## **Expenses Reporting Form**

Chief E			O)/Designated Seni		хре	nses	
	Per: Section 3	8.1	of The Regional Healt	h Authorities Act			
			Financial Report				
	ne period: (y/m/d)		4/1/2022	()		3/31/2	2023
		Ruben Surname: Wollmann					
Service Delivery			st Park Manor Persona				
Main Office Address:		319	99 Grant Ave Winnipeg				
Description/Category			Out-of-Province Destination 1:	Out-of-Province Destination 2 :		Out-of-Province Destination 3:	
	Total In-Province Expenses		Destination 1.	Destination 2.		Destination 3.	
			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		1		1			
Aircraft expenses							
Other transportation expenses							
Accommodation, food and		<u> </u>			_		
beverages							
Accommodation expenses							
Food and beverage expenses							
Hospitality		ı		<u> </u>			
Hospitality expenses							
Cell phones and other personal electronic							
communication devices							
Cell phone and other personal electronic communication devices	320.22						
Telephone calls (out-of-province)	N/A						
ther expenses N/A							
In-Province Sub Total:	320	.22					
Out-of-Province Sub Totals:			-		-		-
Total Expenses	320.:						
(includes in-province and out-of-province travel):							
Purpose Destination 1:				<u> </u>			
Purpose Destination 2:							
Purpose Destination 3:							
-							
Comments:							