Recovery Alberta Board and Executive Expense Report

Name: Dr Nicholas Mitchell
Title: Chief Medical Officer (Interim)
Location: Edmonton
Expenses posted during the month of July 2025

			Travel (1)							
Approved MMM-YY	**Source Document**	**Purpose**	**Airfare**	**Meals**	**Accommodation**	**Other Travel**	**Total Travel**	**Professional Development (2)**	**Working Sessions Hosting and Hospitality (3)**	**Other (4)**
	P-Card	Meetings					-			
Jul-25	Expense Claim	Meetings			750	621	1,371			
	Direct Bill	Meetings					-			
		Total by category	$ -	$ -	$ 750	$ 621	$ 1,371	$ -	$ -	$ -

Total posted for the Month	$	1,371

Maximum daily single meal expense posted in the month	$	-
Maximum daily base hotel rate posted in the month	$	189
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 membership dues, small item technology purchases, books, etc.

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

Alberta Health Services

MEDICAL STAFF COMMITTEE, PROJECT OR EVENT INVOICE [redacted]

Practitioner Name: Dr. Nicholas Mitchell **AHS Medical Staff:** ☑ Yes ☐ No **Primary Zone:** Other

Prof Corp: Yes Name: Nicholas Mitchell Professional Corp. **Email Address:** [redacted]

Committee, Project or Event Name	Meeting Event Date	Participation Method	Meeting Commitment Time	Stipend	Travel Expenses (if applicable)	Comments
Tour Simon Recovery House - Calgary	21-Apr-25	In Person			YES Proceed to pg2	Tour of RA sites with CEO, shared ride
Tour of Recovery Alberta Sites in Lethbridge	22-Apr-25	In Person			YES Proceed to pg2	Tour of RA sites with CEO, shared ride
Tour of Recovery Alberta sites in Medicine Hat	23-Apr-25	In Person			YES Proceed to pg2	Tour of RA sites with CEO, shared ride
Tour of Recovery Alberta sites in Grande Praire	28-May-25	In Person			YES Proceed to pg2	Tour RA sites with CEO shared ride
			Stipend Total	$ 0.00		

Required Participation Review/Confirmation: Cannot be signed by claimant [redacted]

[redacted] 03-Jun-2025

Name Title Signature Date

Please send the completed invoice and receipts (if applicable) to:

[redacted]

Prepared By: [redacted]

Dr. Nicholas Mitchell

Alberta Health Services

Expense Claim Details - Medical Staff Reimbursment for Approved AHS Committee/Project/Event Participation

ATTN: Please enter PER DATE, not per category		*Meals -Per Diem (Refer Below)*			*Transportation & Accommodation*						*Mileage***		*Details*
Committee/ Project/ Event Name	**Expense Date (MM/DD/YY)**	**B**	**L**	**D**	**Hotel**	**Airfare**	**Taxi**	**Parking**	**Rental**	**Other* (Note details)**	**KM**	**Rate**	***Other** - include description of expense ****Mileage** - Required to include to/from destination
Tour Simon Recovery House - Calgary	4/21/20				201.04						304	0.505	Edmonton to Calgary
Tour of Recovery Alberta Sites in Lethbridge	4/22/20										197	0.505	Cal to Lethbridge
Tour of Recovery Alberta sites in Medicine Hat	4/23/20				211.68						728	0.505	Lethbridge to Medicine Hat and return to Edmonton
Tour of Recovery Alberta sites in Grande Prairie	5/28/25				337.34							0.505	
												0.505	
												0.505	
												0.505	
												0.505	
Sub Totals:		$0.00	$0.00	$0.00	$750.06	$0.00	$0.00	$0.00	$0.00	$0.00	1,229	0.505	

For full terms and conditions, please refer to AHS Travel, Hospitality and Working Sessions Policy, available on the AHS intranet at: https://www.albertahealthservices.ca/Assets/about/policies/ahs-pol-expenses.pdf
For applicable "Other" expenses, please identify or explain in the "Details" column.

