0.00

114

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET	Trip #: Booking Date: 20 Apr 18 Client: Agent:
EDMONTON AB T5J 3E4	File Locator:

MY ITINERARY

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified
All passangers pand to appure that o	arrest desumentation requirements ar	e met for entry to the applicable destinations as

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

	IR					
Passengers:	ROWLAND NICHOL			Booking Date: File Locator/Ticket #:	13 Apr 18	
Airline	Flight	From	Terminal	To	Class/Seat	Stops
AIR CANADA	08130	CALGARY INTL 17 Apr 18 7:15AM		EDMONTON INTL 17 Apr 18 8:09AM	Q/	



Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4	Trip #: Booking Date: Client: Agent:	20 Apr 18
	File Locator:	

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPT	ΓΙΟΝ			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	
WESTJET Ticket #	/			54.61	0.00	\$0.00	0.00	100.00	154.61 (CAD
	n Al Mill - Conner Conner Conner (Charles and State		Total:	54.61	0.00	0.00	0.00	100.00	154.61	CAD
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount 154.61 C	CAD
							Total Pa	ayment:	154.61 (CAD
					В	alance Du	e CAD Cur	rency	0.00	CAD
CORPORATE UNIT 101				Total GS	т	0.00	Tota	al HST	\$0.00	

REASON FOR TRAVEL PHYSICIAN RESOURCE PLANNING

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

MY ITINERARY

AIR

Passengers	Citizenship	Required Travel Documents
ROWLAND NICHOL	Not Specified	Not Specified
All		

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

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Passengers:	ROWLAND NICHOL			Booking Date: File Locator/Ticket #:	13 Apr 18	
Airline	Flight	From	Terminal	То	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 17 Apr 18 6:00PM		CALGARY INTL 17 Apr 18 6:54PM	U	