

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 July 2019

			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)
Jul-19	P-Card	Meetings					-	105		
Jul-19	Expense Claim	Meetings		26		119	145			
Jul-19	Direct Billing	Meetings				93	93			
Total			\$ -	\$ 26	\$ -	\$ 212	\$ 238	\$ 105	\$ -	\$ -

Total for the Month \$ 343

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 P-Card

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 105.00									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
7/16/2019	Banff Symposium on Practice Based Remediation Conference held Sep 13, 2019		Conference Fees	\$ 105.00			Items charged to Executive Assistant's July 2019 P-Card on behalf of Rollie Nichol	1				
Approver(s) for the claim		Approval Status	Approval Date									
BELANGER, FRANCOIS		Approve	2-Aug-19									

Provincial Medical Affairs

Web Site: www.albertahealthservices.ca

Date: July 16, 2019

Pages: 1 (including cover sheet)

To :	
Name:	Banff Symposium on Practice-Based Remediation
Fax:	[REDACTED]
Phone:	

From :	
Name:	[REDACTED]
Fax:	[REDACTED]
Phone:	

MESSAGE:

Please find attached registration form for Dr. R. Nichol.

Please forward receipt to [REDACTED]

Thank you.

[REDACTED]
Executive Associate to
Dr. Rottie Nichol
Associate Chief Medical Officer
Physician Workforce, Compensation & Workspace
and
Mr. William Hondas
Senior Program Officer, Medical Affairs
Office of the VP, Quality & Chief Medical Officer

REGISTRATION FOR ATTENDING IN PERSON - Rollie Nichol

REGISTRATION FORM

**Banff Symposium on Practice-Based Remediation
September 11-13, 2019**

PROFESSION

- FAMILY PHYSICIAN
 SPECIALIST PHYSICIAN - PLEASE SPECIFY
- STUDENT / RESIDENT (FULL-TIME STUDENTS ONLY)
 OTHER HEALTH PROFESSIONAL - PLEASE SPECIFY

YEARS OF PRACTICE - PLEASE SPECIFY

- COMMUNITY SIZE IN WHICH YOU PRACTICE
 GREATER THAN 1,000,000 INHABITANTS
 15,001-999,999 INHABITANTS
 0-15,000 INHABITANTS

UCID (IF APPLICABLE)

DATE OF BIRTH M M D D

FIRST NAME

ROWLAND

LAST NAME

NICHOL

ADDRESS

CITY

PROVINCE

POSTAL CODE

AREA CODE

PHONE

EXT

AREA CODE

FAX

EMAIL

REGISTRATION FEE

PLUS 5% GST - UCalgary GST Registration #108102864RT0001

Amount to be paid by the registrant (including applicable taxes)

- \$ 100.00 Physician
 \$ 100.00 Other Health Professional

Note: Registrants attending all Age classes will be assigned a group and a number

Attending 13 September 2019 only

PAYMENT BY

- CHEQ AMEX VISA MASTERCARD
- EXPIRY DATE M M Y Y

CARD NUMBER

SIGNATURE

REGISTER

REGISTER BY FAX ONLY

Fax 403.270.2330

Please note that registrations submitted by fax may take up to one business day to process.

For more information, contact the registration department at 403.220.7032 or email cmereg@ucalgary.ca

BY MAIL

Cheque Payable - UNIVERSITY OF CALGARY

CHEQUE MUST INCLUDE 5% GST

Cumming School of Medicine, Office of Continuing Medical Education and Professional Development, University of Calgary, TRW Building, 3280 Hospital Drive NW, Calgary, AB T2N 4Z6

REGISTRATION SERVICES

Phone 403.220.7032

Email cmereg@ucalgary.ca

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Registration information is collected under the authority of the Freedom of Information and Protection of Privacy Act. The contact information you provide is required by our Office to register you in the course, prepare material and courses for your use, plan for future courses and notify you of similar, upcoming courses offered by our Office. Financial information is used to process applicable fees and is retained for future reference. Call 403.220.7032 if you have questions about the collection or use of this information.

