

Official Administrator and Executive Expense Report

Name Dr. Rollie Nichol
Title ACMO, Physician Workforce, Compensation & Workspace
Location Calgary
 Expenses submitted during the month of January 2014

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Jan-14	P-Card	Meetings	53				53			
Jan-14	Expense Claim	Conferences		12		25	37	700		
Total			\$ 53	\$ 12	\$ -	\$ 25	\$ 90	\$ 700	\$ -	\$ -

Total for the Month \$ 790

Maximum meal expense claimed in the month \$ 12
 Maximum daily 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.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

STIEBEN, CHRISTINE

EXECUTIVE ASSISTANT

Billing Reporting Period: 20/01/2014

Cardholder's Name

Cardholder's Position/Title

CMO

SOUTHPORT

Total Statement Amount:

Cardholder's Dept

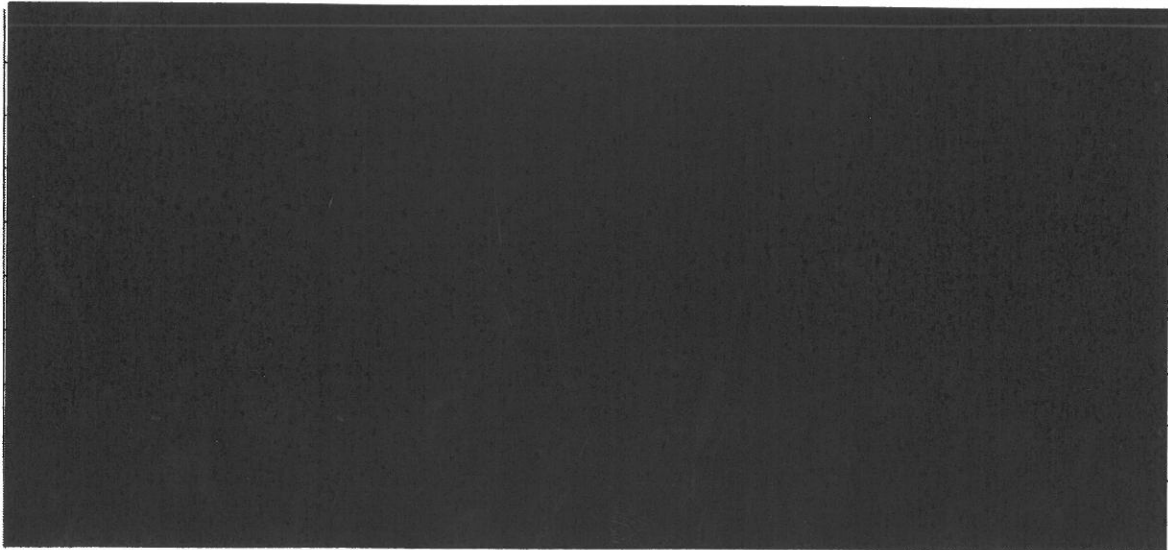
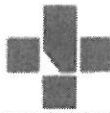
Cardholder's Site/Location

CHRISTINE.STIEBEN@ALBERTAHEALTHSERVICES.CA

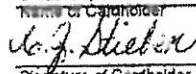
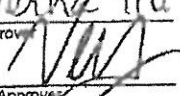
Last 6 digits of the P-Card #

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
20/12/2013	538274342	AIR CAN 0142128932243, AIR CANADA	52.50	CAD	52.50	.00	.00	Nichol-Cal-Edm Jan8/14 (change fee)



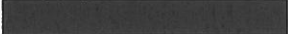
24.)
25.)
26.)
27.)
28.)
29.)
30.)
31.)
32.)
33.)

