

Board and Executive Expense Report

Name Dr. Rowland Nichol
Title ACMO, Physician Workforce, Compensation & Workspace
Location Calgary

Expenses submitted during the month of November 2012

			Travel (1)					Working Sessions		
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Hosting and Hospitality (3)	Other (4)
November 2012	Expense Claim	Various meetings			\$ 395	526	921			
November 2012	P-Card	Staff Engagement/Meetings	601			133	734			
Total			<u>\$ 601</u>	<u>\$ -</u>	<u>\$ 395</u>	<u>\$ 659</u>	<u>\$ 1,655</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Total for the Month \$ 1,655

Maximum meal expense claimed in the month \$ -
 Maximum daily hotel rate claimed in the month \$ 220
 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

MEDICAL STAFF PAYMENT REQUISITION

Medical Staff Vendor Information

Vendor Name: Dr. Rollie Nichol is paid under a Professional Corporation
 Professional Corporation: No Yes
Nichol-Pereles Professional Corporation

Vendor Number: _____ Pay Site: _____

Invoice Date: _____ Invoice Number (if applicable): _____

Specific Medical Staff Member(s) who provided the Services if different from Vendor Name: _____

Finance Coding/Accounting Distribution

Balancing Unit	Location	Functional Centre	Account	Expense Subtotal	GST (if applicable)	Total Payment
101	0000	71110000012		\$921.28		\$921.28
Currency Canadian						TOTAL PAYMENT \$921.28

If any of the payments above involve reimbursement of Medical Staff Expenses, is a Travel and Expense Claim Detail form and associated original receipts attached? No Yes

If any Out of Province travel is involved, is the signed pre-approval form attached? No Yes

Authorization

Requisitioned by: Christine Stieben (Signature) *Christine Stieben* Employee # [redacted] Phone # [redacted]

If a member of Medical Affairs, which Zone: Provincial If not a member of Medical Affairs, which Department: _____ Date: Nov. 27/12

Dr. Rollie Nichol (Signature) *Rollie Nichol* Employee # n/a Phone # [redacted]

Title: Associate Chief Medical Officer, Workforce Compensation & Workspace Date: Nov. 27/12

Approved by: Dr. Verna Yiu (Signature) *Verna Yiu* Position # [redacted] Phone # [redacted]

EVP and CMO, Quality and Medical Affairs DOFA Level: 2b Date: Nov 28/12

- All authorizations shall be in accordance with the AHS Delegation of Financial Authority Policy, CF#03.
1. All medical staff travel or expense reimbursement claims must include a completed Medical Staff Travel & Expense Claim Detail form and receipts.
 2. Incomplete or incorrect forms will be returned to the requisitor without being processed.

Medical Staff Travel and Expense Claim Form

Date (DD/MM/YY)	Reason for Payment	Totals	GST \$	Accommodation \$	Meal Type B, L or D	Meals \$	Transportation \$	Mileage km	Mileage Rate \$	Mileage Amount \$
13/11/2012	Meeting-AHS Operational Meeting- Lethbridge						Taxi-\$20.00 Parking-\$22.05			
22/11/12- 23/11/12	AHS Operational Meeting Edmonton			\$153.03			Taxi-\$181.00			
26/11/12	Meeting-Making the Big Picture Personal Storytelling Experiences and Approaches within AHS- Edmonton			\$242.20						600 km x 0.505= \$303.00
	select									
	select									
	select									
	select									
	select									
				\$385.23			\$223.05			\$303.00

Itemized receipts (ie not credit card statements) must be included where any expenses are being requested be reimbursed

Expense Limits – Note this is summary information only. For full terms and conditions, please refer to AHS Travel Policy (AHS Policy CF-04), available on the AHS intranet.

1. Meal Expenses and Allowances

Meal allowances is the actual cost of the meal as shown on the receipt, excluding alcoholic beverages, including up to 15% gratuity, and GST, to a maximum as prescribed below. At discretion of signing officer, the below maximum meal expenses shall also apply where no receipt is available.

- a) Breakfast=B \$9.20
- b) Lunch=L \$11.60
- c) Dinner=D \$20.75

Meal expenses must be supported by restaurant receipt (not just credit card receipt) and information on either the names of the individuals or organizations whose representatives attended the meeting.