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
NICHOL, ROWLAND	ACMO, Medical Leadership, Workforce & Medical Affairs	Calgary	\$ 144.66									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
6/28/2019	Physician Concern Interviews South Zone - Lethbridge	AB - Other Zones	Fuel-Travel and Car Rental	\$ 40.14				1				
6/28/2019	Physician Concern Interviews South Zone - Lethbridge	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50				1				
6/28/2019	Physician Concern Interviews South Zone - Lethbridge	AB - Other Zones	Meals Per Diem	\$ 13.00				1				
6/28/2019	Physician Concern Interviews South Zone - Lethbridge		Mileage-Local-Home Zone	\$ 14.14	Residence	Enterprise 1036 - 9th Ave return		1			28	
7/22/2019	Physician Concern Interviews - Lethbridge	AB - Other Zones	Fuel-Travel and Car Rental	\$ 27.38				1				
7/23/2019	Physician Concern Interviews - Lethbridge	AB - Other Zones	Parking - Lot or Parkade	\$ 8.50				1				
7/23/2019	Physician Concern Interviews - Lethbridge	AB - Other Zones	Fuel-Travel and Car Rental	\$ 20.00				1				
7/23/2019	Physician Concern Interviews - Lethbridge	AB - Other Zones	Meals Per Diem	\$ 13.00				1				
Approver(s) for the claim		Approval Status		Approval Date								
BELANGER, FRANCOIS		Approve		2-Aug-19								

Calgary Co-op

Macleod Tr Gas Bar
8818 Macleod Trail S
Calgary Alberta
(403) 299-4293
GST#R106730894

Member # [REDACTED]

Pump	Litres	Price/L
8	40.582	\$0.989
Product		Amount
Regular		\$40.14
Total		\$40.14
GST (Inc Pumps)		\$1.91

Purchase
VISA

[REDACTED]

DATE: 06/28/2019
TIME: 17:02:02
REF: [REDACTED] C
TERM: [REDACTED]
AUTH: [REDACTED]
RFSP: [REDACTED] ISO:01

VISA CREDIT

[REDACTED]

VERIFIED BY PIN

Approved - Thank you

IMPORTANT:
retain this copy
for your records

+++CUSTOMER COPY+++

Store # [REDACTED] 3
Receipt # [REDACTED]

Members now earn
8 cents per litre
with every purchase.
Guaranteed!

ALBERTA HEALTH SERVICES
CHINOOK REGIONAL HOSPITAL
PARKING SERVICES
960 19 STREET S
LETHBRIDGE AB

Rcpt# [REDACTED]
06/28/19 14:41 L# 4 A# 1 Txn# 13242

06/28/19 10:01 In 06/28/19 14:41 Out

BL# [REDACTED]
CRN \$8.50
Total Fee \$8.50
VISA \$8.50

[REDACTED]

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

parkingsouth@ahs.ca
P4 POF 3303

Calgary Co-op

Richmond Rd Gas Bar
4940 Richmond Rd SW
Calgary Alberta
(403) 299-4374
GST#R100730894

Member # [REDACTED]

Pump	Litres	Price/l
8	25.617	\$1.069
Product		Amount
Regular		\$27.38
Total		\$27.38
GST (Inc Pumps)		\$1.30

Purchase
MASTERCARD

DATE: 07/22/2019
TIME: 17:00:55
REF: [REDACTED] T
TERM: [REDACTED]
AUTH: [REDACTED]
RESP: [REDACTED] ISO:01

Approved - Thank you

NO SIGNATURE TRAN.

IMPORTANT:
retain this copy
for your records

CUSTOMER COPY

Store # 06

Receipt # [REDACTED]

Members now earn
8 cents per litre
with every purchase.
Guaranteed!

ALBERTA HEALTH SERVICES
CHINOOK REGIONAL HOSPITAL
PARKING SERVICES
960 19 STREET S
LITHBRIDGE AB

Rcpt# [REDACTED]
07/23/19 16:07 L# 4 A# 1 Txn# [REDACTED]

07/23/19 10:19 In 07/23/19 16:07 Out

ikt# [REDACTED]
CRH \$8.50
Intal Fee \$8.50
MASTERCARD \$8.50-

[REDACTED]
Approval No. [REDACTED]
Reference No. [REDACTED]

Change Due \$0.00
DRIVE SAFELY

parkingsouth@ahs.ca
P4 POF 3303

Calgary Co-op

Macleod Tr Gas Bar
8818 Macleod Trail S
Calgary Alberta
(403) 299-4293
GST#R100730894

Member # [REDACTED]

Pump	Litres	Price/l
7	18.712	\$1.069
Product		Amount
Regular		\$20.00
Total		\$20.00
GST (Inc Pumps)		\$0.95

Purchase
MASTERCARD

DATE: 07/23/2019
TIME: 18:23:45
REF: [REDACTED] T
TERM: [REDACTED]
AUTH: [REDACTED]
RESP: [REDACTED] ISO:01

Approved - Thank you

NO SIGNATURE TRAN.