Cardholder Designate (If Applicable) By signing this statement: <ul style="list-style-type: none"> I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre. 				
Name of Cardholder Designate _____	Cardholder Designate Position/Title _____			
Signature of Cardholder Designate _____	Date of Signature _____			
Cardholder By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 				
STIEBEN, CHRISTINE Name of Cardholder 	EXECUTIVE ASSISTANT Cardholder Position/Title January 27, 2014 Date of Signature			
Approver Designate (If Applicable) By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 				
Name of Approver Designate _____	Approver Designate Position/Title _____			
Signature of Approver Designate _____	Date of Signature _____			
Approver By signing this statement: <ul style="list-style-type: none"> I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 				
Dr. Vernd Hiu Name of Approver 	VP Quality & CMO Approver Position/Title Jan 30/14 Date of Signature			
Submit approved statement with other amounts to Accounts Payable				
Attach: <ul style="list-style-type: none"> Original (or scanned) itemized receipts with documented business reasons including names of participants where required Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal cheque payable to "Alberta Health Services" Return, refund and/or credit receipts Disputes letter Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason. 	Address: Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton, AB T5J 3E4			
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Reference #: _____</td> <td style="border: none;">Reviewed by: _____</td> <td style="border: none;">Date: _____</td> </tr> </table>		Reference #: _____	Reviewed by: _____	Date: _____
Reference #: _____	Reviewed by: _____	Date: _____		

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Name: Mr Rowland Nichol
E-mail: ROLLIE.NICHOL@ALBERTAFALTHSERVICES.CA
Form of payment: 

1.
Attending meeting in
Slave Lake Re. FCC
- Plans changed and this trip was
changed from Jan 6-8/14 to a 1 day
trip on Jan 8/14
Booking reference: MH4D4V

Customer Care
Air Canada Reservations
1-888-247-2262
Air Canada Flight Information
1-888-422-7533

International Reservations



Alert me of flight changes
Flight notification

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC8134	Calgary (YYC)	Edmonton International (YEG)	DH4	U	Confirmed
<i>Operated by:</i>	Wed 08-Jan 2014	Wed 08-Jan 2014			
<i>Air Canada Express-Jazz</i>	08:30	09:23			
AC8149	Edmonton International (YEG)	Calgary (YYC)	DH3	Q	Confirmed
<i>Operated by:</i>	Wed 08-Jan 2014	Wed 08-Jan 2014			
<i>Air Canada Express-Jazz</i>	15:00	15:53			
Seat number(s) requested:	6F				

Passenger Information

Name: Mr Rowland Nichol
Frequent Flyer Pgm: Air Canada Aeroplan

Passenger 1
Ticket number: 
Program number: 

Purchase Summary

(1)

Passenger: 1 Ticket number [REDACTED]

Date of issue

20-Dec 2013

Fare Amount in Canadian dollars:

458.00

(including navigation & other charges)

Taxes, Fees & Charges

Combined Taxes *see fare calculation below (XT)

Credit with AC used for this flight
ref ticket - 014211930459 (Mar. 26/13)
* See statement for P. Card 20/12/13

PD

Total Fare in :

No Additional
collection

Options

Change fee in Canadian dollars

50.00

Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

2.50

Ticket particularities:

AC ONLY/NON-REF/CHGE FEE

*Fare calculation:

08JAN14YYC AC YEA Q12.00R247.00AC YYC Q12.00R187.00CAD458.00

END ROE1.00 PD14.25CA26.36XG55.00SQ

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287

RC Canada Harmonized Sales Tax (HST) #10009-2287

XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's general conditions of carriage.

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the Travel documentation and US Secure Flight Program in US Secure Flight Program for important information on documents and identification required for travel.

Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation or other unforeseen circumstances. Residents of Canada can purchase travel insurance from RBC Travel Insurance Company via www.aircanada.com/insurance or by calling 1-866-530-6021. To make sure you get the best possible protection, purchase insurance prior to your departure.

U.S. Residents - CSA Travel Protection offers American travellers an easy way to purchase travel insurance. Whether you're travelling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip cancellation



AHS - AP Processing - Internal Use Only

Voucher #

Naming Convention

**MEDICAL AFFAIRS
TRAVEL/MEETING EXPENSE CLAIM FORM****SECTION 1: PAYEE INFORMATION** (Check one only)☐ Sole Proprietor☒ Professional Corporation

Invoice Date:	31-Jan-14	Invoice #:	
Vendor Name:	Nichol-Pereles Professional Corporation	Vendor# (if known):	
Address:		City:	
Province/State:		Postal Code:	
		Country:	

Reason for Expense
&/or Business Case

Attending meetings in Edmonton & Calgary related to ACO.

