Expenses Reporting Form

Chief E			O)/Designated Seni		xpenses
	Per: Section 38	3.1 o	f The Regional Healt	h Authorities Act	
			Financial Report		
As at: 2024/03/31 For t	he period: (y/m/d)		2023/04/01	to: (y/m/d)	2024/03/31
CEO/DSO's Name :	First:	Kim		Surname:	Hykawy
Service Delivery			Norbert PCH		
Main Office Address:		50	St Pierre St Wpg MB I		
Description/Category			Out-of-Province Destination 1:	Out-of-Province Destination 2 :	Out-of-Province Destination 3:
			Destination 1.	Destination 2.	Destination 3.
		Total In-Province		Departure (y/m/d)	: Departure (y/m/d):
	Expenses		Departure (y/m/d):	,	
			Return (y/m/d):	Return (y/m/d):	Return (y/m/d):
Transportation					
Vehicle expenses	2,490.65	1			
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					
communication devices					
Cell phone and other personal electronic communication devices	2,014.06	2			
Telephone calls (out-of-province)	N/A				
Other expenses	N/A				
Province Sub Total: 4,504.		.71			
Out-of-Province Sub Totals:			-		-
Total Expenses					
(includes in-province and out-of-province travel):	4,504.71				
Purpose Destination 1:					
Purpose Destination 2:					
Purpose Destination 3:					
Comments:					
1 Car Insurance - 1614.00					
2 Cell Phone Charges Apr	ii 1, 2023 to March 31, 3	2024			