## **Expenses Reporting Form**

Chief E	xecutive Officer (C	EO)/Designa	ted Senic	or Officer (DSO) Ex	rpenses
	Per: Section 38.1	of The Regio	nal Health	n Authorities Act	
		Financial I	Report		
As at: 2024/03/31 For the period: (y/m/d)			2023/04/01		2024/03/31
CEO/DSO's Name :	-	licheline		to: (y/m/d) Surname:	St-Hilaire
Service Delivery			Saint-Bo		arguerite (Saint-Vital) Inc.
Organization/Corporatio		Actionmargue			arguerno (Game Vital) me.
Main Office Address:		_	•	innipeg, Manitoba, R	2H 2B3
main Office Address:	1	Out-of-Pr		Out-of-Province	Out-of-Province
Description/Category		Destinat		Destination 2 :	Destination 3:
	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					
Aircraft expenses					
Other transportation expenses					
Accommodation, food and					
beverages			-	· · · · · · · · · · · · · · · · · · ·	
Accommodation expenses					
Food and beverage expenses					
Hospitality				I	
Hospitality expenses					
Cell phones and other personal electronic					
communication devices					
Cell phone and other personal electronic communication devices	742.44				
electionic communication devices					
Telephone calls	N/A				
(out-of-province)					
Other expenses	N/A				
In-Province Sub Total:	742.4	4			
Out-of-Province Sub Totals:			-		·   -
Total Expenses	742.4	4			
(includes in-province and out-of-province travel):	742.4	4			
Purpose Destination 1:					
Purpose Destination 2:					
Purpose Destination 3:					
Comments:					