If claiming Meals/Travel/Accommodation, and the amount exceeds the limit stated in Policy 1122 "Appendix A" rationale is required
Cells that are locked (Complete calculations) are shaded Aqua Cells requiring selection from dropdown menu are shaded Orange

SECTION 2: FINANCE CODE/ACCOUNTING DISTRIBUTION
(Departments must provide Complete Coding)

Completion of the "cost effective method used" Column is required. If you select "No" in this column, Further Explanation is Required in the "Rationale is Required" section below

Corn/BU/Org e.g. 101	Location (if applicable) e.g. 9000	Functional Centre/Primary e.g. 71135050440	Expense/ Secondary Acct e.g. 62312000	Cost Effective Method Used?	Expense Sub - Total	GST (if applicable)	TOTAL
101	0000	71110000012	62312000	Yes			
<input checked="" type="checkbox"/> Canadian \$	<input type="checkbox"/> US \$	<input type="checkbox"/> Other Currency	TOTAL PAYMENT				\$736.80

SECTION 3: AUTHORIZATION

Requisitioned by (Print Name)	Position Title/Program Group	Date	Phone#
<input checked="" type="checkbox"/> I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.			
<input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.			
<input checked="" type="checkbox"/> I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
<input checked="" type="checkbox"/> I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.			
Claimant signature	Position Title/Program Group	Date	Phone#
		31-Jan-14	
<input checked="" type="checkbox"/> I hereby acknowledge that I have read the "Travel, Hospitality & Working Session Expense Policy (1122)" of Alberta Health Services and hereby confirm that the expenses claimed are in compliance with such policy.			
<input checked="" type="checkbox"/> I certify that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rational and supporting analysis is provided.			
<input checked="" type="checkbox"/> I hereby certify that the expenses listed above have not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.			
<input checked="" type="checkbox"/> I attest that the expenses in this claim are for valid business purposes for Alberta Health Services.			
Approved by (Print Name)	Signature	Date	
Dr Verna Yiu			
Title/Program Group	DOE Level		
VP, Quality & CMO			

GOVERNING POLICIES FOR THIS CLAIM ARE DELEGATION OF AUTHORITY #1111 AND TRAVEL, HOSPITALITY & WORKING SESSION #1122

- 1) All employee claims must be submitted on the Travel, Hospitality & Working Session Expense Claim form
- 2) All cheques and attachments will be mailed out by Accounts Payable. Cheques will NOT be pulled and returned to departments for mailing.
- 3) Non-compliant and incomplete/improperly authorized payment registrations will be returned without processing.

Health and Personal Information on this form is collected by AHS under the authority of various provisions of the Health Information Act (HIA) and sections 2 and 3 of the Freedom of Information and Access to Information Act (FOIPA) respectively for the purposes of administering AHS Programs. For more information, questions or concerns about the collection, use or disclosure of your health information, please contact Mark Pellet, Director Accounts Payable at 780-725-0000 or email: Mark.Pellet@ahs.ab.ca

SECTION 4: MEDICAL AFFAIRS - TRAVEL EXPENSE CLAIM PORTION

<u>Date</u>	<u>Purpose of Expense</u>	<u>GST</u>	<u>Conferen ce</u>	<u>Hotel</u>	<u>Parking /Taxi</u>	<u>Meal Type</u>	<u>Meals</u>	<u>Meal Receipt</u>	<u>Rental Car/Airfare</u>	<u>Cost Effective method used?</u>	<u>Mileage km</u>
15-Nov-13	Cal Registration to		\$700.00								
16-Nov-13	2013 Canadian Conference on Physician Health										
8-Jan-14	Edm Attending UofA Medical Students meeting				\$25.29		\$11.60				
SUBTOTAL			\$700.00		\$25.29		\$11.60				