2. Accommodation Expense and Allowances

Accommodation expense claims may be made at the actual cost of the room and applicable taxes. The claim is expected to be reasonable given the location and availability of government rates. Accommodation allowance without a receipt is \$20 per night.

3. Travel

- Use of personal automobile – Reimbursement at the general rate of \$0.505 per km for approved travel in fiscal year
- Vehicle owners are responsible for any losses that may arise.
- Includes all forms of transportation costs, including taxis, air plane and buses for travel related to AHS.

The Westin Edmonton
10135 100 St
Edmonton, AB T5J 0N7
Canada
Tel: 780-426-3636 Fax: 780-428-1454

Rowland Nichol
13031 Southprt Ln Sw
Calgary, AB T2W 1S7
Canada

Email: CHRISTINE.STIEBEN@ALBERTA
HEALTHSERVICES.CA

Page Number : 1
Guest Number:
Folio ID : A
No. Of Guest: 1
Room Number : 746
Room Rate : 139.00
Club Account:

Invoice Nbr: 133588
Arrive Date: 22-NOV-12 16:34
Depart Date: 23-NOV-12 07:36

Tax Invoice

Tax ID: B61336493RT0005
The Westin Edmonton 23-NOV-12 07:36 BOGDMA

Date	Reference	Description	Charges	Credits
22-NOV-12	RT746	Room Charge	139.00	
22-NOV-12	RT746	GST	7.02	
22-NOV-12	RT746	DMF	1.39	
22-NOV-12	RT746	Tourism Levy	5.62	
23-NOV-12	VI	Visa		-153.03
		** Total	153.03	-153.03
		*** Balance	0.00	

Continued on the next page

The Westin Edmonton
 10135 100 St
 Edmonton, AB T5J 0N7
 Canada
 Tel: 780-426-3636 Fax: 780-428-1454

Rowland Nichol
 13031 Southprt Ln Sw
 Calgary, AB T2W 1S7
 Canada

Page Number : 2
 Guest Number: ██████████
 Folio ID : A
 No. Of Guest: 1
 Room Number : 746
 Room Rate : 139.00
 Club Account:

Invoice Nbr: 133588
 Arrive Date: 22-NOV-12 16:34
 Depart Date: 23-NOV-12 07:36

Email: CHRISTINE.STIEBEN@ALBERTA
 HEALTHSERVICES.CA

EXPENSE SUMMARY REPORT

Date	Room	GST	Tour Levy	Food\Bev	Phone	Other
22-NOV-12	139.00	7.02	5.62	0.00	0.00	1.39
23-NOV-12	0.00	0.00	0.00	0.00	0.00	0.00
Total	139.00	7.02	5.62	0.00	0.00	1.39

Date	Total	Payment
22-NOV-12	153.03	0.00
23-NOV-12	0.00	-153.03
Total	153.03	-153.03

By the following AP: _____

Receipt for _____

Received from _____
amt. \$20.00 Date _____
Driver # 10

RECEIPT
GST NO. R122556194

EXIT NO. 62
IN 11-22-11 11-22-11
OUT 11-22-11 11-22-11
DURATION 2 00 00
PAID \$ 00 00
GST INCLUDED
VISA
REF. 62
THANK YOU FOR
YOUR VISIT

Calgary International Airport Parkade

From _____
 To _____
 Time _____
 Date _____
 Trip Amount _____
 Driver Name _____
 Car Number _____
 GST _____

EDMONTON - DR. R. Nichol

www.edmtaxi.com

Edmonton Airport
 to UofA

Westin Hotel to
 UofA

YELLOW CAB

GST# _____
 Date _____ Amount _____
 Driver _____ Car # _____

UofA
 to
 WESTIN
 HOTEL

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs
 Visit our counter at the
 Calgary International Airport
 international arrival door

International Arrival
 Westin

ASSOCIATED CAB

Driver: Norman Date: Nov 23, 12
 Car # 1217 Amount: \$42.00
 GST Included # _____

Thank You for choosing

ASSOCIATED CAB

for all your transportation needs.
 Visit our counter at the
 Calgary International Airport
 international arrival door.

