Expenses Reporting Form

Chief I	Executive Officer	(CE	O)/Designated Ser	ıic	or Officer (DSO) E	xpen	ses	
	Per: Section 3	8.1	of The Regional Hea	lth	n Authorities Act			
			Financial Report	_				
As at: 2021/03/31 For the period: (y/m/d)			3/31/202	20	to: (y/m/d)		3/31/2	2021
CEO/DSO's Name :	First:	Bre	nda		Surname:	Badiı	uk	
Service Delivery Organization/Corporation: Main Office Address:								
		Seven Oaks General Hospital						
		230	00 McPhillips Street, V	Vir	nnipeg, MB R2V 3M3	3		
			Out-of-Province	П	Out-of-Province		Out-of-Province	
Description/Category			Destination 1:		Destination 2 :		Destination 3:	
	Total In-Province							
	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):	
			Keturii (y/iii/u).		Return (y/m/a).		Return (y/m/u).	
Transportation								
Vehicle expenses	8,400.00	1						
Aircraft expenses	0,100.00							
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			1			
Cell phone and other personal electronic communication devices	677.09	2						
Telephone calls (out-of-province)	N/A							
Other expenses	N/A							
In-Province Sub Total:	9,077	7.09						
Out-of-Province Sub Totals:				-		-		-
Total Expenses	tal Expenses							
(includes in-province and 9,077 out-of-province travel):		7.09						
Purpose Destination 1:				_				
Purpose Destination 1:				_				
Purpose Destination 3:								
r dipose Bestination c.								
Comments:								
	r vehicle monthly allowance.	This a	mount is included in the CEO's	T4				
2 Cellular Charges from Ap	•							