Expenses Reporting Form

Chief !	Executive Officer (C	CEO)/Designated Senio	or Officer (DSO) Exp	penses
		1 of The Regional Healtl	` ,	
		Financial Report		
As at: 2023/03/31 For the	he period: (y/m/d)	2022/04/01	to: (y/m/d)	2023/03/31
CEO/DSO's Name :	First: Ya	askow		ara
Service Delivery	Tr	uxedo Villa		
Main Office Address:	20	060 Corydon Ave Wpg M	B R3P 0N3	
Description/Category		Out-of-Province	Out-of-Province	Out-of-Province
	Total In-Province Expenses	Destination 1:	Destination 2 :	Destination 3:
		Description (1 or 1)	D	B (/ / / / /)
		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).	Keturii (y/iii/u).	Return (ymra).
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):	\$0			
Purpose Destination 1:				
Purpose Destination 2:				
Purpose Destination 3:				
Comments:				
NIL				