Mileage \$

[illegible]

Section 4 Subtotal	\$ 736.80
Section 4 GST Total	
Section 5 Subtotal	
Mileage Total	
Total Payment	\$ 736.80

or per Union Agreement

AP-F-3.002

Rollie Nichol

From: 2013 Canadian Conference on Physician Health [phregistrations@cma.ca]
Sent: September 17, 2013 11:52 AM
To: Rollie Nichol
Subject: CCPH 2013 Registration Confirmation




Registration Confirmation
2013 Canadian Conference on Physician Health

Thank you for registering for the 2013 Canadian Conference on Physician Health. This email serves as confirmation that your registration has been received and payment processed.

Any further changes or enquiries regarding your registration can be directed to the CMA Registration Officer via email at PHregistrations@cma.ca.

Participants are responsible for their own hotel reservation and travel arrangements. Information on how to book your hotel and travel arrangements is available on our website at www.cma.ca/2013CanadianConference.

Order Date
Order Reference

2013/09/17


Registration information

Dr. Rowland Nichol
Assoc CMO
Alberta Health Services



rollie.nichol@albertahealthservices.ca

None

None

N/A

Concurrent sessions

1st choice - 1-EDU

2nd choice - 1-SER

3rd choice - 1-SEL

1st choice - 2-EDU

2nd choice - 2-SER

3rd choice - 2-SEL

1st choice - 3-SER

2nd choice - 3-SEL

1st choice - 4-EDU

2nd choice - 4-SER

1st choice - 5-EDU

2nd choice - 5-SER

3rd choice - 5-SEL

This is your official receipt

Registration Fees

The total is in Canadian dollars. It will be converted on your credit card statement if other funds are used.

	Qty	Price	Total
Full conference (Nov 15-16) - Regular - CMA Member	1	\$700.00	\$700.00

Sub-Total: \$700.00

GST (5.0%): \$35.00

Grand total: \$735.00

GST registration [REDACTED]

Be sure to continue checking for updated information on the conference program at www.cma.ca/2013CanadianConference.

We look forward to seeing you in Calgary!

Consent for use of information

By registering for this conference, you agree that the CMA will use your information for the purposes of the conference, including the collection, use and disclosure of your information for the purposes of the conference, including the collection, use and disclosure of your information for the purposes of the conference.

Participant list

The CMA will maintain a list of participants for the conference. This list will be used for the purposes of the conference, including the collection, use and disclosure of your information for the purposes of the conference. phregistrations@cma.ca

Customer Support

If you require any further information, please contact the CMA at 1-877-462-2262 or email physicianhealthconference@cma.ca.

Canadian Conference ON PHYSICIAN HEALTH

Harnessing wisdom across generations to promote physician health

15-16 November 2013

Hyatt Regency Calgary

Calgary, Alberta

Rowland Nichol MD

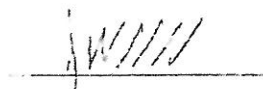
Attended the 2013 Canadian Conference on Physician Health
Friday, November 15 - Saturday, November 16, 2013, Calgary, Alberta
and participated in 11.25 hours.

The 2013 Canadian Conference on Physician Health is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada. This 2-day conference program (Nov. 15th-16th) has been reviewed and approved by the University of Calgary for 11.25 credits.

The 2013 Canadian Conference on Physician Health program (Nov. 15th-16th) has been accredited by the College of Family Physicians of Canada and the Alberta Chapter for up to 11.25 Mainpro-M1 credits.



Terne Brandon, MD, CCFP
AMA Physician and Family Support Program (AMA PFSP)



Derek Puddester, MD, MEd, FRCPC
Canadian Physician Health Institute (CPHI)

RECEIPT
GST NO. R122556194

EXIT NO. 37136
IN: 22/03/14 16:10
OUT: 22/03/14 19:10
DURATION: 3:00
PAID: \$ 25.22
GST INCLUDED

REF. THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade