**EXPENSE REPORTING FORM**

Peterborough Regional Health Centre

Name: Bev Ritchie No Expenses to Report

Title: Board Member

Reporting Period: October 1, 2019 to March 31, 2020

| Date | | | | | |
|---|---|---|---|---|---|
| Month | Date | Year | Amount | Expense Category | Description |
| | | | | | |
| | | | | | |

**Definitions:**

Date(s): When expenses were incurred

Amount: The value of the approved expense

Expense Category: The type of expense incurred:

Meal

Travel

o Accommodation

o Travel incidentals (insurance, parking, tolls, etc.)

o Vehicle rental or own use (mileage)

o Taxi or public transportation

o Train or air travel

o Vehicle Rental

Description: Notes explaining the context in which the expenses were incurred or any other relevant details.