

## 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 2018

MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
<b>Travel (1)</b>										
Dec-18	Expense Claim	Meetings		35		344	378			
Dec-18	Direct Billing	Meetings	470				470			
<b>Total</b>			\$ 470	\$ 35	\$ -	\$ 344	\$ 848	\$ -	\$ -	\$ -

**Total for the Month**      \$        848

Maximum daily single meal expense claimed in the month    \$        24  
 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	\$ 378.22								
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
10/24/2018	ProvMA CMIO Mtg		Mileage-Local-Home Zone	\$ 40.40	Residence (Redwood Meadows)	YYC return	ProvMA CMIO Mtg	1			80
10/26/2018	Attend Workforce Planning mtg with Pediatrics Dept at ACH		Mileage-Local-Home Zone	\$ 35.35	Residence (Redwood Meadows)	ACH return	Attend Workforce Planning mtg with Pediatrics Dept at ACH	1			70
12/5/2018	PPEC and TWG mtg		Mileage-Local-Home Zone	\$ 60.60	Residence (Redwood Meadows)	YYC return	PPEC and TWG mtg	1			120
12/5/2018	PPEC and TWG mtg	AB - Other Zones	Meals Per Diem	\$ 34.50			PPEC and TWG mtg	1			
12/5/2018	PPEC and TWG mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 29.35			PPEC and TWG mtg	1			
12/5/2018	PPEC and TWG mtg	AB - Other Zones	Taxi	\$ 66.00	ATB Place	YEG	PPEC and TWG mtg	1			
12/5/2018	PPEC and TWG mtg	AB - Other Zones	Taxi	\$ 66.00	YEG	ATB Place	PPEC and TWG mtg	1			
12/18/2018	South Zone Physician Leadership Mtg	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50			South Zone Physician Leadership Mtg	1			
12/18/2018	South Zone Physician Leadership Mtg	AB - Other Zones	Fuel-Travel and Car Rental	\$ 37.52			South Zone Physician Leadership Mtg	1			
Approver(s) for the claim		Approval Status		Approval Date							
BELANGER, FRANCOIS		Approve		21-Dec-18							

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

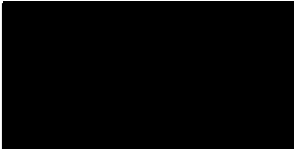
ATS GROUP  
4608 101 ST NW  
7809897099  
EDMONTON AB

CARD [REDACTED]  
CARD TYPE MASTERCARD  
DATE 2018/12/05  
TIME 6570 10:42:30  
INVOICE # [REDACTED]  
RECEIPT NUMBER [REDACTED]

-----  
PURCHASE  
TOTAL

**\$132.00**  
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MASTERCARD



**APPROVED**

AUTH# [REDACTED]

THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS  
COPY FOR YOUR RECORDS

GST 73871 2892 RT0001

TKT NO: [REDACTED]  
EXIT No. 4103  
IN: 12/05/18 05:59  
OUT: 12/05/18 20:48  
DURATION: 0 14: 49  
PAID: \$ 29.35  
(GST INCLUDED)  
MASTERCARD  
[REDACTED]  
AUTH. CODE  
REF.  
THANK YOU FOR



CHINOOK REGIONAL HOSPITAL  
PARKING SERVICES

[REDACTED]  
12/18/18 15:25 L# 3 A# 1 Txn# [REDACTED]  
12/18/18 10:06 In 12/18/18 15:25 Out  
Tkt# [REDACTED]  
CRH \$ 8.50  
Total Fee \$ 8.50  
VISA \$ 8.50-

Approval No. [REDACTED]  
Reference No. [REDACTED]  
Change Due \$ 0.00  
DRIVE SAFELY

parkingsouth@ahs.ca

Exit Verifier [REDACTED]

TRANSACTION RECORD  
RELEVÉ DE  
TRANSACTION

HOBIL  
@ #1774  
18506 SOUTHPORT ROAD SW  
CALGARY, AB T2W 3N5

TRANSACTION RECORD

HOBIL

2018-12-18 17:41:08

TRANS #: [REDACTED]  
Station#: 00324339  
GST #: R733514327

PUMP 5  
REGLR \$ 37.52  
40.888L AT \$0.929/L

GST INCLUDED \$ 1.79

TOTAL \$ 37.52

Type: PURCHASE  
VISA

T [REDACTED]  
INVOICE NO: [REDACTED]  
AUTH: [REDACTED]

01 Approved - Th  
ank You 027

## 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

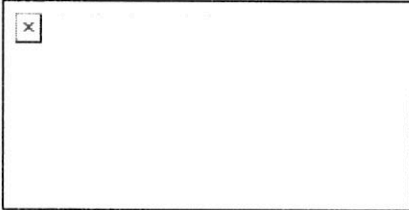
- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- 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-18
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
05-Dec-18	Direct Bill	Airline Ticket	PPEC and TWG Overview Mtgs Edmonton	Marlin Travel	470.06

<b>Total Paid in the Month</b>	<b>\$ 470.06</b>
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**From:** [REDACTED]@visiontravel.ca>  
**Sent:** Tuesday, December 18, 2018 4:16 PM  
**To:** [REDACTED]  
**Subject:** FW: Summary Invoice for NICHOL/ROWLAND DR - 05December18 - Locator [REDACTED]



# Invoice

Invoice: [REDACTED] Customer Number: [REDACTED]  
 Issued: [REDACTED] Sales Person: [REDACTED] Customer Ref.: [REDACTED]  
 Passenger(s): NICHOL/ROWLAND DR

Please check your on-line itinerary for any schedule changes or other updates - [Click Here](#)

Invoice Details						
Transaction	Document / Booking Number	Base Fare	Other Tax	GST/HST	QST	Total
Invoice Number	[REDACTED]					
Air Canada	[REDACTED]	372.00	74.96	0.00	0.00	446.96
					Billed to: [REDACTED]	
Vendor AC Misc Air	[REDACTED]	22.00	0.00	1.10	0.00	23.10
Charges					Billed to: [REDACTED]	
	<b>Totals:</b>	<b>394.00</b>	<b>74.96</b>	<b>1.10</b>	<b>0.00</b>	<b>470.06</b>
					<b>Total Credit Card Billing:</b>	<b>470.06</b>
					<b>Balance Due:</b>	<b>0.00</b>