## **Expenses Reporting Form**

Chief Ex	cecutive Officer (	CEC	D)/Designated Ser	nio	r Officer (DSO) E	хрє	enses	
			f The Regional He					
			Financial Report					
As at: 2024/03/31 For	the period: (y/m/d)		2023/04/01		to: (y/m/d)		2024/03/31	
CEO/DSO's Name :	First:	Cod		-	Surname:	Chr	elsey	
Service Delivery	riist.		arleswood Care Cer			Cite	этэ <b>с</b> у	
Main Office Address:			11 Roblin Blvd Wpg					
Main Office Address.		550	Out-of-Province	IVID	Out-of-Province	_	Out-of-Province	
			Destination 1:		Destination 2 :		Destination 3:	
Description/Category	Total In-Province 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 beverages			<u>.</u>					
Accommodation expenses								
Food and beverage expenses								
Hospitality								
Hospitality expenses								
Cell phones and other								
personal electronic								
communication devices								
Cell phone and other personal electronic communication devices								
Telephone calls (out-of-province)	N/A							
Other expenses	N/A							
In-Province Sub Total:	11074	-						
Out-of-Province Sub Totals:				_		_		_
Total Expenses								
(includes in-province and		-						
out-of-province travel):								
Purpose Destination 1:								
Purpose Destination 2:								
Purpose Destination 3:								
Comments:								
			NIL return!					