International Arrival
 Westin

ASSOCIATED CAB

Driver: Kathleen Date: Nov 23, 2012
 Car # 24 Amount: \$45.60
 GST Included # _____

Westin Hotel
 to UofA

YELLOW CAB

www.edmtaxi.com

GST# _____
 Date: Nov 23, 12 Amount: 60.00
 Driver: Norman Car #: 42
 From: Westin Hotel
 To: Airport

UofA to
 Edmonton
 Airport



Mr Rowland Nichol
[Redacted]

Room Number: 0410
Arrival Date: 11-25-12
Departure Date: 11-26-12
Page No: 1 of 1

INVOICE
Folio No: 133691

11-26-12

Date	Description	Charges	Credits
11-25-12	Room Revenue	220.00	
11-25-12	Tourism Levy - 4%	8.80	
11-25-12	Room GST - 5%	11.00	
11-25-12	Destination Marketing Fee - 1%	2.20	
11-25-12	GST on DMF	0.11	
11-25-12	Tourism Levy on DMF	0.09	
11-26-12	VISA [Redacted]		252.45
Total		252.45	252.45
Balance		0.00	

242.20

Tax Summary	
GST on DMF	0.11
Destination Marketing Fee - 1%	2.20
Tourism Levy - 4%	8.80
Room GST - 5%	11.00
GST - 5%	0.00

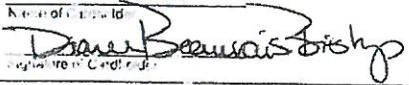

Signature: _____
I agree that my liability for all charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. G.S.T #R66344302 RT 0001

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

BEAUVAIS-BISHOP, DIANE Cardholder's Name	EXECUTIVE ADMINISTRATIVE Cardholder's Position/Title	Billing Reporting Period	20/11/2012
OFFICE OF THE CHIEF MEDICAL Cardholder's Dept	SOUTHPORT TOWER Cardholder's Site/Location	Total Statement Amount	\$2,809.02
DIANE.BEAUVAIS-BISHOP@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card # XXXXXXXXXX	

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
31/10/2012	300034136	AIR CAN 0142114031362, AIR CANADA	157.50	CAD	157.50	00		Nichol flight Calg/Leth Nov 13 change fee #1-2
31/10/2012	300034136	AIR CAN 0142114031362, AIR CANADA	62.50	CAD	62.50	00		Nichol flight Calg/Edm Nov 13
[REDACTED]								
07/11/2012	300691297	AIR CAN 0142114286651, A.R. CANADA	342.58	CAD	342.58	00		Nichol Calg/Edm Nov 22-23 #8-10
08/11/2012	300691298	AIR CAN 0142114286651, A.R. CANADA	37.80	CAD	37.80	00		Nichol Calg/Edm Nov 22-23 seat selection
[REDACTED]								
12/11/2012	301122425	YELLOW CAB, LIMOUSINES AND TAXICABS	333.50	CAD	333.50	15.88		Hondas Nichol/Edm Ground transportation for October #11
[REDACTED]								

Signatures		
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 details Online to the last of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transactions 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 hereby certify that the P-Card issued to me was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide. I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online on my behalf (if applicable). 		
Name of Cardholder BRADVAIR SHOP, DIANE 	Cardholder Position Title EXECUTIVE ADMINISTRATIVE Date of Signature Nov 28/12	
Approver Designate (if Applicable) By signing this statement: <ul style="list-style-type: none"> I hereby certify that I have reviewed and approved this statement in BMO details Online in accordance to AHS Corporate Policies, Program User Guide and Training on behalf of a authorized approver. 		
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 hereby certify that the P-card issued to be was used for legitimate business purposes in accordance to AHS Corporate Policies and AHS P-Card Program User Guide and hereby approve the transactions as stated. I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online on my behalf (if applicable). 		
Name of Approver 	Approver Position Title SVP + CMO - Clinops Date of Signature Nov 28/12	
Submit approved statement with attachments to Accounts Payable		
Attach <ul style="list-style-type: none"> Original approved receipts Signed Cardholder Statement Report (or copies of electronic statements if originals are not on report) And where applicable: <ul style="list-style-type: none"> Copies of pre-approvals for travel Personal expense payments to "Alberta Health Services" Return refund and/or credit receipts Disputes letter 	Address Alberta Health Services Accounts Payable 7th Street Plaza 10011st, North Tower, 10030-107 Street Edmonton, AB T5J 0E4	
Accounts Payable only		
Reference #	Reviewed by	Date

1-2.



Itinerary / Receipt

Attending - ZMAC South meeting

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

Main Contact Information

Booking reference: LBBAVI

Name: Dr Rowland Nichol
 E-mail: CHRISTINE.STIEBEN@ALBERTAHEALTHSERVICES.CA
 Form of payment: CC [REDACTED]
 CC [REDACTED]

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

Electronic Ticketing confirmed.
This is your official itinerary/receipt.

Flight Itinerary

Flight	From	To	Aircraft	Booking class	Status
AC7305	Calgary (YYC)	Lethbridge (YQL)	BEH	G	Confirmed
<i>Operated by:</i>	Tue 13-Nov 2012	Tue 13-Nov 2012			
<i>Air Canada Express- Air Georgian</i>	15:20	16:04			
AC7314	Lethbridge (YQL)	Calgary (YYC)	BEH	P	Confirmed
<i>Operated by:</i>	Tue 13-Nov 2012	Tue 13-Nov 2012			
<i>Air Canada Express- Air Georgian</i>	21:00	21:45			

Passenger Information

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

Passenger 1

Ticket number: 014 2114 031362

Program number: [REDACTED]

Fare Summary

Passenger: 1 Ticket number 014 2114 031362

Date of issue	31-Oct-2012
Fare Amount in Canadian dollars:	657.00
<i>(including taxes, fees, and other charges)</i>	
Taxes, Fees & Charges	
Canada Goods and Services Tax (GST/HST #10009-2287) (Y6)	7.50
Quebec Tax (see fare calculation below) (XT)	1.00
Total Fare in Canadian dollars:	677.50
Options	
Change fee in Canadian dollars	
Canada Goods and Services Tax (GST/HST #10009-2287) (XG)	150.00
<i>(see particulars)</i>	7.50
NOT ONLY NON-REFUNDABLE	

13N0115YYC AC Q1 Q12 COR145 00AC YYC Q12 00R100.00CA/292 00
 13N0115YYC AC Q1 Q12 COR145 00AC YYC Q12 00R100.00CA/292 00
 Canadian tax registration numbers
 XG Canada Goods and Services Tax (GST) #10009-2287
 QC Quebec Harmonized Sales Tax (HST) # 00009-2287
 AQ Quebec Sales Tax (QST) #00009-43-172

Fare Rules

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling with 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.

Important Information

This is your E-ticket/Itinerary Receipt. Keep the document for your travel. Your flight details are stored in our reservation system. The Conditions of Contract and other legal notices are provided with this itinerary receipt.

Please review this itinerary/receipt and should you have any questions, please call 1-888-487-2292 within 24 hours of receipt.

Travel Documents

Identification is required by federal government regulations to check identification at the departure gate for all passengers who appear to be 18 years of age or older. The name on the identification must match the name used on the reservation or ticket. The passenger must present one (1) piece of government-issued ID with photo or two (2) pieces of government-issued ID without photo. For air travel between Canada and the United States, all passengers, including Canadian and U.S. citizens, are required to present a valid passport or other valid travel document such as a Nexus card. Nexus members are required to carry appropriate immigration and identity documents in addition to their Nexus card. In addition, passengers must present this Itinerary/Receipt to immigration authorities upon request. For air travel to a foreign country, passengers must ensure that they have all necessary travel documents such as a passport or visa, as directed by embassies and consulates. All passengers are advised to view the Travel Requirements page for important information on documentation required for travel.
DO NOT TRAVEL IF YOU DO NOT HAVE ALL REQUIRED TRAVEL DOCUMENTS, SUCH AS PASSPORT AND VISA (if applicable).

Secure Flight

Nov 22/12 - Medical Staff Engagement in Quality Itinerary

Itinerary/Receipt



Nov 23/12 - CMO OFF SITE Meeting

Your booking is confirmed. Please refer to the back of this document for the full terms and conditions. For more information, please visit [www.aircanada.com](#).

Booking Information

Booking Reference: **KKR3ML**

Customer Code

Electronic Ticketing confirmed. This is your official itinerary/receipt.

Air Canada
1-800-387-2226

Main Contact:
Mr. Rowland Nichol
1-800-387-2226
[Redacted]

Flight Arrivals and Departures
1-800-423-2226

Flight Itinerary

Flight	From	To	Class	Status	Agent	City	Time
8001	Calgary (YYC)	Edmonton, Edmonton Int'l (YEG)	A	OK	1001	Edmonton	10:00
8002	Edmonton, Edmonton Int'l (YEG)	Calgary (YYC)	A	OK	1002	Calgary	10:00

Operated by:
Air Canada Express

Passenger Information

1 Mr Rowland Nichol, Adult (16+), Ticket Number 0142114286651

Passenger	Age	Sex	Weight	Height	Notes
Mr Rowland Nichol	Adult	M	2F Paid	2A Paid	None

Purchase Summary

Fare Summary

	Adult
Base fare (Tango - Tango)	104.00
Taxes, Fees and Charges	134.00
Number of Passengers	24
Taxes, Fees and Charges	
YUL - YUL Airport Security Fee	10.00
YUL - YUL Airport Passenger Tax (C/TAXSE) (YUL - YUL)	15.00
YUL - YUL Airport Passenger Tax (C/TAXSE) (YUL - YUL)	14.25
Total of Taxes, Fees and Charges	342.56
Options	
YUL - YUL Airport Security Fee	10.00
YUL - YUL Airport Passenger Tax (C/TAXSE) (YUL - YUL)	15.00
YUL - YUL Airport Passenger Tax (C/TAXSE) (YUL - YUL)	14.25
Total of Taxes, Fees and Charges	380.36
Number of Passengers	1
Total of Taxes, Fees and Charges	380.36
Grand Total - Canadian dollars	380.36

The following charges (tax in US dollars) are applied to your ticket and are not refundable:

- Airfare taxes of \$12.50 per fare per way
- Fuel surcharge of \$1.75 per fare per way

YUL - YUL Airport Security Fee

Fare Rules

Departing Flight: YUL - YUL To: Toronto (YUL) - Tango

Return Flight: Montreal (YUL) To: Toronto (YUL) - Tango

• Changes:

- **Flexibility of your ticket - Change fee** per flight segment varies by \$1,000 (US) for key fares and by a 40% fare difference. Change fee (YUL - YUL) is 2 hours prior to departure.
- **Airport same-day changes** are valid and available as follows:
 - Same-day changes are valid for flights departing YUL - YUL on the same day.
 - Same-day changes are valid for flights departing YUL - YUL on the same day.
 - Same-day changes are valid for flights departing YUL - YUL on the same day.
- **Same-day standby** - not permitted.
- Tickets are only be issued in sequence from the date of purchase up to the date of departure.

• Cancellations:

- Tickets are **non-refundable and non-transferable**.
- **Cancellations** can be made up to 45 business days prior to departure.
- Provided the flight is cancelled prior to the second flight departure the value of the unused ticket can be applied to the next available flight within the validity of the original ticket.

STATEMENT FOR THE MONTH OF OCTOBER 2012

NO	DATE	TIME	NAME	DESTINATION	AMOUNT
2	04	06:52	Dr. Nichol	Airport to Coast Edm Hotel	\$66.70
3	04	16:15	Mr. Hondas & Dr. Nichol	Coast Edm Hotel to Airport	\$66.70
TOTAL					\$333.50

Shared transportation

\$ 133.40

CHARGE TO:

ACCOUNT NO:



YELLOW CAB (780) 462-3456

PRESTIGE CABS (780) 462-4444

ADMINISTRATION (780) 465-5500

ALPHA ID	DRIVER	UNIT NO.
131325	73	815
TIME	DAY	MO. YR.
	31	10 2012

TO: [Redacted]

FROM: *Transportation for 6 months of October 2012*

PRINT NAME: [Redacted]

CUSTOMER SIGNATURE: *X DIANE BEAUVAIS-BISHOP*

4454816



-
-
-
-
-

TAX	
TIP	
GRATUITY	
TOTAL	333.50

MERCHANT COPY

THE ISSUER OF THE CARD IDENTIFIED ON THIS ITEM IS AUTHORIZED TO PAY THE AMOUNT SHOWN AS TOTAL UPON PROPER PRESENTATION. I PROMISE TO PAY SUCH TOTAL TOGETHER WITH ANY OTHER CHARGES DUE THEREON SUBJECT TO AND IN ACCORDANCE WITH THE AGREEMENT COVERING THE USE OF SUCH CARD.