## **Expenses Reporting Form**

Chiof F	Yocutivo Officor	/CE	O)/Designated Seni	or Officer (DSO) E	Vnor	1606
Cilier		•	<u>,                                      </u>	, ,	xpei	1562
	Per: Section 3	<b>5.1</b> (	of The Regional Healt	n Authorities Act		
Financial Report						
	he period: (y/m/d)	_	23/04/01	() -/		24/03/31
CEO/DSO's Name :		Gar		Surname:	Ledd	
Service Delivery			hania Mennonite & Per		ite P	CH's
Main Office Address:		104	5 Concordia Ave., Wpg			0.1.15
Description/Category			Out-of-Province Destination 1:	Out-of-Province Destination 2 :		Out-of-Province Destination 3:
			Destination 1.	Destination 2 .		Destination 5.
	Total In-Province		Departure (y/m/d):	Departure (y/m/d)	: 1	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	400.44					
Food and beverage expenses	108.41	1				
Hospitality Hospitality expenses						
Cell phones and other personal electronic						
communication devices						
Cell phone and other personal electronic communication devices	339.74	2				
Siedu eine deminariidation devides						
Telephone calls	N/A					
(out-of-province)	NI/A					
Other expenses N/A In-Province Sub Total: 448		45				
Out-of-Province Sub Totals:	440	.15				
			-		-	-
Total Expenses (includes in-province and	448.1					
out-of-province travel):						
Purpose Destination 1:						
Purpose Destination 2:						
Purpose Destination 3:						
Comments:						
	Soard executives to discu	ıss B	Soard Chairperson transition			
2 Company provided cell phone						