## **Expenses Reporting Form**

Chief E	xecutive Officer	(CE	O)/Designated Seni	or Officer (DSO) E	хрс	enses
	Per: Section 38	3.1 (	of The Regional Healt	h Authorities Act		
			Financial Report			
As at: 2024/03/31 For the period: (y/m/d)			2023/04/01	<b>to:</b> (y/m/d)		2024/03/31
CEO/DSO's Name :	O/DSO's Name: First: Na		ncy Surname: Hovmand			
Service Delivery		Gol	den West Centennial L	odge 811 School Rd	Wi	nnipeg, MB R2Y 0S8
Main Office Address:						
Description/Category	Total In-Province Expenses		Out-of-Province	Out-of-Province		Out-of-Province
			Destination 1:	Destination 2 :		Destination 3:
			Deneutrine (v/m/d)	Demontrino (v/ma/d)		Domontium (v/ma/d):
			Departure (y/m/d):	Departure (y/m/d):		Departure (y/m/d):
			Return (y/m/d):	Return (y/m/d):		Return (y/m/d):
			rtotarri (y/m/u/i	rtotarri (y/m/u/r		(y/m/a/i
Transportation						
Vehicle expenses						
Aircraft expenses						
Other transportation expenses						
Accommodation, food and beverages						
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	624.40					
Telephone calls (out-of-province)	N/A					
Other expenses	N/A					
In-Province Sub Total:	624.40		<u>'</u>			
Out-of-Province Sub Totals:			-		-	-
Total Expenses (includes in-province and out-of-province travel):	624.40					
Purpose Destination 1:						
Purpose Destination 2:						
Purpose Destination 3:						
Comments:						
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