## **Expenses Reporting Form**

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Chief E	xecutive Officer	(CE	O)/Designated Se	nio	r Officer (DSO) E	кре	nses	
	Per: Section 38	3.1	of The Regional Hea	alth	Authorities Act			
			Financial Report					
As at: 2019/03/31 For th	ne period: (v/m/d)		2018/04	/01	to: (y/m/d)		2019/03	3/31
	First:	Jas	son		Surname:	Ch	ester	
Service Delivery	1 11 011					• • •		
Organization/Corporation	n·	He	ritage Lodge (Revera	Lo	ng Term Care Inc.)			
Main Office Address:	••	351	55 Portage Avenue; \	∧/in	ninea Manitoha: Ra	k n	¥2	
main office Address.		00.	Out-of-Province	/ V II I	Out-of-Province		Out-of-Province	
Description/Category	Total In-Province Expenses		Destination 1:		Destination 2 :		Destination 3:	
			Departure (y/m/d):		Departure (y/m/d):		Departure (y/m/d):	
			Return (y/m/d):		Return (y/m/d):		Return (y/m/d):	
Transportation								
Vehicle expenses								
Aircraft expenses								
Other transportation expenses								
Accommodation, food and beverages								
Accommodation expenses								
Food and beverage expenses								
Hospitality								
Hospitality expenses								
Cell phones and other								
personal electronic								
communication devices		1			Ī	Ι		1
Cell phone and other personal electronic communication devices								
Telephone calls (out-of-province)	N/A							
Other expenses	N/A							
In-Province Sub Total:	1471	-				<u> </u>		<u> </u>
Out-of-Province Sub Totals:				-		_		-
Total Expenses								
(includes in-province and		-						
out-of-province travel):								
Purpose Destination 1:								
Purpose Destination 2:								
Purpose Destination 3:								
Comments:								
There were no eligible amounts	s paid or reimbursed during t	he ye	ear					