Expenses Reporting Form

Chief I	Executive Officer	(CE	EO)/Designated Seni	or Officer (DSO) E	xpens	es	
	Per: Section 3	8.1	of The Regional Healt	h Authorities Act			
			Financial Report				
As at: 2021/03/31 For the	he period: (y/m/d)		4/1/2020	to: (y/m/d)		3/31/	2021
CEO/DSO's Name :	First:	Ca	therine	Surname:	Creran		
Service Delivery		E _{V4}	tendicare Tuxedo Villa				
Organization/Corporatio	n:	EXI	lendicare ruxedo villa				
Main Office Address:		206	60 Corydon Avenue, Wi	nnipeg, MB R3P 0N	3		
Description/Category	Total In-Province		Out-of-Province Destination 1:	Out-of-Province Destination 2 :		Out-of-Province Destination 3:	
	Expenses		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							1
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		Т			1 1		_
Cell phone and other personal electronic communication devices	420.00	1					
Telephone calls (out-of-province)	N/A						
Other expenses	N/A						
In-Province Sub Total:	420						
Out-of-Province Sub Totals:			-		-		-
Total Expenses (includes in-province and out-of-province travel):	420.00						
Purpose Destination 1:			•	•			
Purpose Destination 2:							
Purpose Destination 3:							
Comments:							
1 Cell phone charges April	1, 2020 to March 31, 20	021					