## **Expenses Reporting Form**

Per: Secti	on 38.1 of <i>The Re</i>	gional Health	Authorities Ad	ct
	Financi	al Report		
As at: 2018/05/07	For the period: 2017/04/01 to 2018/03/31			
CEO/DSO's Name :	Analyn Einarson			
ervice Delivery Organization/ orporation: Eden Health Care Services Box 129, 309 Main St. Winkler, MB R6W 4A4				
Description/Category	Total In-Province Expenses	Out-of- Province Destination 1:	Out-of- Province Destination 2 :	Out-of- Province Destination 3:
		Departure: (y/m/d)	Departure: (y/m/d)	Departure: (y/m/d)
		Return: (y/m/d)	Return: (y/m/d)	Departure: (y/m/d)
Transportation				
Vehicle expenses	\$536.65			
Aircraft Expenses				
Other transportation expenses	\$10.00			
Accommodation, food and beverages				
Accommodation expenses				
Food and Beverage expenses	\$131.09			
Hospitality				
Hospitality Expenses				
Cell phones and other personal electronic communication devices				
Cell phone and other personal electronic communication devices	\$898.56			
Telephone calls (out-of-province)	N/A			
Other expenses	N/A			
In-Province Sub Total:	\$1,566.30			
Out-of-Province Sub Totals:				
Total Expenses (includes in-province and out-of-province travel):	\$1,566.30			