Expenses Reporting Form

Chief E	Executive Officer ((CE	O)/Designated Senio	or Officer (DSO) Ex	хре	nses	
	Per: Section 38	3.1 c	of The Regional Healtl	h Authorities Act			
			Financial Report				
	ne period: (y/m/d)		22/4/1			23/03/3	31
CEO/DSO's Name :		Kar		Surname:	Stru	uthers	
Service Delivery			rleswood Care Centre				
Main Office Address:		550	1 Roblin Blvd, Winnipe			Out of Bravinsa	
Description/Category			Out-of-Province Destination 1:	Out-of-Province Destination 2 :		Out-of-Province Destination 3:	
			Destination 1.	Destination 2:		Destination 6.	
	Total In-Province Expenses		Departure (y/m/d):	Departure (y/m/d):		Departure (y/m/d):	_
	Expenses						
			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			<u> </u>			1	
Accommodation expenses							
Food and beverage expenses							
Hospitality							
Hospitality expenses							
Cell phones and other							
personal electronic communication devices							
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:	ain a thin a rain d						
No expenses incurred du	ring this period						