Expenses Reporting Form

Chief			O)/Designated Se			cpe	nses	
	Per: Section 3	8.1	of The Regional Hea	alth	Authorities Act			
			Financial Report	10.4			0000/0	0/04
As at: 2023/03/31 For the period: (y/m/d)		14.1	2022/04/01		to: (y/m/d)		2023/03/31	
CEO/DSO's Name :	First:		hleen		Surname:	Klaa	asen	
Service Delivery			erview Health Centre					
Main Office Address:		1 N	lorley Avenue, Winni	peg		۲ <u>4</u>		
Description/Category			Out-of-Province Destination 1:		Out-of-Province Destination 2 :		Out-of-Province Destination 3:	
	Total In-Province Expenses		N/A		N/A		N/A	
			Departure (y/m/d): N/A	_	Departure (y/m/d): N/A		Departure (y/m/d): N/A	
			Return (y/m/d):		Return (y/m/d):	_	Return (y/m/d):	
			N/A		N/A		N/A	
Transportation			`					
Vehicle expenses	0.00		0.00		0.00		0.00	
Aircraft expenses	0.00		0.00		0.00		0.00	
Other transportation expenses	0.00		0.00		0.00		0.00	
Accommodation, food and beverages								
Accommodation expenses	0.00		0.00		0.00		0.00	
Food and beverage expenses	0.00		0.00		0.00		0.00	
Hospitality								
Hospitality expenses	0.00		0.00		0.00		0.00	
Cell phones and other personal electronic communication devices								
Cell phone and other personal electronic communication devices	0.00		0.00		0.00		0.00	
Telephone calls (out-of-province)	N/A		0.00		0.00		0.00	
Other expenses	N/A		0.00		0.00		0.00	
In-Province Sub Total:	0.00							
Out-of-Province Sub Totals:			(0.00		0.00		0.00
Total Expenses (includes in-province and out-of-province travel):	0.00							
Purpose Destination 1:	N/A							
Purpose Destination 2:	N/A							
Purpose Destination 3:	N/A							

Comments:				
	No expenses to report for FY2023			