

# **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)								
ммм-үү	Source Document	Purpose	Air	fare	M	leals	Accommodatio	n	Other Travel	「otal ravel	Professiona Developmer (2)		Working Sessions Hosting and Hospitality (3)	Othe	
Oct-18 Oct-18	Expense Claim Direct Billing	Meetings Meetings		319					56	56 319					
Total			\$	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

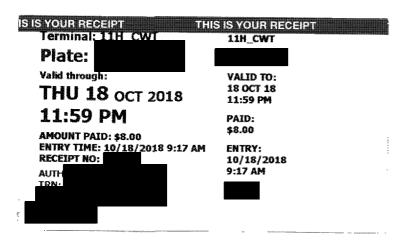
Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

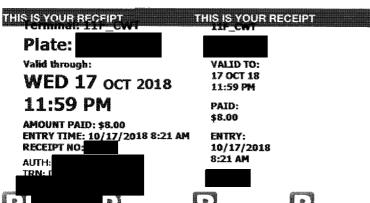
#### 5) Remuneration, Allowances Reported in the Financial Statements

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			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) fo	r the claim	Approval	Status	Approval Date				•	•			
BELANGER, FR	ANCOIS	Approve		24-Oct-18								







# **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 :	Oct-18

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

Total Paid in the Month \$ 318.51



## Invoice

ALBERTA HEALTH SERVICES ALBERTA HEALTH SERVICES 10030 - 107 STREET EDMONTON AB T5J 3E4 Trip #:
Booking Date: 29 Aug 18
Client:
Agent:
File Locator:

PASSENGERS: DR ROWLAND NICHOL

REFERENCE/ DESCRIPTION	ON			FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL	L
WESTJET Ticket				99.00	0.00	\$0.00	49.48	0.00	148.48	CAE
AIR CANADA Ticket #	•			121.00	0.00	\$0.00	37.48	0.00	158.48	CAE
PRE PAID SEATS CAD	Confirmation #		adia didia didia sela sada sida di	11.55	0.00	\$0.00	0.00	0.00	11.55	CAD
			Total:	231.55	0.00	0.00	86.96	0.00	318.51	CAE
PAYMENTS	Invoice #	Payment Date	Card Holder		Form o	f Payment			Amount	
		08/29/2018							11.55	
		08/29/2018							158.48	
		08/29/2018							148.48	CAD
							Total Pa	ayment:	318.51	CAD
					В	alance Du	e CAD Cui	rrency	0.00	CAE
CORPORATE UNIT 101				Total GS	ST	0.00	Tota	al HST	\$0.00	j

REASON FOR TRAVEL BUSINESS

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

Trip #: **Booking Date:** 29 Aug 18 Client: Agent: 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



Airline

WESTJET

AIR

**ROWLAND NICHOL** Passengers:

Flight

03140

From

**EDMONTON INTL** 

**Terminal** 

24 Sep 18 6:00PM

**Booking Date:** 

File Locator/Ticket #:

CALGARY INTL 24 Sep 18 6:55PM Class/Seat Stops

29 Aug 18

C/

Passengers:

Passengers:

**ROWLAND NICHOL** 

**ROWLAND NICHOL** 

**Booking Date:** 

File Locator/Ticket #:

**Booking Date:** File Locator/Ticket #:

29 Aug 18

29 Aug 18