# Expenses Reporting Form

## Chief Executive Officer (CEO)/Designated Senior Officer (DSO) Expenses

**Per: Section 38.1 of *The Regional Health Authorities Act***

**Financial Report**

| | | | |
|---|---|---|---|
| **As at: 2020/03/31 For the period: (y/m/d)** | 2019/04/01 | **to: (y/m/d)** | 2020/03/31 |
| **CEO/DSO's Name : First:** | Karla | **Surname:** | Struthers |
| **Service Delivery Organization/Corporation:** | Charleswood Care Center (Revera Long Term Care Inc.) | | |
| **Main Office Address:** | 5501 Roblin Blvd; Winnipeg, MB; R3R 0G8 | | |

| **Description/Category** | **Total In-Province Expenses** | **Out-of-Province Destination 1:** | **Out-of-Province Destination 2 :** | **Out-of-Province 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** | | | | |
| Cell phone and other personal electronic communication devices | | | | |
| Telephone calls (out-of-province) | **N/A** | | | |
| Other expenses | **N/A** | | | |
| **In-Province Sub Total:** | - | | | |
| **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 paid or reimbursed during the year