Expenses Reporting Form

| Chief Executive Officer (CEO)/Designated Senior Officer (DSO) Expenses | | | | |
|---|-------------------------------|------------------------|-----------------------|------------------------|
| | Per: Section 38.1 | l of The Regional Hea | Ith Authorities Act | |
| | | Financial Report | | |
| As at: 2024/03/31 For the | ne period: (y/m/d) | 2023/04/0 | 01 to: (y/m/d) | 2024/03/31 |
| CEO/DSO's Name : | First: K | athleen | Surname: | Klaasen |
| Service Delivery | R | iverview Health Centre | | |
| Main Office Address: 1 Morley Avenue, Winnipeg, Manaitoba. ReL 2P4 | | | | |
| | | Out-of-Province | Out-of-Province | |
| Description/Category | Total In-Province Expenses | Destination 1: | Destination 2 : | Destination 3: |
| | | N/A Departure (y/m/d): | N/A Departure (y/m/d) | N/A Departure (y/m/d): |
| | | N/A | N/A | N/A |
| | | Return (y/m/d): | Return (y/m/d): | Return (y/m/d): |
| | | N/A | N/A | N/A |
| Transportation | | | | • |
| Vehicle expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| Aircraft expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| Other transportation expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| Accommodation, food and beverages | | | | |
| Accommodation expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| Food and beverage expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| Hospitality | | | | |
| Hospitality expenses | 0.00 | 0.00 | 0.00 | 0.00 |
| Cell phones and other personal electronic communication devices | | | | |
| Cell phone and other personal electronic communication devices | 0.00 | 0.00 | 0.00 | 0.00 |
| Telephone calls (out-of-province) | N/A | 0.00 | 0.00 | 0.00 |
| Other expenses | N/A | 0.00 | 0.00 | 0.00 |
| In-Province Sub Total: | 0.00 | | | |
| Out-of-Province Sub Totals: | | 0. | .00 | 0.00 |
| Total Expenses (includes in-province and out-of-province travel): | 0.00 | | | |
| Purpose Destination 1: | N/A | | | |
| Purpose Destination 2: | N/A | | | |
| Purpose Destination 3: | N/A | | | |
| | | | | |

| Comments: | | |
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| | No expenses to report for FY2024 | |
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