## **Expenses Reporting Form**

| Chief I   |                               |  | O)/Designated Se                  |      |                                    | хре | nses                              |   |  |
|---|-------------------------------|--|-----------------------------------|------|------------------------------------|-----|-----------------------------------|---|--|
|   | Per: Section 3                | 8.1 (                                  | of The Regional Hea               | alth | Authorities Act                    |     |                                   |   |  |
|   |                               |  | Financial Report                  |      |                                    |     |                                   |   |  |
| As at: 2023/03/31 For the period: (y/m/d)                               |                               | 2022/04/01 to: (y/m/d)                 |                                   |      |                                    |     | 2023/03/31                        |   |  |
| CEO/DSO's Name : First:   |                               | Scarlet Surname: Pollock               |                                   |      |                                    |     |                                   |   |  |
| Service Delivery  |                               | Golden Door Geriatric Centre           |                                   |      |                                    |     |                                   |   |  |
| Main Office Address:  |                               | 1679 Pembina Hwy, Winnipeg, MB R3T 2G6 |                                   |      |                                    |     |                                   |   |  |
| Description/Category  |                               |  | Out-of-Province<br>Destination 1: |      | Out-of-Province<br>Destination 2 : |     | Out-of-Province<br>Destination 3: |   |  |
|   | Total In-Province<br>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  |                               |  |                                   |      |                                    |     |                                   |   |  |
| Aircraft expenses   |                               |  |                                   |      |                                    |     |                                   |   |  |
| Other transportation expenses   |                               |  |                                   |      |                                    |     |                                   |   |  |
| Accommodation, food and   |                               |  | •<br>•                            |      | -                                  |     |                                   |   |  |
| beverages   |                               |  |                                   |      |                                    |     |                                   |   |  |
| Accommodation expenses  |                               |  |                                   |      |                                    |     |                                   |   |  |
| Food and beverage expenses  |                               |  |                                   |      |                                    |     |                                   |   |  |
| Hospitality   |                               |  |                                   |      |                                    |     |                                   |   |  |
| Hospitality expenses  |                               |  |                                   |      |                                    |     |                                   |   |  |
| Cell phones and other<br>personal electronic<br>communication devices   |                               |  |                                   |      |                                    |     |                                   |   |  |
| Cell phone and other personal<br>electronic communication devices       | 1363.96                       | 1                                      |                                   |      |                                    |     |                                   |   |  |
| Telephone calls<br>(out-of-province)                                    | N/A                           |  |                                   |      |                                    |     |                                   |   |  |
| Other expenses  | N/A                           |  |                                   |      |                                    |     |                                   |   |  |
| In-Province Sub Total:  | 1,363                         | 3.96                                   |                                   |      |                                    |     |                                   |   |  |
| Out-of-Province Sub Totals:   |                               |  |                                   | -    |                                    | -   |                                   | - |  |
| Total Expenses<br>(includes in-province and<br>out-of-province travel): | 1,363.96                      |  |                                   |      |                                    |     |                                   |   |  |
| Purpose Destination 1:  |                               |  |                                   |      |                                    |     |                                   |   |  |
| Purpose Destination 2:  |                               |  |                                   |      |                                    |     |                                   |   |  |
| Purpose Destination 3:  |                               |  |                                   |      |                                    |     |                                   |   |  |

| Comments: |                     |  |  |  |
|-----------|---------------------|--|--|--|
| 1         | Cell phone expenses |  |  |  |
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|           |                     |  |  |  |
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