IMPORTANT:
retain this copy
for your records

CUSTOMER COPY

Store # 3

Receipt # [REDACTED]

Members now earn
8 cents per litre
with every purchase.
Guaranteed!

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 : Jul-19
---------------------------------	---

DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
27-Jun-2019	Direct Billing	Car Rental	Physician Concern Interviews South Zone - Rental Car to travel from Calgary to Lethbridge, return - June 27 and 28, 2019	Vision Travel	\$43.96
22-Jul-2019	Direct Billing	Car Rental	Physician Concern Interviews - Rental Car to travel from Calgary to Lethbridge, return - July 22 and 23, 2019	Vision Travel	\$48.96
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
	Direct Billing	Airline Ticket		Vision Travel	
Total Paid in the Month					\$ 92.92



Federal GST#: 889365821

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

[Redacted]
01-Jul-2019

Bill To Information

ALBERTA HEALTH SERVICES
PO BOX 1600
EDMONTON, AB - T5T2N9
CANADA

Rental Information

Reservation Number [Redacted]
Driver : NICHOL, ROWLAND
Pickup Date/Time : 06/27/2019 16:42
Return Date/Time : 06/28/2019 17:27
Miles/kms : 512
Car Class : ICAR Requested Class : ICAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2019/NISN/QAS [Redacted] 14560/15072/512
VIN [Redacted]

Rental Branch

CALGARY DOWNTOWN WEST
1036 - 9 AVENUE SW
CALGARY, AB - T2P 1L9

Return Branch

CALGARY DOWNTOWN WEST
1036 - 9 AVENUE SW
CALGARY, AB-T2P 1L9

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	43.00	43.00
			Sub Total	43.00
VEHICLE LICENSE FEE RECOVERY	1	DAY	0.96	0.96
Total Charges (CAD)				43.96

Additional Information

Ext BilRef # 1 10100007111000012 COST CENTER# 10100007111000012

Remit Payment in CAD to ENTERPRISE RENT A CAR CANADA COMP. 709 MILNER AVE SCARBOROUGH, ON M1B 6B6	For Billing Inquiries Tel#:+1 8773121084 AskARCanada@ehi.com	Payment Terms Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.
---	---	---

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.



1036 - 9 AVENUE SW
 CALGARY, AB T2P 1L9
 Federal GST# :889365821

Rental Agreement #: [REDACTED]
 Bill Ref #: [REDACTED]
 Invoice Date: 07/25/2019
 Account #: [REDACTED]

BILL TO

Alberta Health Services
 PO BOX 1600
 EDMONTON, AB - T5T2N9

RENTAL INFORMATION

Date/Time Out: 07/22/2019 12:06 PM
 Date/Time In: 07/23/2019 07:00 AM

Renter: NICHOL, ROWLAND

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	Miles/Kms In
BLACK	[REDACTED]	CHAR	7RDBJX	27,473	27,990
VIN	[REDACTED]				

CLAIM INFORMATION

Claim# / PO# / RO# : [REDACTED]
 Insured : [REDACTED]
 Date of Loss : [REDACTED]
 Type of Loss : [REDACTED]
 Type of Vehicle : [REDACTED]
 Repair Shop : [REDACTED]

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	1 DAY	48.00	48.00
Subtotal			48.00
VEHICLE LICENSE FEE RECOVERY	1 DAY	0.96	0.96
Total Charges (CAD)			48.96

PAYMENTS

Payment	Payment	-48.96
Total Payments (CAD)		-48.96

Amount Due (CAD) 0.00

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :
 Tel#:+1 9184016000
 AskARCanada@ehi.com
 Payment Due within 30 days of invoice date
 Late payments are subject to a finance charge.

ADDITIONAL INFORMATION

COST CENTER# 101000071110000012

Thank You For Choosing Enterprise

Please Return This Portion With Remittance	Amount Due (CAD)	0.00
Remit To : ENTERPRISE RENT A CAR CANADA COMPANY 709 MILNER AVE SCARBOROUGH, ON M1B 6B6	Paid By: Alberta Health Services PO BOX 1600 EDMONTON, AB T5T2N9	
Account #	Rental Agreement	Amount
[REDACTED]	[REDACTED]	0.00
		GPBR
		[REDACTED]