

## Board and Executive Expense Report

**Name** Dr. Rowland Nichol  
**Title** ACMO, Physician Workforce, Compensation & Workspace  
**Location** Calgary  
 Expenses submitted during the month of January 2013

Travel (1)										
Date	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
January 2013	Expense Claim	Various meetings	-	20	-	395	415	-	-	-
January 2013	P-Card	Operational meeting	401	-	-	-	401	-	-	-
<b>Total</b>			<b>\$ 401</b>	<b>\$ 20</b>	<b>\$ -</b>	<b>\$ 395</b>	<b>\$ 816</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Total for the Month** \$ 816

Maximum meal expense claimed in the month \$ 20  
 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

MEDICAL STAFF PAYMENT REQUISITION

Medical Staff Vendor Information			
Vendor Name	Dr. Rollie Nichol is paid under a Professional Corporation	Professional Corporation.	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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	62312000	\$414.58		\$414.58
Currency, Canadian			TOTAL PAYMENT	\$414.58		\$414.58
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?						<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
If any Out of Province travel is involved, is the signed pre-approval form attached?						<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Authorization			
Requisitioned by: Christine Stieben	(Signature) <i>C. Stieben</i>	Employee #	Phone #
If a member of Medical Affairs, which Zone	Provincial	If not a member of Medical Affairs, which Department	Provincial
Dr. Rollie Nichol	(Signature) <i>R. Nichol</i>	Employee # n/a	Date: January 24, 2013
Title: Associate Chief Medical Officer, Workforce Compensation & Workspace			Date January 24, 2013
Approved by: Dr. Verna Yiu	(Signature) <i>V. Yiu</i>	Position #	Phone #
EVP and CMO, Quality and Medical Affairs DOFA: Level: 2b			Date January 24, 2013
<p>All authorizations shall be in accordance with the AHS Delegation of Financial Authority Policy, CF#03.</p> <ol style="list-style-type: none"> <li>All medical staff travel or expense reimbursement claims must include a completed Medical Staff Travel &amp; Expense Claim Detail form and receipts</li> <li>Incomplete or incorrect forms will be returned to the requisitioner without being processed.</li> </ol>			

**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 \$
30/11/12	Attending-Calgary Zone Primary Care Action Plan all day meeting	\$17.00					Parking-\$17.00			
07/01/13	Attending - ZMAC Edmonton meeting @ WMC	\$41.58			Dinner	\$19.50	Parking – Calgary Airport \$22.08			
07/01/13	ZMAC/Edmonton	\$125.00					Taxi (x2)- \$60.00 \$65.00			
15/01/13	Red Deer Dr. T. Jisdal (one way travel)	\$80.80						160kms	0.505	\$80.80
21/01/13	Strategic Planning Retreat for CPL at UofA	\$25.20					Parking- Calgary Airport \$25.20			
	Strategic Planning Retreat for CPL @ UofA	\$125.00					Taxi (x2)- \$60.00 \$65.00			
	select									
	select									
		<b>Total: \$414.58</b>				<b>\$19.50</b>	<b>\$314.28</b>			<b>\$80.80</b>

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.
- Driving from home to a designated work location, and returning home from a designated work location, is not considered business travel and cannot be claimed

DR. Howland Nichol - Nov 30/12.  
Attending - Calgary Zone Primary  
Care Action Plan  
meeting

- Parking . \$17.00

PRECISE PARKLINK™

CHARGES ARE FOR THE USE OF THE PARKING SPACE ONLY. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO MOTOR VEHICLES, INJURIES CAUSED AND DAMAGE NOT LIMITED TO THE THEFT OR COLLISION.

NON TRANSFERABLE 82532754

RECEIPT 82532754

CC

PRECISE PARKLINK™

DATE ISSUED	TIME ISSUED	AMOUNT PAID
30/11/12	08:39	\$ 17.00

CREDIT CARD NUMBER  
LOT3037

PRECISE PARKLINK™

EXPIRATION DATE  
30/11/12 18:00

EXPIRATION TIME

AMOUNT PAID  
\$ 17.00

93230001 08:39

DISPLAY THIS SIDE UP ON DASHBOARD

DETACH RECEIPT FROM TICKET

Dr. Rollie Nichol

Jan 7/13  
Attending ZMAC Edmonton  
Committee Meeting

HMSHOST  
HOUSTON  
EDMONTON INT'L AIRPORT  
CHECK: 9076  
TABLE: 109/1  
SERVER: 50316 HEATHER  
DATE: JAN07'13 7:52PM  
CARD TYPE: CC-Visa  
ACCT #:   
EXP DATE:   
AUTH CODE: 062641  
ROWLAND NICHOL

TOTAL: 25.19  
TIP: 3.75

TOTAL: 28.94

X  
I AGREE TO PAY THE ABOVE AMOUNT  
IN ACCORDANCE WITH THE CARD  
ISSUER'S AGREEMENT.

HMSHOST  
HOUSTON  
EDMONTON INT'L AIRPORT

50316 HEATHER

109/1 9076 GST 1  
JAN07'13 7:39PM

\*\*\*\* SEAT 1 \*\*\*\*  
1 DFT20 RICK RED 8.99  
BURGER HOUSTON 15.00  
FRENCH FRIES  
BTOTAL 23.99  
9 G.S.T. 5% 23/101 1.20  
AMOUNT \$25.19  
\*\*\*\*\* \*\*

USTAL 23.99  
9 G.S.T. 5% 23/101 1.20  
AMOUNT \$25.19

GST # 137512901  
HOW DID WE DO?  
HMSHOST EDMONTON INT'L AIRPORT  
JOHN VAN BESOUW GENERAL MANAGER  
PHONE 1 780 890 4447  
EMAIL JOHN.VANBESOUW@HMSHOST.COM

$8.99 + 5\% \text{Tax} \cdot 45 = \$9.44$   
 $\$25.19 + 9.44 = \$15.75 + 3.75^{(tip)} = \$19.50$

DR. Rollie Nichol - Jan. 7/13  
 Attending ZMAC Edmonton  
 Committee Meeting

CALGARY AIRPORT  
 AUTHORITY

STATION G64  
 IN: 01/07/13 13:38  
 OUT: 01/07/13 21:35  
 PAID: \$ 22.08  
 (GST INCLUDED)  
 GST No. 122556194  
 VISA

REF. 48  
 YOU HAVE 15 Min.  
 TO EXIT  
 THANK YOU FOR  
 YOUR VISIT

From Airport  
 To hospital  
 Time \_\_\_\_\_  
 Date 7th of January 2013  
 Trip Amount 60  
 Driver Name Janak  
 Car Number 665  
 GST 816 807 556

**OWLAND NICHOL** **YELLOW CAB** (780) 462-3456  
**PRESTIGE CABS** (780) 462-4444  
 ADMINISTRATION (780) 465-8500

GST # 100403070

AUTH. NO.	DRIVER	PHONE
TIME	DAY	NO.
	07	01/13

4.54973

FROM U of A  
 TO Airport  
 PRINT NAME \_\_\_\_\_  
 CUSTOMER'S SIGNATURE \_\_\_\_\_  
 X

FARE	60	00
INTL		
GRATUITY	5	-
TOTAL	65	-

CUSTOMER COPY

THE ISSUANCE 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.

From UofA  
 To U of A Lister Hall  
 Time \_\_\_\_\_  
 Date 60  
 Trip Amount 21/1/13  
 Driver Name \_\_\_\_\_  
 Car Number U6  
 GST \_\_\_\_\_

Rollie Nichol - Jan. 21/13  
 Edmonton to attend  
 Strategic Planning  
 Retreat for CPL  
 at UofA

↳ Taxi

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

EXIT No. A4  
 IN: 01/21/13 05:30  
 OUT: 01/21/13 17:20  
 DURATION: 0 11:50  
 PAID: \$ 25.20  
 (GST INCLUDED)  
 VISA

REF. 5  
 THANK YOU FOR  
 YOUR VISIT

Calgary International Airport Parkade

- Parking  
 Calgary Airport

↳ Taxi

CHARGE TO		ACCOUNT NO.	
[REDACTED]		[REDACTED]	
ROLAND NICHOL		<b>YELLOW CAB</b> (780) 462-3456	
		<b>PRESTIGE CABS</b> (780) 462-4444	
		ADMINISTRATION (800) 465-8500	
GST # 100403070		AUTH. NO.	DRIVER
G.S.T.#		TIME	DAY
			MO
			FR
FROM		4652715	
TO		FARE	60.00
PRINT NAME		INTL	
CUSTOMER'S SIGNATURE	<i>[Signature]</i>	GRATUITY	5.00
		TOTAL	65.00

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.

CUSTOMER COPY

**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 Cardholder's Name	EXECUTIVE ASSISTANT Cardholder's Position/Title	Billing Reporting Period	20/01/2013
CMO Cardholder's Dept	SOUTHPORT Cardholder's Site/Location	Total Statement Amount	\$850.10
CHRISTINE.STIEBEN@ALBERTAHEALTHSERVICES.CA Cardholder's e-mail address		Last 6 digits of the P-Card #	[REDACTED]

**Statement of Transactions**

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
1								
2								
3								
4	14/01/2013	305963640 AIR CAN 0142116514911, AIR CANADA	363.56	CAD	363.56	.00	.00	Nichol-Cal/Edm Jan21/13 OPERATIONAL Meeting X
5	14/01/2013	305963641 AIR CAN 0142116514911, AIR CANADA	37.60	CAD	37.60	.00	.00	Nichol-Cal/Edm seat selection OPERATIONAL Meeting X



Signatures		
<p><b>Cardholder Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• I hereby certify that I have reviewed and reconciled this statement in BMO details 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.</li> </ul>		
<p>_____ Name of Cardholder Designate</p>	<p>_____ Cardholder Designate Position/Title</p>	
<p>_____ Signature of Cardholder Designate</p>	<p>_____ Date of Signature</p>	
<p><b>Cardholder</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I acknowledge that the above Cardholder Designate has completed reviews and reconciliation in BMO details Online® on my behalf (if applicable)</li> </ul>		
<p>STIEBEN, CHRISTINE _____ Name of Cardholder</p>	<p>EXECUTIVE ASSISTANT _____ Cardholder Position/Title</p>	
<p><i>Ch. J. Stieben</i> _____ Signature of Cardholder</p>	<p><i>January 23/13</i> _____ Date of Signature</p>	
<p><b>Approver Designate (If Applicable)</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>		
<p><i>Dr. Verna Yiu</i> _____ Name of Approver Designate</p>	<p>EVP + CMO _____ Approver Designate Position/Title</p>	
<p><i>[Signature]</i> _____ Signature of Approver Designate</p>	<p><i>Jan 24/13</i> _____ Date of Signature</p>	
<p><b>Approver</b> By signing this statement</p> <ul style="list-style-type: none"> <li>• 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 listed</li> <li>• I acknowledge that the above Approver Designate has completed reviews and approvals in BMO details Online® on my behalf (if applicable)</li> </ul>		
<p>_____ Name of Approver</p>	<p>_____ Approver Position/Title</p>	
<p>_____ Signature of Approver</p>	<p>_____ Date of Signature</p>	
<b>Submit approved statement with attachments to Accounts Payable:</b>		
<p><b>Attach:</b></p> <ul style="list-style-type: none"> <li>• Original itemized receipts</li> <li>• Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report)</li> </ul> <p><b>And where applicable:</b></p> <ul style="list-style-type: none"> <li>• Copies of pre-approvals for travel</li> <li>• Personal cheque payable to "Alberta Health Services"</li> <li>• Return refund and/or credit receipts</li> <li>• Disputes letter</li> </ul>	<p><b>Address:</b></p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor, North Tower, 10030-107 Street Edmonton AB T5J 3E4</p>	
<b>Accounts Payable only:</b>		
Reference #: _____	Reviewed by: _____	Date: _____

# Itinerary/Receipt

OPERATIONAL MEETING

# 4,5

**Your booking is confirmed.** Please print/retain this page for your financial records (e.g. for taxation, expense claim or payment card reconciliation purposes). We thank you for choosing Air Canada and look forward to welcoming you on board.

## Booking Information

Booking Reference: [REDACTED]

Customer Care

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

**Air Canada**  
1-888-247-2262

Main Contact:

Mr Rowland Nichol  
rollie.nichol@albertahealthservices.ca

**Flight Arrivals and Departures**  
1-888-422-7533

## Flight Itinerary

Flight	From	To	Stops	Duration	Aircraft	Fare Type	Meal
AC8380 <sup>1</sup>	Calgary (YYC) Mon 21-Jan 2013 06:00	Edmonton, Edmonton Int'l (YEG) Mon 21-Jan 2013 06:59	0	0hr59	DH3	Tango, G	
AC8175 <sup>1</sup>	Edmonton, Edmonton Int'l (YEG) Mon 21-Jan 2013 16:30	Calgary (YYC) Mon 21-Jan 2013 17:16	0	0hr46	CRJ	Tango, G	

Operated by:

<sup>1</sup> Air Canada Express - Jazz

## Passenger Information

1: Mr Rowland Nichol : Adult (16+), Ticket Number: 0142116514911

Air Canada - [REDACTED]

Meal Preference: None

Aeroplan : [REDACTED]

Payment Card: [REDACTED]

Special Needs: None

Seat Selection: AC8380 6F Paid , AC8175 2F Paid

## Purchase Summary

2013-01-14

**Fare Summary**

Passenger Type	Adult
Departing Flight - Tango	129.00
Return Flight - Tango	129.00
Surcharges	24.00

**Taxes, Fees and Charges**

Canada Airport Improvement Fee	50.00
Canada Goods and Services Tax (GST/HST # 10009-2287 RT0001)	17.31
Air Travellers Security Charge (ATSC)	14.25
Total airfare and taxes before options (per passenger)	<b>363.56</b>

**Options**

Departing Flight - Tango	
* Advance Seat Selection	18.00
Return Flight - Tango	
* Advance Seat Selection	18.00
Canada Goods and Services Tax (GST/HST # 10009-2287 RT0001)	1.80
Total airfare, taxes and options (per passenger)	<b>401.36</b>
Number of passengers	1
RBC Travel Insurance (declined)	0.00
<b>Grand Total - Canadian dollars</b>	<b>\$401.36</b>

The following charges (tax inclusive) will appear on your credit or debit card statement:

- Air Canada: \$363.56 (Airfare - per ticket)
- Air Canada: \$37.80 (Advance Seat Selection - per ticket)

Ticket number(s): 0142116514911

**Fare Rules**

**Departing Flight** Calgary (YYC) To Edmonton (YEG) - **Tango**

**Return Flight** Edmonton (YEG) To Calgary (YYC) - **Tango**

- **Changes:**

- Prior to day of departure - **Change fee** per direction, per passenger, is \$75 CAD plus applicable taxes and any additional fare difference. **Changes** can be made up to 2 hours prior to departure.
- **Airport same-day changes** are subject to availability and are permitted only for same-day flights at a fee of \$150 CAD/USD per direction, per passenger, except for passengers travelling on a flight between Toronto and Montreal, or Toronto and Ottawa (connecting flights excluded), for whom the flat fee is \$75 CAD/USD. Same-day flights only.
- **Same-day standby** is not permitted.
- Flights can only be used in sequence from the place of departure specified on the itinerary.

- **Cancellations:**

- Tickets are **non-refundable** and **non-transferable**.
- **Cancellations** can be made up to 45 minutes prior to departure.
- Provided the original booking is cancelled prior to the original flight departure, the value of the unused ticket can be applied within a one year period from date of issue of the original tickets to the value of a new ticket subject to the change fee per direction, per passenger, plus applicable taxes and any additional fare difference, subject to availability and advance purchase requirements. The new outbound travel date must commence within a one year period from the