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: 2021/03/31 For the period: (y/m/d)	4/1/2021	**to: (y/m/d)**	3/31/2001
CEO/DSO's Name : First:	Kim	**Surname:**	Olver
Service Delivery Organization/Corporation:	Poseidon Care Center		
Main Office Address:	#70 Poseidon Bay, Winnipeg, MB, R3M-3E5		

Description/Category	Total In-Province Expenses	Out-of-Province Destination 1: Departure (y/m/d): Return (y/m/d):	Out-of-Province Destination 2 : Departure (y/m/d): Return (y/m/d):	Out-of-Province Destination 3: Departure (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:	
	Nil report - no expenses claimed or paid