Totals:	
Total Stipend	$ 0.00
Total KM Rate	$ 620.65
Total Expense	$ 750.06
Total Payment	$ 1,370.71

Required for Travel Expenses: *Must be signed by the physician*

I attest that I have read and understand the "Travel, Hospitality & Working Session Expenses Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with the principles and mandatory requirements of this 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.
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.
I, by signing this form, attest that I am compliant to all the above statements

Physician Signature: [redacted] ***Date:*** 03-Jun-2025

Required for Travel Expenses: *Must be signed by the Approver*

I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.
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.
I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Approved By (PRINT ONLY): Kerry Bales ***DOA Level:*** 1 ***Position #:*** [redacted] ***Phone #:*** [redacted]

I, by signing this form [redacted] *nt to all the above statements*

Signature: [redacted] ***Title:*** CEO ***Date:*** 03-Jun-2025

Delta Hotel Grande Prairie Airport
11700 99 Ave.
Grande Prairie, AB T8W 0C7
Canada
Tel: 780-533-6000

DR NICHOLAS MITCHELL
[redacted]
[redacted]
Canada

Page Number	:	1	Invoice Nbr	: [redacted]
Guest Number	:	[redacted]		
Folio ID	:	A		
Arrive Date	:	27-MAY-25	16:57	
Depart Date	:	29-MAY-25	06:48	
No. Of Guest	:	1		
Room Number	:	[redacted]		
Marriott Bonvoy Number	:	[redacted]		

Tax ID : GST # 759317738
Delta Grande YQUDE JUN-02-2025 09:56[redacted]

Date	Time	Reference	Description	Charges (CAD)	Credits (CAD)
27-MAY-25	00:01	[redacted]	Room Chrg - Special Corp	159.00	
27-MAY-25	00:01	[redacted]	Tourism Levy 4%	6.49	
27-MAY-25	00:01	[redacted]	DMF 2%	3.18	
			* Sub-Total	168.67	0.00
28-MAY-25	00:32	[redacted]	Room Chrg - Special Corp	159.00	
28-MAY-25	00:32	[redacted]	Tourism Levy 4%	6.49	
28-MAY-25	00:32	[redacted]	DMF 2%	3.18	
			* Sub-Total	168.67	0.00
29-MAY-25	06:48	VI	Visa		
			Visa[redacted]		
			* Sub-Total	0.00	-369.99

[redacted]

claiming $337.34

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BW Premier Executive Residency Medicine Hat

35 Paul Stober Drive SE
Medicine Hat, Alberta T1B 4Y2
Main:403-905-3202 Fax:
fd@bwpmh.com

Guest Folio

User: HW
Date: June 02, 2025
Time: 9:36 AM

Nicholas Mitchell
[redacted]

Arrival date: 4/22/2025
Departure 4/23/2025
Confirmation [redacted]
Room: [redacted]
Folio #: [redacted]

DATE	DESCRIPTION	TYPE	CHARGES	CREDITS	BALANCE
4/22/25	Room [redacted]	Room Rent	$ 189.00		$ 189.00
4/22/25		Goods And Services Tax	$ 9.45		$ 198.45
4/22/25		Alberta Tourism Levy	$ 7.56		$ 206.01
4/22/25		Destination Marketing Fee	$ 5.67		$ 211.68
4/23/25	[redacted], Invoice #	Visa		-$ 211.68	-$ 0.00
		Totals			**-$ 0.00**

Guest Signature: _____

DELTA HOTELS MARRIOTT CALGARY SOUTH

135 Southland Drive S.E Calgary, Alberta, T2J 5X5
Telephone: 403-278-5050 Fax: 403-225-5834

Alberta Health Services
Nicholas Mitchell
Canada

Room: [redacted]
Folio: [redacted]
Cashier: [redacted]
Arrival: 04-21-25
Departure: 04-22-25

Date	Description	Additional Information		Charges	Credits
04-21-25	Package Wrapper			174.00	
04-21-25	DMF			10.44	
04-21-25	Tourism Levy			7.38	
04-21-25	Rooms - GST			9.22	
04-22-25	Visa	XXXXXXXXXXXX[redacted]	XX/XX		201.04
04-22-25	[redacted]	[redacted]		[redacted]	
04-22-25	[redacted]	XXXXXXXXXXXX[redacted]	XX/XX		[redacted]

GST Summary	
Registration No: **763972957**	
Room	9.22
F&B	0.00
Other	17.82
Total	**27.04**

Total	[redacted]	[redacted]
Balance Due	0.00	CDN

Invoice amount adjusted: Total claimed: $201.04

Guest Signature:_____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part of or the full amount of these charges.