Expenses Reporting Form

Chief I			O)/Designated Sei		, <i>,</i> ,	xpei	nses	
	Per: Section 3	8.1	of The Regional Hea	lth	Authorities Act			
			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:	Nic	ole		Surname:	Ami	not	
Service Delivery		St E	Boniface General Hos	spit	al			
Main Office Address:		409	Taché Avenue, Win	nip	eg, MB R2H 2A6			
			Out-of-Province		Out-of-Province		Out-of-Province	
			Destination 1:	_	Destination 2 :		Destination 3:	
	Total In-Province		D (())		5 (())		D	
Description/Category	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).	m/a): Return (y/m/		Return (y/m/d):		
Transportation						-		
Vehicle expenses	7,800.00					1		
Aircraft expenses								
Other transportation expenses								
Accommodation, food and			1					
beverages								
Accommodation expenses								
Food and beverage expenses								
Hospitality		-						
Hospitality expenses								
Cell phones and other personal electronic communication devices								
		1				-		
Cell phone and other personal electronic communication devices								
Telephone calls (out-of-province)	N/A	•						
Other expenses	N/A							
In-Province Sub Total:	7,800.00							
Out-of-Province Sub Totals:				-		-		-
Total Expenses (includes in-province and out-of-province travel):	7,800.00							
Purpose Destination 1:								
Purpose Destination 2:				_				
Purpose Destination 3:								

Comments:					
	In Province Vehicle Expense: \$7,800 re Car Allowance \$650 monthly, which Nicole received through her pay.				