

## 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 October 2018

			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)
Oct-18	Expense Claim	Meetings				56	56			
Oct-18	Direct Billing	Meetings	319				319			
<b>Total</b>			\$ 319	\$ -	\$ -	\$ 56	\$ 375	\$ -	\$ -	\$ -

**Total for the Month** \$ 375

Maximum daily single meal expense claimed in the month \$ -  
 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	\$ 56.40								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/17/2018	Quality Summit	AB - Other Zones	Parking - Lot or Parkade	\$ 8.00			Quality Summit	1			
10/17/2018	Quality Summit		Mileage-Local-Home Zone	\$ 20.20	Redwood Meadows	University of Calgary return	Quality Summit	1			40
10/18/2018	Quality Summit		Mileage-Local-Home Zone	\$ 20.20	Redwood Meadows	University of Calgary return	Quality Summit	1			40
10/18/2018	Quality Summit	AB - Other Zones	Parking - Lot or Parkade	\$ 8.00			Quality Summit	1			
Approver(s) for the claim		Approval Status	Approval Date								
BELANGER, FRANCOIS		Approve	24-Oct-18								

**THIS IS YOUR RECEIPT**

Terminal: 11H\_CWT

Plate: [REDACTED]

Valid through:

**THU 18 OCT 2018**

**11:59 PM**

AMOUNT PAID: \$8.00

ENTRY TIME: 10/18/2018 9:17 AM

RECEIPT NO: [REDACTED]

AUTH: [REDACTED]

TRN: [REDACTED]

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VALID TO:

18 OCT 18

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PAID:

\$8.00

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10/18/2018

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Terminal: 11H\_CWT

Plate: [REDACTED]

Valid through:

**WED 17 OCT 2018**

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AMOUNT PAID: \$8.00

ENTRY TIME: 10/17/2018 8:21 AM

RECEIPT NO: [REDACTED]

AUTH: [REDACTED]

TRN: [REDACTED]

**THIS IS YOUR RECEIPT**

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VALID TO:

17 OCT 18

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PAID:

\$8.00

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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: **YES**

<b>Name :</b> Dr Rollie Nichol	<b>Reporting Period for the Month of :</b> Oct-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
24/09/18	Direct Bill	Airline Ticket	People Executive Committee mtg	Marlin Travel	318.51

<b>Total Paid in the Month</b>	<b>\$ 318.51</b>
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# Vision

A DIRECT TRAVEL<sup>SM</sup> COMPANY

## Invoice

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

Trip #: [REDACTED]  
 Booking Date: 29 Aug 18  
 Client: [REDACTED]  
 Agent: [REDACTED]  
 File Locator: [REDACTED]

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
WESTJET Ticket [REDACTED]	99.00	0.00	\$0.00	49.48	0.00	148.48 CAD
AIR CANADA Ticket # [REDACTED]	121.00	0.00	\$0.00	37.48	0.00	158.48 CAD
PRE PAID SEATS CAD Confirmation # [REDACTED]	11.55	0.00	\$0.00	0.00	0.00	11.55 CAD
<b>Total:</b>	<b>231.55</b>	<b>0.00</b>	<b>0.00</b>	<b>86.96</b>	<b>0.00</b>	<b>318.51 CAD</b>

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	08/29/2018		[REDACTED]	11.55 CAD
	[REDACTED]	08/29/2018		[REDACTED]	158.48 CAD
	[REDACTED]	08/29/2018		[REDACTED]	148.48 CAD
				Total Payment:	318.51 CAD

Balance Due CAD Currency **0.00 CAD**

Total GST 0.00 Total HST \$0.00

CORPORATE UNIT 101  
 REASON FOR TRAVEL BUSINESS

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

Trip #: [REDACTED]  
Booking Date: 29 Aug 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

Airline	Flight	From	Terminal	To	Class/Seat	Stops
WESTJET	03140	EDMONTON INTL 24 Sep 18 6:00PM		CALGARY INTL 24 Sep 18 6:55PM	C/	

Passengers: ROWLAND NICHOL      Booking Date: 29 Aug 18  
File Locator/Ticket #: [REDACTED]

Passengers: ROWLAND NICHOL      Booking Date: 29 Aug 18  
File Locator/Ticket #: [REDACTED]